

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: <div style="text-align: center; font-size: 2em;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ingalsbe Debbie G. <small>NICKNAME LAST SUFFIX</small>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4909 Old Bastrop Rd San Marcos TX 78666	Date Received: RECEIVED THE Jan FEB 16 2008 ELECTORAL OFFICE <small>Date Hand-delivered or Date Postmarked</small>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-8382	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Garry L. Ingalsbe <small>NICKNAME LAST SUFFIX</small>	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4909 Old Bastrop Rd San Marcos TX 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-8382		
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 1 / 1 / 08 1 / 24 / 08		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 08	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Hays Co. Commissioner At-L	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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**

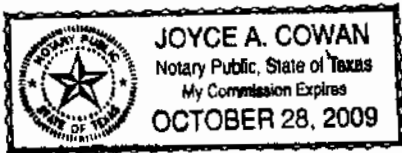
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 770.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,093.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 6 day of Feb., 2008, to certify which, witness my hand and seal of office.

Joyce A. Cowan Joyce A. Cowan NOTARY
Signature of officer administering oath Printed name of officer administering oath 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: <u>1</u>	
2 FILER NAME <u>Debbie G Ingalsbe</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1/8/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <u>J.M. Telford</u>	7 Amount of contribution (\$) <u>\$50.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2303 E. McCarty Ln. San Marcos TX 78666</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1/9/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <u>Raymond + Norma Kotowski</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>106 Corrie Court San Marcos TX 78666</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/13/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <u>Kathleen Thomas</u>	Amount of contribution (\$) <u>\$20.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13524 Evergreen Way Austin TX</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/14/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____) <u>Edward Coleman</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>802 Rock Creek Dr. West Lake Hills TX 78746-4530</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Debbie G Ingalsbe		3 ACCOUNT # (Ethics Commission files)
4 Date 1/1/08	5 Payee name Lowe's 6 Payee address; City; State; Zip Code 2211 IH 35 South San Marcos TX 78666 7 Purpose of expenditure (See instructions regarding type of information required.) Wire ties <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) \$ 5.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/5/08	Payee name Lowe's Payee address; City; State; Zip Code 2211 IH 35 South San Marcos TX 78666 Purpose of expenditure (See instructions regarding type of information required.) Wire ties <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) \$ 4.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/5/08	Payee name McCoy's Payee address; City; State; Zip Code 110 Wonderland Dr. San Marcos TX 78666 Purpose of expenditure (See instructions regarding type of information required.) 1x2-48" Stakes <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) \$ 106.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/5/08	Payee name Lowe's Payee address; City; State; Zip Code 2211 IH 35 South San Marcos TX 78666 Purpose of expenditure (See instructions regarding type of information required.) 1x4x8 Boards for signs <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) \$ 20.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/7/08	Payee name Office Depot Payee address; City; State; Zip Code 201 Springtown Way San Marcos TX 78666 Purpose of expenditure (See instructions regarding type of information required.) paper for push cards <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) \$ 20.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Debbie G. Ingalsbe</i>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name <i>Fastenal</i>	8 Amount (\$)
<i>1/7/08</i>	6 Payee address; City; State; Zip Code <i>103 CenterPoint Rd San Marcos TX 78666</i>	\$ <i>9.10</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Cable ties</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>Wal-Mart</i>	Amount (\$)
<i>1/10/08</i>	Payee address; City; State; Zip Code <i>1015 Hwy 80 San Marcos TX 78666</i>	\$ <i>4.97</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Protectant to clean signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>American Speedy</i>	Amount (\$)
<i>1/10/08</i>	Payee address; City; State; Zip Code <i>331 W. Hopkins Ste F San Marcos TX 78666</i>	\$ <i>10.83</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>cut - push cards</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>Pit Stop</i>	Amount (\$)
<i>1/12/08</i>	Payee address; City; State; Zip Code <i>1214 IH 35 S. San Marcos TX 78666</i>	\$ <i>58.00</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Gas for helper</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>Lowe's</i>	Amount (\$)
<i>1/15/08</i>	Payee address; City; State; Zip Code <i>2211 IH 35 S. San Marcos TX 78666</i>	\$ <i>42.74</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>1x4x8 boards for signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Debbie G. Ingalsbe</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/15/08</i>	5 Payee name <i>Pit Stop</i> 6 Payee address; City; State; Zip Code <i>1214 IH 35 S. San Marcos TX 78666</i>	8 Amount (\$) <i>\$ 57.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>gas for helper</i> (If travel outside of Texas, complete Schedule T)	
Date <i>1/15/08</i>	Payee name <i>McCoy's</i> Payee address; City; State; Zip Code <i>110 Wonderland Dr. San Marcos TX 78666</i>	Amount (\$) <i>\$ 5.95</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>1/4" self drill screw</i> (If travel outside of Texas, complete Schedule T)	
Date <i>1/16/08</i>	Payee name <i>Sign Crafters</i> Payee address; City; State; Zip Code <i>2401 IH 35 S. San Marcos TX 78666</i>	Amount (\$) <i>\$1,513.98</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i> (If travel outside of Texas, complete Schedule T)	
Date <i>1/17/08</i>	Payee name <i>McCoy's</i> Payee address; City; State; Zip Code <i>110 Wonderland Dr San Marcos TX 78666</i>	Amount (\$) <i>\$ 51.94</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>1x2-48" Stakes</i> (If travel outside of Texas, complete Schedule T)	
Date <i>1/17/08</i>	Payee name <i>Fastenal</i> Payee address; City; State; Zip Code <i>103 Center Point Rd San Marcos TX 78666</i>	Amount (\$) <i>\$ 2.14</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Cable ties</i> (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME Debbie G Ingalsbe 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/18/08</u>	5 Payee name <u>Lowe's</u> 6 Payee address; City; State; Zip Code <u>1455 IH 35 S. New Braunfels TX 78130</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>1x4x8 Boards for signs</u> <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) <u>\$ 111.93</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>1/18/08</u>	Payee name <u>Chili's</u> Payee address; City; State; Zip Code <u>102 IH 35 N San Marcos TX 78666</u> Purpose of expenditure (See instructions regarding type of information required.) <u>super for helpers</u> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <u>\$ 35.44</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>1/22/08</u>	Payee name <u>Fastenal</u> Payee address; City; State; Zip Code <u>103 Center Point Rd San Marcos TX 78666</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Cable ties & supplies</u> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <u>\$ 32.57</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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