

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE <i>County</i> FIRST MI <i>Commissioner Debbie</i> <i>G.</i>	<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX  <i>Ingalsbe</i>			
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4909 Old Bastrop Rd</i> <i>San Marcos Tx 78666</i>			
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE FIRST MI  <i>Garry</i> <i>L.</i>	Receipt #		
	NICKNAME LAST SUFFIX  <i>Ingalsbe</i>	HD / PM      Amount		
				Date Processed
				Date Imaged
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4909 Old Bastrop Rd</i> <i>San Marcos Tx 78666</i>			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(512) 392-8382</i>			
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input 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)			
<b>9 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year <i>7 / 1 / 97</i> <i>12 / 31 / 97</i>			
<b>10 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  <i>/ /</i>			
<b>11 OFFICE</b>	OFFICE HELD (if any) <i>County</i> <i>Commissioner</i>	<b>12 OFFICE SOUGHT</b> (if known)		
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
	Name			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

\*\* This listing includes political expenditures 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

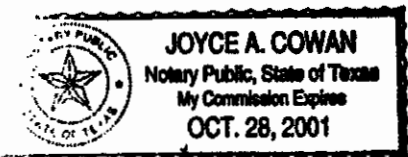
OUTSTANDING  
LOAN TOTALS

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

\$ 0

19 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.



*Debbie G. Ingalsbee*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie G. Ingalsbee, this the 28 day of JAN., 19 98, to certify which, witness my hand and seal of office.

*Joyce A. Cowan*  
Signature of officer administering oath

Joyce A. Cowan  
Print name of officer administering oath

NOTARY  
Title of officer administering oath