

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |  |                             |
|---|---|--|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.  |   | <b>1 ACCOUNT#</b><br>(Ethics Commission filters)   | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;">Debbie      G</div> <hr/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Ingalsbe</div>  | <div style="text-align: center; font-weight: bold; font-size: 1.1em;">OFFICE USE ONLY</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em; border: 1px solid black; padding: 5px;">                     RECEIVED IN THE<br/>                     JAN 18 2007<br/>                     ELECTION OFFICE                 </div> Date Hand-delivered or Date Postmarked<br><i>Jan 18 2007</i><br>Date Imaged<br><i>Jan 18 2007</i> |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>4909 Old Bastrop Rd San Marcos TX 78666   |  |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(512)      392-8382   |  |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;">Garry      L</div> <hr/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Ingalsbe</div>   | Receipt #      Amount<br><hr/> Date Processed<br><hr/> Date Imaged   |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>4909 Old Bastrop Rd San Marcos TX 78666  |  |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(512)      392-8382   |  |                             |
| <b>9 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |                             |
| <b>10 PERIOD COVERED</b>  | Month    Day    Year      THROUGH      Month    Day    Year<br>7 / 01 / 06      12 / 31 / 06  |  |                             |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month    Day    Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |                             |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br>Co. Commissioner Pet. 1   | <b>13 OFFICE SOUGHT (if known)</b>   |                             |
| <b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b><br><br><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. **<br><br>Name<br><br>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

15 C/OH NAME Debbie G. Ingalsbe 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

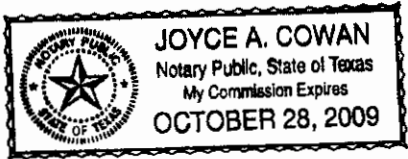
additional pages

\*\* This box is for notice of 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                       |
| <input type="checkbox"/> GENERAL  |                                      |
| <input type="checkbox"/> SPECIFIC |                                      |
|                                   | COMMITTEE ADDRESS                    |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |    |   |
|-------------------------|---|----|---|
| 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 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ | 0 |
| OUTSTANDING LOAN TOTALS | 6. 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. Ingalsbe  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie G. Ingalsbe, this the 18 day of JAN, 2007, to certify which, witness my hand and seal of office.

Joyce A. Cowan  
Signature of officer administering oath

Joyce A. Cowan  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath