

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 <div style="text-align: center; font-size: 1.5em;">Debbie</div>	MI <div style="text-align: center; font-size: 1.5em;">G</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED IN THE</div> <div style="font-size: 1.5em;">OCT 06 2008</div> <div style="font-size: 1.5em; font-weight: bold;">ELECTION OFFICE</div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME		LAST <div style="text-align: center; font-size: 1.5em;">Ingalsbe</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE	
<input type="checkbox"/> Change of Address	4909 Old Bastrop Rd San Marcos TX 78666			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	392-8382		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">Garry</div>	MI <div style="text-align: center; font-size: 1.5em;">L.</div>	
	NICKNAME		LAST <div style="text-align: center; font-size: 1.5em;">Ingalsbe</div>	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE	
(Residence or business)	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	
	7 / 1 / 08		9 / 25 / 08	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	11 / 04 / 08			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	County Commissioner Pct. 1			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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			
<input type="checkbox"/> additional pages				

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

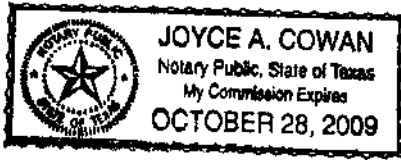
- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required 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	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1341.39
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 OCT, 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: 2	
2 FILER NAME Debbie G Ingalsbe		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/8/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Barton / Wynette Barton 6 Contributor address; City; State; Zip Code 1717 N. Burlington St. Kyle TX 78640	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/15/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogan Lehmann Contributor address; City; State; Zip Code 320 W. Hopkins Ste. 4 San Marcos TX 78666	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) W. C. Carson Contributor address; City; State; Zip Code P. O. Box 6666 San Marcos TX 78666	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Carson / Katherine Carson Contributor address; City; State; Zip Code 102 Senisa Ct. San Marcos TX 78666	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James L. Parman / Mrs. James L. Parman Contributor address; City; State; Zip Code 2933 Mountain High Dr. San Marcos TX 78666	Amount of contribution (\$) \$ 100.00	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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Debbie G Ingalsbe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/7/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lila Knight</i> 6 Contributor address; City; State; Zip Code <i>P. O. Box 7990 Kyle TX 78640</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <i>9/11/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matt Torbit</i> Contributor address; City; State; Zip Code <i>P. O. Box 800451 Dallas TX 75380-0451</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>9/12/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harry Savio</i> Contributor address; City; State; Zip Code <i>2952 Andersen Square Austin TX 78757</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>9/12/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Henry B. Smith / Georgia L. Smith</i> Contributor address; City; State; Zip Code <i>12409 Cascade Caverns Tr. Austin TX 78739</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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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: **3**

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

4 Date 8/8/08	5 Payee name Fastenal 6 Payee address; City; State; Zip Code 2970 B Hwy 123 San Marcos TX 78666	8 Amount (\$) \$ 13.95 <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Cable Ties (If travel outside of Texas, complete Schedule T)		

Date 8/10/08	Payee name Dairy Queen Payee address; City; State; Zip Code I-435 S San Marcos TX 78666	Amount (\$) \$ 11.65 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meal for workers (If travel outside of Texas, complete Schedule T)		

Date 8/15/08	Payee name Rosie's Pizza Payee address; City; State; Zip Code 1318 St Hwy 123 San Marcos TX 78666	Amount (\$) \$ 16.24 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Meal for workers (If travel outside of Texas, complete Schedule T)		

Date 8/20/08	Payee name McCoys Payee address; City; State; Zip Code 100 Wonder World Dr San Marcos TX 78666	Amount (\$) \$ 6.04 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Cable Ties (If travel outside of Texas, complete Schedule T)		

Date 8/20/08	Payee name Lowe's Payee address; City; State; Zip Code 2211 IH 35 S. San Marcos TX 78666	Amount (\$) \$ 142.24 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) 1x4x8 Stakes (wood) (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 <i>Debbie G Ingalsbe</i>	3 ACCOUNT # (Ethics Commission files)

4 Date <i>8/22/08</i>	5 Payee name <i>Fastenal</i> 6 Payee address; City; State; Zip Code <i>2970 B Hwy 123 San Marcos TX 78666</i>	8 Amount (\$) <i>\$ 3.95</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Cable Ties</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>8/25/08</i>	Payee name <i>Sign Arts</i> Payee address; City; State; Zip Code <i>P.O. Box 1416 San Marcos TX 78666</i>	Amount (\$) <i>\$ 960.72</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>9/17/08</i>	Payee name <i>Hays Free Press</i> Payee address; City; State; Zip Code <i>P.O. Box 2530 Kyle TX 78640</i>	Amount (\$) <i>\$ 166.50</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Ads</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>9/24/08</i>	Payee name <i>Fastenal</i> Payee address; City; State; Zip Code <i>2970 B Hwy 123 San Marcos TX 78666</i>	Amount (\$) <i>\$ 2.54</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Cable Ties</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>9/26/08</i>	Payee name <i>FedEx Kinko's</i> Payee address; City; State; Zip Code <i>301 N. Edward Gary St. San Marcos TX 78666</i>	Amount (\$) <i>\$ 3.22</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Cutting Services</i> (If travel outside of Texas, complete Schedule T)		<input 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 filers)
4 Date <i>9/26/08</i>	5 Payee name <i>Mc Coy's</i> 6 Payee address; City; State; Zip Code <i>100 Wonder World Dr. San Marcos TX 78666</i>	8 Amount (\$) <i>\$ 1.40</i> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>cloth Apron</i> (If travel outside of Texas, complete Schedule T)		
Date <i>9/27/08</i>	Payee name <i>Palm Cafe # 2</i> Payee address; City; State; Zip Code <i>504 Broadway San Marcos TX 78666</i>	Amount (\$) <i>\$ 12.94</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Meal for Workers</i> (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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