

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

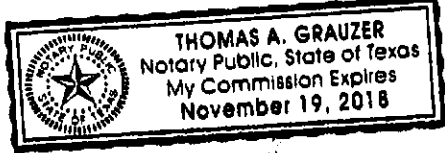
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 00065845	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr. NICKNAME	FIRST JOSHUA LAST	MI J SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 8324 BURRELL DR AUSTIN TX 78757		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 945-6053	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. NICKNAME	FIRST DAN LAST	MI T SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 8324 BURRELL DR. AUSTIN TX 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 809-5065	EXTENSION
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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 / 30 / 2014 10 / 5 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 2014		
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL, DISTRICT 7		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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.



Joseph J. Ingalls
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph J. Ingalls, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Thomas A. Grauzer Thomas A. Grauzer notary public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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:		2 FILER NAME JOSIAH T. INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 Date 8/7/14		5 Payee name THOMAS "TJ" WARDEN			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 6314 KENILWORTH DR. AUSTIN, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) REFUND OF CONTRIBUTION		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/7/14		Payee name HEATHEN WELCH			
Amount (\$) 20.00		Payee address; City; State; Zip Code 181 BLACKFOOT TRAIL, BANDERA, TX 78003			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) REFUND OF CONTRIBUTION		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/15/14		Payee name HEATHEN WELCH			
Amount (\$) 500.00		Payee address; City; State; Zip Code 181 BLACKFOOT TRAIL, BANDERA, TX 78003			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING SVCS.		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/23/14		Payee name WAL-MART			
Amount (\$) 251.01		Payee address; City; State; Zip Code 12900 N. I-35 SVC. RD SB AUSTIN, TX 78753			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T)	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
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Gift/Awards/Memorials Expense
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Salaries/Wages/Contract Labor
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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:		2 FILER NAME JUSIAH J. INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 Date 7/31/14		5 Payee name UNIVERSITY FEDERAL CREDIT UNION			
6 Amount (\$) 5.54		7 Payee address; City; State; Zip Code 8324 BURRELL DR., AUSTIN, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) BANK FEE		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/8/14		Payee name JUSIAH INGALLS			
Amount (\$) 2,600.00		Payee address; City; State; Zip Code 8324 BURRELL DRIVE, AUSTIN, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) LOAN REPAYMENT		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/2/14		Payee name JUSIAH INGALLS			
Amount (\$) 86.52		Payee address; City; State; Zip Code 8324 BURRELL DRIVE, AUSTIN, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) LOAN REPAYMENT		Description (If travel outside of Texas, complete Schedule T)	
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)	
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

**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" --

1 C/OH NAME

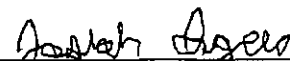
JOSIAH J. INGALLS

2 ACCOUNT # (Ethics Commission Filers)

00065845

3 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

4 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

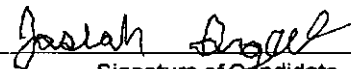
Check only one:



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

5 OFFICEHOLDER-- Complete this section *only* if you are an officeholder --

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

Signature of Officeholder