

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	OFFICE USE ONLY Austin City Clerk RECEIVED Date Received: 2014 OCT 6 PM 1:10 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13002 Candlestick Pl. Austin TX 78727		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565-8164		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13002 Candlestick Pl. Austin TX, 78727		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 565-8164		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 8 / 18 / 2014 9 / 25 / 2014		
11 ELECTION	ELECTION DATE Year 11 / 4 / 2014 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) City Council District #7		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Zachary Ray Ingraham

15 ACCOUNT # (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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 175

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1600

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 312

4. TOTAL POLITICAL EXPENDITURES

\$ ~~11275~~ 11275CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 400.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Zachary R. Ingraham
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Zachary R. Ingraham this the 16th day of October, 2014, to certify which, witness my hand and seal of office.

Ann Margaret Franklin
Signature of officer administering oath

Ann Margaret Franklin
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Zachary Ray Ingraham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-19-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shane Ingraham 6 Contributor address; City; State; Zip Code 3600 Winfield Cv. Austin TX 78704	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) Online Donation
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-26-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marti Willens Contributor address; City; State; Zip Code 1788 Palisades Dr. Pacific Palisades CA, 90272	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) Online Donation
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-27-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Ware Contributor address; City; State; Zip Code 3613 Shoreheights Dr. Malibu CA, 90265	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable) Online Donation
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-1-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Ingraham Contributor address; City; State; Zip Code 3317 Westlake Dr. Austin TX, 78746	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) Online Donation
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melissa Daniel Contributor address; City; State; Zip Code 3204 Highland Ter W Austin TX, 78731	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) Online Donation
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

Zachary Ray Ingraham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9.2.2014

5 Full name of contributor

Ron Willens

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

**1788 Palisades Dr. Pacific Palisades
CA 90272**

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

**Online
Donation**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9.3.2014

Full name of contributor

Rick Ingraham

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

**8926 Westlake Cv
Austin TX, 78746**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

**Online
Donation**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9.5.2014

Full name of contributor

Shane Ingraham

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

**3600 Winfield Cv.
Austin TX, 78746**

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

**Online
Donation**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9.16.2014

Full name of contributor

Lupita Lopez

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

**14000 Renaissance Ct.
Austin TX, 78728**

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

**Online
Donation**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9.26.2014

Full name of contributor

Christian Gallo

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

**9520 Spectrum Dr.
Austin TX, 78717**

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

**Online
Donation**

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

Zachary Ray Ingraham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-30-2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

Scott Ingraham

6 Contributor address; City; State; Zip Code

**3317 Westlake Dr
Austin Tx, 78746**

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

Online Donation

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-30-2014

Full name of contributor

☐ out-of-state PAC (ID#)

Terri Ingraham

Contributor address; City; State; Zip Code

**3317 Westlake Dr.
Austin Tx, 78746**

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

Online Donation

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Zachary Ray Ingraham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-6-2014		5 Payee name Sign Effects			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 1708 Bench Mark Dr. Austin TX 78728			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Fliers, stickers, graphic art. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-12-2014 9-10-2014		Payee name Super Cheap Signs			
Amount (\$) 213.00		Payee address; City; State; Zip Code 9804 Gray Blvd. Austin TX, 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Yard Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-13-2014 9-13-2014		Payee name P. Terry's			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 12301 N. Mopac Expy Austin TX, 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Food for volunteers/staff. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-20-2014		Payee name Double Dave's Pizza			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 11900 Metric Blvd. Austin TX, 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Food for staff/Volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	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		2 FILER NAME Zachary Ray Ingraham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9.21.2014		5 Payee name HEB			
6 Amount (\$) 200		7 Payee address; City; State; Zip Code 6001 W. Parmer Ln. Austin Tx, 78727			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event		(b) Description (If travel outside of Texas, complete Schedule T) Neighborhood Campaign Launch <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Zachary Ray Ingraham		Office sought City Council District 11	
Date 9.22.2014		Payee name Nation Builder			
Amount (\$) \$48		Payee address; City; State; Zip Code 448 S. Hill St. Ste 200 Los Angeles, CA 90013			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense/web site		Description (If travel outside of Texas, complete Schedule T) web design, voter registry, walk sheets <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9.22.2014		Payee name Go Daddy			
Amount (\$) \$14.00		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) Solicitation/Fundraising expense		Description (If travel outside of Texas, complete Schedule T) web domain/email <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9.27.2014		Payee name HEB			
Amount (\$) 200		Payee address; City; State; Zip Code 6001 W. Parmer Ln. Austin Tx, 78727			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) Campaign Event in Lamplight Village <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>3</u>		2 FILER NAME <u>Zachary Ray Ingraham</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>9-28-2014</u>		5 Payee name <u>Chevron (Lamplight & Parmer Ln)</u>			
6 Amount (\$) <u>\$50</u>		7 Payee address; City; State; Zip Code <u>2015 Parmer Ln. Austin TX, 78727</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Travel In District</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Walking neighborhoods/transport volunteers.</u> <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 <u>10-5-2014</u>		Payee name <u>HEB</u>			
Amount (\$) <u>100</u>		Payee address; City; State; Zip Code <u>6001 W. Parmer Ln Austin Tx, 78727</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event</u>		Description (If travel outside of Texas, complete Schedule T) <u>Allendale voter reg/meet+ Zack</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Event</u>	
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 (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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Zachary Ray Ingraham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-18-2014		5 Payee name City of Austin, City Clerk			
6 Amount (\$) \$500 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 301 W. 2nd St Austin TX, 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee for City Council <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED