	TE / OFFICEHOLDER N FINANCE REPORT		FORM COVER SHEE	C/OH ET PG 1
The C/OH Instruction (	Suide explains how to complete this form.	ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USI	E OFREY
OFFICEHOLDER NAME	MR. JOSIAH		Date Received	שר שור
	INGALLS			14 ECE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	B324 BURRELL DR. AUSTLA	STATE: ZIP CODE  7x 78757	Date Hand-delivered or Posts	<u> </u>
change of address			Receipt # Ar	nourit_
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 487-5689	EXTENSION	Date Processed	<u> </u>
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR, DAN	- M1	Date Imaged	
	ME GOWAN	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOPOBOX PLEASE); APT/SUITE #,	CITY. STATE.	78757	
8 CAMPAIGN TREASURER PHONE	area code phone number (512) 809 - 5065	EXTENSION		
9 REPORT TYPE	July 15 Sth day before election	Runoff  Exceeded \$500	15th day after camp treasurer appointme (officeholder only)	nt
	July 15 8th day before election	limit 5500	Final report (Attach C	On-PRO
10 PERIOD COVERED	Month Day Year THROUGH	Month Cay 6 / 36 /		
11 ELECTION	ELECTION DATE Month Day Year Primary	Runof	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (ITKNOWN  AUSTIN CIT	TY COUPCIL - L	)istrkt7
	GO TO PAGE	2		· · · · · · · · · · · · · · · · · · ·

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

SUPPORT	& IOIAL		COVER SHEET PG Z
14 C/OH NAME 305/AH 3	INGALIS		16 ACCOUNT # (Ethics Commission Filers) 00065845
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 190.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	HIZED \$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4664.57
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 3513.07
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 7,000
Noter	NA ESTRADA-SALIN Public, State of T Commission Expir ovember 19, 2014	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
AFFIX NOTARY STAMI		- Line No Soll In acils	
410 day	of TWW	, 20 14, to certify which, witness m	
Signature of officer admir	L'Sall (Va	S JUNA Estrada Salivas Printed name of officer administering oath	Title of officer administering oath

(512) 463-5800

_		CONTR AN PLE	<del>-</del>	NS OR LOANS	>
	**- 14				=

P.O. Box 12070

# SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
<u></u>	JUSIAH J. INGALLS		00065	845
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
८१४१७५	STEPHEN F. SILHA 6 Contributor address; City, State; Zip Code P.O. BOX 2003 VASHON, V	VA 98070	\$10000	description (if applicable)
		, , , , , ,	(If travel outside o	f Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)  MOVIE PRODUCEA	10 Employer (See )	Instructions) OF PROSEC	·T
Date	Full name of contributor	)	Amount of	In-kind contribution
	HEATHER WEL	CH	contribution (\$)	description (if applicable)
6/9/14	Contributor address; City; State; Zip Code 181 BLACK FOUT TRAIL		\$ 2000	
	BANDERA, TX 78003			
Principal conu		Employer (See I		of Texas, complete Schedule T)
ナスジ	pation / Job title (See Instructions) CIC ORIVER   HUUSE WIFE	Employer (See )		
Date	Full name of contributor 🗀 out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6   17   14	Contributor address; City; State; Zip Code 8324 BURNELL OR. AUSTI	N.Tx 78757	\$ 2000	
			(If travel outside	f of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) PROLICE M SPECIALIST	Employer (See		
Date	Full name of contributor	)	Amount of	In-kind contribution
6)16)14	Contributor address; City; State; Zip Code		\$ 50 °C	description (if applicable)
11.011	6314 KENILWORTH DA	CIVE	7/	
	AUSTIN, TX 78757		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) DIVISION DIRECTOR	Employer (See		
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i inisipai occu	patient, sob title (occ mandonona)	Linployer (See		
	<del></del>	ı		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule 8:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
500	SIAH JAMES INGALLS		000658	45
4	AL OF UNITEMIZED PLEDGES: ⇒	<b>\$ \$ \$</b>	<b>\$</b> \$	\$
5 Date 5 30 14	6 Full name of pledgor □ out-of-state PAC (ID# HOWY L. JONES  7 Pledgor address; City; State; Zip Code 9109 FOST WOOD TRAIL AUSTIN, Tx 78729		8 Amount of pledge (\$)	9 In-kind description (if applicable)
40 Principal occur	pation / Job title (See Instructions)	11 Employer (See li		f Texas, complete Schedule T)
Proon	AM SPECIALIST		DFPS	
Date 6 14 14	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	AUSTIN, TX 78757		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)  AM SPECIAUIST	Employer (See I	nstructions) PFPS	
Date	Full name of pledgor out-of-state PAC(ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
6)14)14	HEATHER WELCH Pledgor address; City, State, Zip Code 181 BLACKFOOTTRAIL BANDERA, TX 7	8 <i>0</i> 03	\$330.00	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) HOME MAKEL	Employer (See I	nstructions)	rezaq complete contentie 1)
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
6/14/14	Pledgor address; City; State; Zip Code 181 BLACKFOOT TRAIL		1350.∞	
	BANDERA, TX 18003		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) TRUCK ORIVEN (COMMERCIA)	Employer (See	Instructions)	
Date	Full name of pledgorout-of-state PAC (ID#	1	Amount of	In-kind description
6/15/14	Pledgor address; City; State; Zip Code 1360 C. H. MATTHIBS, APT.	301	pledge (\$)	(if applicable)
	SEGUIN, TX 78155	301		,
Principal occu	pation / Job title (See Instructions)  RETIRED	Employer (See I	· · ·	of Texas, complete Schedule T)
if a	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instri			requirements.

