

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: 31	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST John	MI K	OFFICE USE ONLY Date Received 4/27/2025 1:22:56PM	
	NICKNAME Courage	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700007 San Antonio TX 78270			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 216-5020	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Zada	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed 4/27/2025 1:22:56PM	
	TrueCourage			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700007 San Antonio TX 78270				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 872-4213	EXTENSION		
9 REPORT TYPE	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year 3/25/2025		THROUGH	Month Day Year 4/23/2025	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Council District 9		13 OFFICE SOUGHT (if known) Mayor		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10727.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5550.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19053.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14000.00

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 25th day of April, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr John K Courage		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10585.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 142.90
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	\$ 5550.69
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 11

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/2025

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**510 Woodway Forest Dr
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
3/26/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15703 Deer Crest
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
3/26/2025

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1314 Canyon Brook
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
3/26/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**5 Greens Cliff
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 11

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2025

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

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**21 Silverhorn
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
N/A

Date
3/28/2025

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

Amount of contribution (\$)
10.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
3/28/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1524 South Interstate 35 #207
Austin, TX 78704**

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Nicole True

Date
3/29/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19910 Park Ranch
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 11

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
3/30/2025

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**1130 Tranquil Trail Dr
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
3/31/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**918 Desert Bluff
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
3/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ms Mary Lou Roemer

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1927 Oakshire
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/1/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8603 Glen Mont
San Antonio, TX 78239**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/1/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1314 Grey Oak
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
N/A

Date
4/1/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**4310 Bloomdale
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
4/2/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**13707 Village Wood
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
4/2/2025

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

Amount of contribution (\$)
1000.00

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

Principal occupation / Job title (See instructions)
CFO

Employer (See instructions)
Clay Jackson 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:
5 of 11

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/2/2025

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**509 River Rd
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/2/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**130 North Dr
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Petroleum Landman

Employer (See instructions)
Self

Date
4/3/2025

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**1300 Patricia #921
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
unemployed

Employer (See instructions)
unemployed

Date
4/4/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3165 Morning Creek
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: right;">6 of 11</div>
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Jeffrey L Kothman 6 Contributor address; City; State; Zip Code 326 Big Oak Dr Adkins, TX 78101	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) Texas Towing
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Zada True-Courage Contributor address; City; State; Zip Code 1938 Broken Oak St San Antonio, TX 78232	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Lucinda Crane Contributor address; City; State; Zip Code 11231 Whisper Willow St San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 4/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr James Smyle Contributor address; City; State; Zip Code 149 E Rosewood Ave San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self-employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 11
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Grace Joseph 6 Contributor address; City; State; Zip Code 1714 Donerail St #102 San Antonio, TX 78231	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Escrow Officer/President		9 Employer (See instructions) Platinum Title Partners, LLC
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Tom Cummins Contributor address; City; State; Zip Code 5923 Woodridge Rock San Antonio, TX 78249	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) N/A
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Weldon Cabaniss Contributor address; City; State; Zip Code 2627 Rim Oak San Antonio, TX 78232	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) RBS		Employer (See instructions) Radiology Partners
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Arthur Downey Contributor address; City; State; Zip Code 730 Arch Stone San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/12/2025

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

7 Amount of contribution (\$)
50.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
retired

Date
4/12/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**14215 Jones Maltzberger Road
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/14/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6 West Elm Gardens
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
4/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
International Brotherhood of Electrical Workers PAC

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**900 Seventh St. N.W.
Washington, DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 11

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**13727 Stony Forest Dr
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/15/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15631 Chippewa Blvd
Selma, TX 78154**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/15/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5501 Legacy Oaks Pkwy #1023 #1023
Schertz, TX 78154**

Principal occupation / Job title (See instructions)
CPA

Employer (See instructions)
Self

Date
4/16/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1315 Schley Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 11

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date
4/16/2025

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

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
1931 Northwest Military Highway #250
San Antonio, TX 78213

8 Principal occupation / Job title (See instructions)
Researcher

9 Employer (See instructions)
Core Research

Date
4/16/2025

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

Amount of contribution (\$)
350.00

Contributor address; City; State; Zip Code
9267 Ridge Grove St
San Antonio, TX 78250

Principal occupation / Job title (See instructions)
CIVIL ENGINEER

Employer (See instructions)
EMPASA

Date
4/17/2025

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

Amount of contribution (\$)
10.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
4/18/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
2015 Oak Vista St
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 11
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Logan Arrant 6 Contributor address; City; State; Zip Code 1942 Broken Oak st San Antonio, TX 78232	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Project Manager		9 Employer (See instructions) Allium Renewable Energy
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Mary Payne Contributor address; City; State; Zip Code 606 Mesa Rdg San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 4/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr William Bedwell Contributor address; City; State; Zip Code 15722 Mission Ridge San Antonio, TX 78232	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 3/28/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Empoyee PAC 7 Contributor address; _____ City; _____ State; _____ Zip Code _____ 9800 Fredericksburg Rd San Antonio, TX 78288	8 Amount of Contribution \$ 142.90 9 In-kind contribution description Reimbursement for goods and services used during the Mayoral forum. <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) _____ Contributor address; _____ City; _____ State; _____ Zip Code _____	Amount of Contribution \$ _____ In-kind contribution description _____ <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2025	5 Payee name 3-D Signs		
6 Amount (\$) 1515.50	7 Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Mayor	Office held N/A

Date 3/28/2025	Payee name Brevo		
Amount (\$) 31.98	Payee address; City; State; Zip Code 823 Congress Ave #300 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Subscription Marketing Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Mayor	Office held N/A

Date 4/3/2025	Payee name WIX.com		
Amount (\$) 9.09	Payee address; City; State; Zip Code 7095 Hollywood Blvd Los Angeles, CA 90028		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Website Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Courage		Office sought Mayor	Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)			
4 Date 4/11/2025	5 Payee name Prestige Printing LLC					
6 Amount (\$) 849.76	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign		(b) Description Advertising Cards			
	(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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A				
Date 4/14/2025	Payee name Ms Amanda Price					
Amount (\$) 76.00	Payee address; City; State; Zip Code 135 Villa Dr Universal City, TX 78148					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign		Description Blockwalking			
	<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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A				
Date 4/16/2025	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 <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name John Courage</td> <td>Office sought Mayor</td> <td>Office held N/A</td> </tr> </table>				Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Candidate / Officeholder name John Courage	Office sought Mayor	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 5	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2025	5 Payee name Brevo		
6 Amount (\$) 2.70	7 Payee address; City; State; Zip Code 823 Congress Ave #300 Austin, TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertising		(b) Description Subscription Marketing Svcs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held N/A			
Date 4/17/2025	Payee name Brevo		
Amount (\$) 155.71	Payee address; City; State; Zip Code 823 Congress Ave #300 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Subscription Marketing Svcs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held N/A			
Date 4/17/2025	Payee name 3-D Signs		
Amount (\$) 1569.63	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Mayor Office held N/A			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2025	5 Payee name Minuteman Press		
6 Amount (\$) 269.68	7 Payee address; City; State; Zip Code 16604 San Pedro San Antonio, TX 78232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Campaign		(b) Description Advertising Leaflets
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Date 4/21/2025	Payee name Ms Amanda Price		
Amount (\$) 126.00	Payee address; City; State; Zip Code 135 Villa Dr Universal City, TX 78148		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Campaign		Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name John Courage	Office sought Mayor	Office held N/A
Date 4/23/2025	Payee name Anedot		
Amount (\$) 50.20	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Processing Expenses		Description Service Charges
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name John Courage	Office sought Mayor	Office held 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 5	2 FILER NAME Mr John K Courage		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2025	5 Payee name PayPal		
6 Amount (\$) 17.94	7 Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Processing Expenses		(b) Description Service Charges
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date 4/23/2025	Payee name KAHL Radio		
Amount (\$) 841.50	Payee address; City; State; Zip Code 8023 Vantage Dr #840 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertising		Description Radio Media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name John Courage Office sought Council District 9 Office held N/A			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr John K Courage	3 Filer ID (Ethics Commission Filers)				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(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	
(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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		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	
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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr John K Courage

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Mr John K Courage

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder