

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 files)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR <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 Date Received <div style="font-size: 1.5em; text-align: center;">RECEIVED IN THE</div> <div style="text-align: center;">OCT 27 2008</div> <div style="font-size: 1.5em; text-align: center;">ELECTION OFFICE</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4909 Old Bastrop Hwy San Marcos TX 78666										
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>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
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 Hwy San Marcos TX 78666										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-8382										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<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 type="checkbox"/> July 15	<input checked="" 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 9 / 26 / 08 10 / 25 / 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) Hays 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 Debbie G. Ingalsbe **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)


- 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. **

additional pages

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)	\$ 1,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 881.08
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 27th day of October, 2008, to certify which, witness my hand and seal of office.

Jimmie Robinson JIMMIE ROBINSON 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>9/29/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dennis W. Peterson</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2925 Briarpark Dr. Fl.4 Houston TX 77042</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/2/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Amy J. Parham</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 1136 Buda TX 78610</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/3/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Michael Moeller or Nora Linarrs-Moeller</u>	Amount of contribution (\$) <u>\$1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 2412 Wimberley TX 78676</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 (ID# _____)	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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	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: **2**

2 FILER NAME **Debbie G Ingalsbe**

3 ACCOUNT # (Ethics Commission files)

4 Date 10/07/08	5 Payee name Gulf Business Forms	8 Amount (\$) \$569.00
	6 Payee address: City: State: Zip Code 2460 S. IH 35 San Marcos TX 78666	
7 Purpose of expenditure (See instructions regarding type of information required.) Re-elect Push cards (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/10/08	Payee name Quix	Amount (\$) \$55.53
	Payee address: City: State: Zip Code 1004 IH 35 N San Marcos TX 78666	
Purpose of expenditure (See instructions regarding type of information required.) Gas for worker (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/10/08	Payee name Dos Flores	Amount (\$) \$ 37.85
	Payee address: City: State: Zip Code 1328 IH 35 N San Marcos TX 78666	
Purpose of expenditure (See instructions regarding type of information required.) Meals for workers (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/11/08	Payee name Red Lobster	Amount (\$) \$ 88.59
	Payee address: City: State: Zip Code 100 IH 35 N San Marcos TX 78666	
Purpose of expenditure (See instructions regarding type of information required.) Meals for workers (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/13/08	Payee name Fastenal	Amount (\$) \$ 2.54
	Payee address: City: State: Zip Code 2970 B Hwy 123 San Marcos TX 78666	
Purpose of expenditure (See instructions regarding type of information required.) Cable Ties (If travel outside of Texas, complete Schedule T)		<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
2 FILER NAME Debbie G. Ingalsbe		3 ACCOUNT # (Ethics Commission files)
4 Date 10/17/08	5 Payee name McDonalds 6 Payee address; City; State; Zip Code 1001 Hwy 123 San Marcos TX 78666	8 Amount (\$) \$ 7.58
	7 Purpose of expenditure (See instructions regarding type of information required.) Meals for workers (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/18/08	Payee name Pac-N-Sac Payee address; City; State; Zip Code 1439 IH 35N San Marcos TX 78666	Amount (\$) \$ 49.00
	Purpose of expenditure (See instructions regarding type of information required.) Gas for worker (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/18/08	Payee name Dos Flores Payee address; City; State; Zip Code 1328 IH 35N San Marcos TX 78666	Amount (\$) \$ 40.87
	Purpose of expenditure (See instructions regarding type of information required.) Meals for workers (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/22/08	Payee name Sam's Club Payee address; City; State; Zip Code 1350 Leah Ave. San Marcos TX 78666	Amount (\$) \$ 30.12
	Purpose of expenditure (See instructions regarding type of information required.) treats for university- early voting (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED