

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="font-size: 2em; text-align: center;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Debbie</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Ingalsbe</div>		OFFICE USE ONLY RECEIVED IN THE JUL 15 2008 ELECTION OFFICE <small>Date Hand-delivered or Date Postmarked</small> Receipt # Amount Date Processed Date Imaged
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 <div style="text-align: right; font-size: 1.2em;">78666</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-8382		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Garry</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Ingalsbe</div>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 2 / 24 / 08 THROUGH 6 / 30 / 08		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Co. Commissioner Pet. 1	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 #)

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. **

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

600.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

925.33

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

-

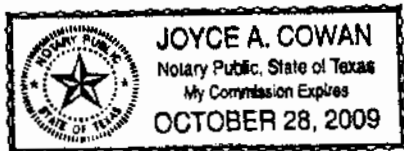
OUTSTANDING LOAN TOTALS

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 15 day of July, 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 this Schedule A: <u>1</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>2/27/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Longcope Warehouse Acc.</u> 6 Contributor address; City; State; Zip Code <u>400 W. Hopkins St. Ste 101 San Marcos TX 78666</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)	
Date <u>4/17/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ben or Juanita Gonzales</u> Contributor address; City; State; Zip Code <u>161 Park Dr. San Marcos TX 78666</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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: 3
2 FILER NAME Debbie G. Ingalsbe		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/26/08	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 1350 Leah Ave. San Marcos TX 78666	8 Amount (\$) \$ 57.08
7 Purpose of expenditure (See instructions regarding type of information required.) hinged trays for dinner		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/28/08	Payee name Casa Maria Payee address; City; State; Zip Code 706 S. Guadalupe St. San Marcos TX 78666	Amount (\$) \$ 43.19
Purpose of expenditure (See instructions regarding type of information required.) supper for workers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/29/08	Payee name Office Depot Payee address; City; State; Zip Code 201 Springtown Way San Marcos TX 78666	Amount (\$) \$ 64.90
Purpose of expenditure (See instructions regarding type of information required.) card stock for flyers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/29/08	Payee name HEB Payee address; City; State; Zip Code 641 E. Hopkins San Marcos TX 78666	Amount (\$) \$ 64.53
Purpose of expenditure (See instructions regarding type of information required.) supplies/food for Election Night		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/1/08	Payee name Sam's Club Payee address; City; State; Zip Code 1350 Leah Ave. San Marcos TX 78666	Amount (\$) \$ 84.47
Purpose of expenditure (See instructions regarding type of information required.) supplies/food for Election Night		<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 file)
4 Date <i>3/1/08</i>	5 Payee name <i>Dos. Flores</i> 6 Payee address; City; State; Zip Code <i>1328 N. IH35 San Marcos TX 78666</i>	8 Amount (\$) <i>\$ 75.18</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Lunch for Workers</i>	
Date <i>3/1/08</i>	Payee name <i>Lowe's</i> Payee address; City; State; Zip Code <i>2211 IH35 South San Marcos TX 78666</i>	Amount (\$) <i>\$ 6.12</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>1/4 x 7 1/2 Trnbkl for Sign</i>	
Date <i>3/2/08</i>	Payee name <i>The Yellow Store</i> Payee address; City; State; Zip Code <i>301 E. Hopkins San Marcos TX 78666</i>	Amount (\$) <i>\$ 56.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Gas for Worker</i>	
Date <i>3/3/08</i>	Payee name <i>HEB</i> Payee address; City; State; Zip Code <i>641 E Hopkins San Marcos TX 78666</i>	Amount (\$) <i>\$ 152.88</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Briskets for Election Night</i>	
Date <i>3/4/08</i>	Payee name <i>HEB</i> Payee address; City; State; Zip Code <i>200 W Hopkins San Marcos TX 78666</i>	Amount (\$) <i>\$ 19.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Arend for Election Night</i>	

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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 filers)
4 Date <i>3/6/08</i>	5 Payee name <i>Southside Community Center</i> 6 Payee address; City; State; Zip Code <i>518 S. Guadalupe St San Marcos TX 78666</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Toner, Paper, Cutting Services</i>	8 Amount (\$) <i>\$ 301.57</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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