

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:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Clarence

NICKNAME

LAST

SUFFIX

John Ingerson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

48 Saint Andrews Ama. Tx. 79124

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 420-0408

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

John

NICKNAME

LAST

SUFFIX

Bo Williams

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

5508 Berget Ama. Tx. 79106

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 231-9140

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

2 / 14 / 23

THROUGH

Month

Day

Year

4 / 6 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 4

14 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

12.19.23

OFFICE USE ONLY

Date Received: **RECEIVED**

APR 06 2023

CITY SECRETARY'S
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

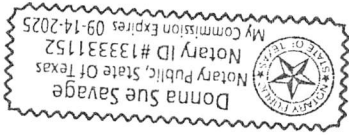
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>John Ingerson</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>2721</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,850⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>158931</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>28790</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

John Ingerson
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Ingerson this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

Donna Sue Savage Donna Sue Savage Admin IV
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>John Ingerson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>1850⁰⁰</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1562¹⁰</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>2721</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME John Ingerson		3 Filer ID (Ethics Commission Filers)
4 Date 2-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston Curtis	7 Amount of contribution (\$) \$300
6 Contributor address; City; State; Zip Code 1513 Bowie Ama Tx. 79102		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandrip Skeie	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code 60 St. Andrews Ama Tx. 79124		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Rogers	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 5304 Tawney Ama TX. 79106		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark Damon	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 5000 SW 46th Ama TX. 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME John Ingerson		3 Filer ID (Ethics Commission Filers)
4 Date 3/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Tooley	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 19525 Chaparral Canyon TX, 79015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes Holcomb	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 50 St. Andrews Ama TX, 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bo Williams	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 5508 Berget Ama. Tx, 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Bull	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 7900 Kingsgate Ama. Tx, 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>John Ingerson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/2</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Conner</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>5418 Southside Anna Tx. 79109</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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	2 FILER NAME John Ingerson	3 Filer ID (Ethics Commission Filers)
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4 Date 3-15-23	5 Payee name Promotions Plus
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6 Amount (\$) \$ 216.50	7 Payee address; 1407 SW 10th Suite B	City; Ama.	State; TX.	Zip Code 79101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-16-23	Payee name Super Cheap Signs
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Amount (\$) \$ 1345.60	Payee address; 9200 Waterford Centre Blvd Suite 100	City; Austin	State; TX.	Zip Code 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME John Ingerson	3 Filer ID (Ethics Commission Filers)
4 Date 3-2-23	5 Payee name Promotions Plus	
6 Amount (\$) \$27,21 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1407 SW 10th Arma. TX. 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expenses	(b) Description Name badges
	(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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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