PLEDG	ED CONTRIBUTIONS		SCHEDULE B	
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Eti	nics Commission Filers)	
505	1AH JAMES INGALLS	000658	45	
4 TOT/	AL OF UNITEMIZED PLEDGES: \$ \$ \$ \$	\$ \$	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	g Amount of pledge (\$)	9 In-kind description (if applicable)	
6 15 14	FLORA INGIPLLS 7 Pledgor address; City; State; Zip Code			
6/15/17	13 60 C.H. MATTHIES, APT. 301	\$ 350.00		
	SEGUIN, TX 78155			
	386017, 17 18133	(If travel outside o	f Texas, complete Schedule T)	
10 Principal occu	pation / Job title (See Instructions)  11 Employer (Se	e Instructions)		
	RETIRED	Amount of T		
Date	Full name of pledgor Out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)	
(1.0114	BARDARA CAPOZZOLI			
6/10/14	Pledgor address; City; State; Zip Code 701 WOODWARD ST. #817	\$350.00		
	AUSTIN, TX 18704			
Director I and a	<u> </u>		f Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions) Employer (Se	e Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:	_) Amount of	In-kind description	
	MONICA NOWICKI	pledge (\$)	(if applicable)	
6/20/14	Pledgor address; City; State; Zip Code	\$350.00		
	Pledgor address; City; State; Zip Code  531  FORSHAGE BLVL	2.   4 JJ		
	SEGUIN, JX 78155	·	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions) Employer (Se	e Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#	_) Amount of   pledge (\$)	In-kind description (if applicable)	
6/20/14	CARL NOWICE			
ا ماحم ا،	Pledgor address; City; State; Zip Code	\$350.00		
	531 FOR SHAGE BLVD.	i		
<b>,-</b>	SEGUIN, Tx 78155	(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#	) Amount of	In-kind description	
\ \n	ISAIAH INGALLS	pledge (\$)	(if applicable)	
6/25)14	Pledgor address; City; State; Zip Code	\$ 350.00		
l '	570 BEVERLY LANE	ا		
	NEW BRANKELS, Tx 78130	(If travel outside o	of Texas, complete Schedule T)	
		e Instructions)		
			BRIFF'S OFFICE	
if (	ATTACH ADDITIONAL COPIES OF THIS SCHEDU contributor is out-of-state PAC, please see instruction guide for	_	requirements.	

