



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

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

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

-- 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. --

<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <b>COMMITTEE ADDRESS</b>  <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
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<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 1,600.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,507.09
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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 27 day of Feb., 2008, 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

# 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 files)	
4 Date <u>1/30/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Raymond + Norma Kotowski</u> 6 Contributor address; City; State; Zip Code <u>106 Corrie Court San Marcos TX 78666</u>	7 Amount of contribution (\$) <u>\$ 200.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date <u>2/3/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Aguinaldo or Christina Zamora</u> Contributor address; City; State; Zip Code <u>1503 Elchen Rd. New Braunfels TX 78130</u>	7 Amount of contribution (\$) <u>\$ 200.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date <u>2/15/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Nora Linares Moeller</u> Contributor address; City; State; Zip Code <u>P.O. Box 2412 Wimberley TX 78676</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date <u>2/22/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mary Gonzales</u> Contributor address; City; State; Zip Code <u>427 Parker Dr. San Marcos TX 78666</u>	7 Amount of contribution (\$) <u>\$ 200.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date <u>2/22/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ruben Garza</u> Contributor address; City; State; Zip Code <u>P.O. Box 813 San Marcos TX 78667</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>	8 In-kind contribution description (if applicable) <u>Printing</u>
9 Principal occupation / Job title (See Instructions)		10 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: <b>5</b>
2 FILER NAME <b>Debbie G. Ingalsbe</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/26/08</b>	5 Payee name <b>Mc Coys</b> 6 Payee address; City; State; Zip Code <b>110 Wonderland Dr. San Marcos TX 78666</b>	8 Amount (\$) <b>\$ 51.94</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>1x2-48" stakes</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1/28/08</b>	Payee name <b>Sign Crafters</b> Payee address; City; State; Zip Code <b>2401 IH 35 South San Marcos TX 78666</b>	Amount (\$) <b>\$ 200.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>signs</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1/28/08</b>	Payee name <b>Office Depot</b> Payee address; City; State; Zip Code <b>201 Springtown Way San Marcos TX 78666</b>	Amount (\$) <b>\$ 13.79</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>paper</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1/28/08</b>	Payee name <b>Office Depot</b> Payee address; City; State; Zip Code <b>201 Springtown Way San Marcos TX 78666</b>	Amount (\$) <b>\$ 41.37</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>paper</b> (If travel outside of Texas, complete Schedule T)	
Date <b>1/29/08</b>	Payee name <b>H.E.B.</b> Payee address; City; State; Zip Code <b>641 E Hopkins</b>	Amount (\$) <b>\$ 59.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>Gas for helper</b> (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES  
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**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 <i>1/29/08</i>	5 Payee name <i>Office Depot</i> 6 Payee address; City; State; Zip Code <i>201 Springtown Way San Marcos Tx 78666</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>paper</i> <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) <i>\$ 41.37</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/29/08</i>	Payee name <i>Fastenal</i> Payee address; City; State; Zip Code <i>103 Center Point Rd Ste C San Marcos TX 78666</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Cable ties</i> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <i>\$ 2.51</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/01/08</i>	Payee name <i>McCoy's</i> Payee address; City; State; Zip Code <i>110 WonderWorld Dr. San Marcos Tx 78666</i> Purpose of expenditure (See instructions regarding type of information required.) <i>1x 2-48" stakes</i> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <i>\$ 25.97</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/2/08</i>	Payee name <i>Sac-N-Pac</i> Payee address; City; State; Zip Code <i>1002 Hwy 80 San Marcos Tx 78666</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>	Amount (\$) <i>\$ 59.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/7/08</i>	Payee name <i>S.M. Post Office</i> Payee address; City; State; Zip Code <i>301 N. Guadalupe St. San Marcos Tx 78666</i> Purpose of expenditure (See instructions regarding type of information required.) <i>stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <i>\$ 205.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**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>2/8/08</i>	5 Payee name <i>Lowe's</i> 6 Payee address; City; State; Zip Code <i>2211 IH 35 South San Marcos Tx 78666</i>	8 Amount (\$) <i>\$ 10.18</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>1x4x8 Lumber</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/8/08</i>	Payee name <i>HEB</i> Payee address; City; State; Zip Code <i>641 E Hopkins San Marcos Tx 78666</i>	Amount (\$) <i>\$ 50.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	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>2/9/08</i>	Payee name <i>Dos Flores</i> Payee address; City; State; Zip Code <i>1328 N. IH 35 San Marcos Tx 78666</i>	Amount (\$) <i>\$ 50.27</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Meals for helpers</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/11/08</i>	Payee name <i>Casa Maria</i> Payee address; City; State; Zip Code <i>706 S. Guadalupe St San Marcos TX 78666</i>	Amount (\$) <i>\$ 18.12</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Meals for helpers</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/13/08</i>	Payee name <i>Convenience Office Supply</i> Payee address; City; State; Zip Code <i>2210 Denton Dr. Austin TX 78758</i>	Amount (\$) <i>\$ 34.10</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Mail Labels</i> (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES  
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**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 <i>2/15/08</i>	5 Payee name <i>S.M. Post Office</i> 6 Payee address; City; State; Zip Code <i>301 N. Guadalupe St San Marcos TX 78666</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>\$ 205.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/14/08</i>	Payee name <i>Quill</i> Payee address; City; State; Zip Code <i>P.O. Box 37600 Philadelphia PA. 19101-0600</i> Purpose of expenditure (See instructions regarding type of information required.) <i>color laser cartridges</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>\$ 457.26</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/16/08</i>	Payee name <i>Montana Mike's</i> Payee address; City; State; Zip Code <i>730 E Hopkins San Marcos Tx 78666</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Meals for helpers</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>\$ 61.80</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/19/08</i>	Payee name <i>Free Press</i> Payee address; City; State; Zip Code <i>P.O. Box 2530 Kyle TX 78640</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>\$ 535.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>2/20/08</i>	Payee name <i>Gateway Business Products</i> Payee address; City; State; Zip Code <i>1904 Hwy 80 San Marcos TX 78666</i> Purpose of expenditure (See instructions regarding type of information required.) <i>paper</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>\$ 83.20</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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 <i>2/22/08</i>	5 Payee name <i>Wal-Mart</i> 6 Payee address; City; State; Zip Code <i>14. 35 New Braunfels TX</i>	8 Amount (\$)  <i>\$ 50.00</i>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Gift card for gas for helper</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/22/08</i>	Payee name <i>Fed Ex Kinkos</i> Payee address; City; State; Zip Code <i>301 N. Edward Gary San Marcos TX 78666</i>	Amount (\$)  <i>\$ 3.22</i>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Cutting Services</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/22/08</i>	Payee name <i>Fed Ex Kinkos</i> Payee address; City; State; Zip Code <i>301 N. Edward Gary San Marcos TX 78666</i>	Amount (\$)  <i>\$ 8.12</i>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Folding Services</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/22/08</i>	Payee name <i>Designs on Garments</i> Payee address; City; State; Zip Code <i>P.O. Box 1225 San Marcos TX 78666</i>	Amount (\$)  <i>\$ 202.97</i>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>T-Shirts</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2/23/08</i>	Payee name <i>Fuschak's</i> Payee address; City; State; Zip Code <i>1701 S IH 35 San Marcos TX 78666</i>	Amount (\$)  <i>\$ 37.90</i>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Meals for workers</i> (If travel outside of Texas, complete Schedule T)	

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