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule B:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
	JOSIAH JAMES INGALL	ς	00065	845
	AL OF UNITEMIZED PLEDGES:	<del>*</del> \$\phi \phi \phi\$	⇒ ⇒	s
5 Date	& Culturary of stadius		g Amount of	9 In-kind description
6/25/14	Full name of pledgor out-of-state PAC (ID#:		\$ 350.00	9 In-kind description (if applicable)
			•	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date (157) 14	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
6/26/14	Pledgor address; City; State; Zip Code 7202 WISHING WELL DR AVSTIN, Tx 78745	<b>;</b> .	\$ 35000	[   
5: : :				of Texas, complete Schedule T)
Principal occi	pation / Job title (See Instructions) HUNEMP KEN	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
6/26/14	Pledgor address; City: State: Zip Code 7202 WISHING WELL DI AUSTIN, TX 78745	e	\$ 350 °C	     
Principal occu	pation / Job title (See Instructions)	Employer (See I	·	or rexas, complete screedile 1)
	AUTO MECHANIC	···		
Date	Full name of pledgor out-of-state PAC (ID#	)	Amount of pledge (\$)	In-kind description (if applicable)
6/27/14	Pledgor address; City: State: Zip Code 5314 M155 OUR; BEND		\$ 35000	 
	SAN ANTONIO, TX 182	<u> </u>	l	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor but-of-state PAC (ID#  BARY LESKO		Amount of pledge (\$)	In-kind description (if applicable)
6]29/14	Pledgor address; City: State; Zip Code 600 CARGILL DR. SPICEWOOD, TX 78669		\$3509	,   
			• •	of Texas, complete Schedule T)
Principal occi	PHARMACIST TECHNICIAN	Employer (See I	nstructions)	
lf -	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru			; requirements.

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
J.	IGIAH JAMES INGALLS		000658	3 <i>45</i>
	AL OF UNITEMIZED PLEDGES: \$	\$ \$ \$	<b>→</b> ⇔	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:  PALMEN STEVENS  7 Pledgor address; City; State; Zip Code  1 4 YVCCA  AVSTIN, TX 78744		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	1300/110/17 /0/1/		(If travel outside o	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I		
	SOFTWARE DEVELOPER	SEUF-L	enployer_	<u> </u>
Date 6/30/14	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	1906 QUAIL CIRCLE 14UTTO, TX 78634		// // // // // // // // // // // // //	A Tours
Principal occu	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
· ····································	HUMEMAKBR	SEL		
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of	In-kind description
6/30/14	DENNIS COX Pledgor address: W. City: State: Zip Code 2525 M. ANDENSON LA AUSTIN, TX 78757	wE	pledge (\$)	(if applicable)
Principal occu	upation / Job title (See Instructions)	Employer (See I	<del>1 </del>	of Texas, complete Schedule T)
	HAIR DNESSER	SELF-	EMPLOYED	
6/30/14	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)  \$\frac{4}{3509}\$  (If travel outside of	In-kind description (if applicable) of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions) RETIREO	Employer (See لر	Instructions)	
Date 6 30 14	Full name of pledgor out-of-state PAC (ID#_V) N C S N Y P P 1 Z  Pledgor address; City; State; Zip Code  1748 OHUEN RO #19  AUSTIN, TX 79757		Amount of pledge (\$)  9 35000	In-kind description (if applicable)  of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
lf :	ATTACH ADDITIONAL COPIES ( contributor is out-of-state PAC, please see instr			requirements.

Texas Ethics Commission

(512)463-5800

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME		<del>,,</del>	3 ACCOUNT # (Ethics Commission Filers)
<del></del>	917 JAMES INGALLS	12.	00065845
TOTA	L OF UNITEMIZED LOANS:	<b>⇒ + + +</b>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	) 9 Loan Amount (\$)
4/25/2014	JUSIAH JAMES INGA	us	\$1,000
6 Is lender a financial Institution?	8 Lender address; City; State; 8324 BURREW DRIV	Zip Code <i>(E, 19USTTN,</i> TX, 78 <i>79</i>	7 0 Interest rate
v (v)			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	•
BUSINE	SS OWNER	MUSTIN AREA LI	ANDSCAPING
14 Description of Coll	ateral	15 Check if personal funds were	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender [	out-of-state PAC (ID#:	Loan Amount (\$)
5/3/2014	JUSIAH JAMES	•	\$ 7,0000
Is lender a financial Institution?	Lender address; City; State; 832.4 BURNELL DI	Zip Code	18757 Interest rate
y (N)			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	,
BUSI	NBSS OWHEN	AUSTIN ARBA	LAND SCAPING
Description of Colla		Check if personal funds were	e deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	I	Employer (See Instructions)	1
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NE ruction guide for additional re	

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense **Printing Expense** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead	Rental Expense OTHER (enter a	a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	JOSIAH JAMES		INT # (Ethics Commission Filers) 765845
4 Date	5 Payee name	, , , , , , , , , , , , , , , , , , ,	
5/2/2014	SHARRIANNA RICE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5000	6403B CHIMNEY CREEK CIRC	LE, AUSTIN, TX 787	723
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	CONSULTING EXPENSE	MONTHLY COM	PENSATION
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/9/2014	VICTURY STORE . COM		
Amount (\$)	Payee address; City; State; Zip Code		
\$30.91	NONE - WEBSITE		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE	CAMPAIN MATERIALS	2 MAGNETIC NAM	E BAOGES
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
5/9/2014	YAHOO. COM		•
Amount (\$)	Payee address; City; State; Zip Code		
\$101.77	NOHE - WEBSITE		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	HOVERTISING EXPENSE	CAMPAIGN WA	CRCITE
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit CK	)H		
Date	Payee name		
6/1/2014	SHARRIANNA RICE		
Amount (\$)	Payee address; City; State; Zip Code	······································	
\$50000	6403B CHIMNEY CREEK	CIRCUE, AUSTIN,	TX 78723
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	CONSULTING EXPENSE	MONTHUY CO	M PENSOTTON
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C.	OTI		
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

P.O. Box 12070

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wanes/Contract Lahor **Advertising Expense** Loan Repayment/Reimbursement Accounting/Banking **Legal Services** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense **Event Expense** Travel Out Of District **Printing Expense** Fees Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form 1 Total pages Schedule F 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME JOSIAH JAMES WEALLS 00065845 5 Payee name 4 Date OFFICE DEPOT 6/3/ 2014 7 Payee address; City: State: Zip Code 2620 W- PNDENSON LANE, AUSTIN, TX 78757 6 Amount (\$) \$138.08 **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) OFPICE SUPPLIES-CAMPINGA **EXPENDITURE** PRIMTER CARTRIOGES, PAPER, PENS, DTC. Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH STILLS SWITCH BBQ & BREW Payee address; City; State; Zip Code 6/8/2014 6610 N. LAMAR, AUSTIN, TX 78757 \$15000 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) DEPUSIT-CAMPAIA KICKUFF PARTY FOUD BEVENOGE EXPENSE **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 6 15 2014 Amount (\$) MATTHEW DEVAY Payee address; City; State; Zip Code 2002-A KENNETH, AUSTIN, TX 78741 \$15000 Description (If travel outside of Texas, complete Schedule T) WEBSITE OF PROFESSIONAL SERVICES **EXPENDITURE** HUYUUNAPHY FUR CAMPAION Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH MY CAMPAIGN STORE Payee address; City; State; Zip Code NONE - WEBSITE 6/10/2014 Amount (\$) Category (See categories listed at the top of this schedule) Advartising AMPAIGN MATERIALS Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** 5/6N5, BANNEAS, STICKEAS, ETC. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/ON ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE F

	EXPENDITURE CAT	EGORIES FOR I	BOX 8(a)	
Advertising Expense Accounting/Banking		ries/Wages/Contract t citation/Fundraising Ex		ent/Reimbursement Equipment & Related Expense
Consulting Expense		el In District	•	Donations Made By
Event Expense	•	vel Out Of District		Officeholder/Political Committee
Fees		ce Overhead/Rental E	,	a category not listed above)
4 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The Instruction Guide exp	ains how to comple	<del></del>	
1 Total pages Schedule F:	2 FILER NAME JOSIAH JAMES	NGALLS		OUNT # (Ethics Commission Filers)
4 Date	& Paves name			
6/15/2014	SHARRIANNA RICE			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
\$5000	6403B CHIMNEY CR.	eex Circle,	AUSTIN, TX 7	8723
8 PURPOSE OF	(a) Category (See categories listed at the top of this	.   ' '	Description (If travel outside o	if Texas, complete Schedule T)
EXPENDITURE	CONSULTING EXPENSE	F	FINAL COMPENS	ATION
9 Complete ONLY if direct	Candidate / Officeholder name	0	ffice sought	Office held
expenditure to benefit C/C	)H			<u>.</u>
Date	Payee name			
6/16/2014	STILES SWITCH BE	BQ 2 BREV	,	
Amount (\$)	Payee address; City; State;	•		
\$462 %	6610 N. LAMAR, AL	ISTIN, TX	78757	
PURPOSE	-3 Category (See categories listed at the top of this	s schedule) [	Description (If travel outside o	of Texas, complete Schedule T)
OF EXPENDITURE	FOUR BEVERAGE ET	46NSE BI	30, SALMO, S	SIOES ETC.
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	0	ffice sought	Office held
Date	Payee name			
4 14 2014	PAY PAL			
Amount (\$)	Payee address; City; State;	Zip Code		
<b>4</b>	Paypal. com			
3,54				
·	wibsite			
PURPOSE OF	Category (See categories listed at the top of thi	· · · · · · · · · · · · · · · · · · ·	Description (It travel outside o	of Texas, complete Schedule T)
EXPENDITURE	Fees	P0	yment fee	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	0	iffice sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule)	Description (If travel outside o	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		ffice sought	Office held
	ATTACH ADDITIONAL COPI	FS OF THIS SOUE	DIII FAS NEEDED	
		- Inio SUNE	OULLAS NECUCU	

Texas Ethics Commission

### SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ontract Labor Lo	pan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense Ti	ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	C	ontributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis	_	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F	Rental Expense O	THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Ц	DOSIAH JAMES NGALLS		00065845
4 Date	5 Payee name	····	1 000000
د خلفا ما			•
5/14/2014	HARLAND CLACKE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
4,0 50	NONE- WEBSITE		
19.50	Nove 4000116		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF	OTHER	CHECKS	
EXPENDITURE	oner .	CHECKS	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH .		<u>.</u>
Date	Payee name		
5/17/2014	Vista Print		
Amount (\$)	Payee address; City; State; Zip Code		
٠٠٠ ند	1		
\$ 26.98	vistaprint com		
3.0.10	•		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF			A
EXPENDITURE	Advertising Expense	Busines	Caras
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	ЭН		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
, 11100111 (4)			
DI IDDOCE	Category (See categories listed at the top of this schedule)	Description (if	travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (ose categories inster at the tap artiful salidatio)		,
EXPENDITURE			
Constant Children in the Constant	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		O.Mee sees	<u> </u>
Date	Payee name		
	-		
Amount (#\	Davis address City City 70 C 1	·····	
Amount (\$)	Payee address; City; State; Zip Code		
	0-1		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if	travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	04:4	0.55	Office hold
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	UN		
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED
· .			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		<del></del>	
	EXPENDITURE CATEGORIES	` *	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	· •	
Accounting/Banking	Legal Services Solicitation/Fundrai	The supplication and a supplicat	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist	- Till	
Fees	Printing Expense Office Overhead/R  The Instruction Guide explains how to o		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
1	JUSIAH JAMES INGALL	0006 5 8 4 5	
4 Date	& Daves name		
4/18/2014	BRUCE ÉLFANT, TAX ASE	esson/Couboron	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
B1212	5501 AIRPURT BLVD., AUSTLA, TX 78701		
Reimbursement from	וטופר אן ,אונפטפן ,ישטענו ואטאווו וטענ		
political contributions intended			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schodule T)	
EXPENDITURE	VOTER REGISTRATION DATA	CDOF RECENT VOTERS-DIST. 7	
Date	Payee name	· ·	
<del></del>	,		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from			
political contributions intended			
	Cotogony (Constitution find and the state of	Description of the state of the	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE			
EXI ENDITORE			
Date	Payee name		
Date	- ayee name		
Amount (\$)	Payee address; City; State; Zip Code		
( , , , , , , , , , , , , , , , , , , ,			
Reimbursement from political contributions			
intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF .			
EXPENDITURE			
Date	Payee name		
	, ,		
Amount (\$)	Payee address; City; State; Zip Code		
· · · · · · · · · · · · · · · · · · ·	J. J		
Reimbursement from political contributions			
intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	1		
<del></del>	<u> </u>	<u> </u>	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

#### **EXEMPTION STATEMENT PER 2-2-26**

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CANI	DIDATE OR COM	MITTEE:
INHALLS	JOSIAIT	JAMES (Middle)
(Last)	(First)	(Middle)
ADDRESS: 8	324 BURRE	ELL DRIVE, AVSTIN, TX, 78757
DATE OF FILIN	G: 7-14-1	14
	ST	ГАТЕМЕНТ
will not be filing of	, 20_14 through our election contribut aised exceed \$30,00	ame of Candidate or Committee), have not raised 30,000 in contributions for the campaign period of 5006 30 , 2014. Therefore, I/we tion and expenditure reports (C&E) electronically. 100, I/we will file subsequent Campaign Finance
Signed by Candida	Mosello ate or Campaign Con	nmittee
7-14-1 Date	4	_
Date		
	requires that if contr	ributions exceed \$30,000, subsequent Campaign