

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: 1
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Debbie	MI G.
	NICKNAME	LAST Ingalsbe	SUFFIX
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	392-8382	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Garry	MI L.
	NICKNAME	LAST Ingalsbe	SUFFIX
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 checked="" 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 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
	10	26	08
	THROUGH		Year
			12 / 31 / 08
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	/	/	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	County Commissioner Act 1		
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		

OFFICE USE ONLY

RECEIVED IN THE

JAN 15 2009

ELECTION OFFICE

Date Received: *JAN*

Date Hand-delivered or Date Postmarked:

Receipt #	Amount
Date Processed	Date Imaged

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,860.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,151.79
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 15th day of January, 2009, to certify which, witness my hand and seat of office.

Jimmie Robinson
Signature of officer administering oath

JIMMIE ROBINSON
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>10/27/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Linebarger Goggan Blair & Sampson</u> 6 Contributor address; City; State; Zip Code <u>P.O. Box 17428 Austin TX 78760</u>	7 Amount of contribution (\$) <u>\$ 200.00</u>	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 <u>10/27/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Tommy Cuevas</u> Contributor address; City; State; Zip Code <u>512 Lockwood Dr. San Marcos TX 78666</u>	Amount of contribution (\$) <u>\$ 60.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>10/31/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Bruce Todd</u> Contributor address; City; State; Zip Code <u>823 Congress Ave Ste 1506 Austin TX 78701</u>	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>11/04/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Thomas C. Arndt</u> Contributor address; City; State; Zip Code <u>19907 Kennemer Dr Pflugerville TX 78660</u>	Amount of contribution (\$) <u>\$ 500.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>11/04/08</u>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>12 teams</u>) <u>James Hoebeiling PPAC HDR, Inc.</u> Contributor address; City; State; Zip Code <u>8404 Indian Hills Dr. Omaha NE 68114</u>	Amount of contribution (\$) <u>\$ 1000.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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: <div style="text-align: right; font-size: 1.5em;">4</div>
2 FILER NAME <div style="font-size: 1.2em;">Debbie G. Ingalsbe</div>		3 ACCOUNT # (Ethics Commission files)
4 Date <div style="font-size: 1.2em;">10/29/08</div>	5 Payee name <div style="font-size: 1.2em;">Wal-Mart</div> 6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1015 Hwy 80 San Marcos TX 78666</div>	8 Amount (\$) <div style="font-size: 1.2em;">\$49.62</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Supplies for Election Night (If travel outside of Texas, complete Schedule T)</div>		
Date <div style="font-size: 1.2em;">10/30/08</div>	Payee name <div style="font-size: 1.2em;">Hays Free Press</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 2530 Kyle TX 78640</div>	Amount (\$) <div style="font-size: 1.2em;">\$263.02</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Multiple Ads (If travel outside of Texas, complete Schedule T)</div>		
Date <div style="font-size: 1.2em;">10/31/08</div>	Payee name <div style="font-size: 1.2em;">Bon Ton Meat Market</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">115 S. Camino Real Kyle TX 78640</div>	Amount (\$) <div style="font-size: 1.2em;">\$100.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em;">deposit for Briskets for Election Night (If travel outside of Texas, complete Schedule T)</div>		
Date <div style="font-size: 1.2em;">10/29/08</div>	Payee name <div style="font-size: 1.2em;">Texas Road House</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1502 IH-35 South San Marcos TX 78666</div>	Amount (\$) <div style="font-size: 1.2em;">\$49.12</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Dinner for workers (If travel outside of Texas, complete Schedule T)</div>		
Date <div style="font-size: 1.2em;">10/31/08</div>	Payee name <div style="font-size: 1.2em;">McDonalds</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1105 N IH 35 San Marcos TX 78666</div>	Amount (\$) <div style="font-size: 1.2em;">\$4.33</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Lunch for workers (If travel outside of Texas, complete Schedule T)</div>		

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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: <div style="text-align: right; font-size: 1.5em;">4</div>
2 FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">Debbie G Ingalsbe</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.2em; margin-left: 10px;">10/31/08</div>	5 Payee name <div style="font-size: 1.2em; margin-left: 10px;">San Marcos Daily Record</div> 6 Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 10px;">1910 IH 35 S San Marcos TX 78666</div> 7 Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em; margin-left: 10px;">Sunday Ad <small>(If travel outside of Texas, complete Schedule T)</small></div>	8 Amount (\$) <div style="font-size: 1.2em; margin-left: 10px;">\$ 233.10</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em; margin-left: 10px;">11/1/08</div>	Payee name <div style="font-size: 1.2em; margin-left: 10px;">Sign Arts</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 10px;">205 Cheetham St. San Marcos TX 78666</div> Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em; margin-left: 10px;">Sign posts. <small>(If travel outside of Texas, complete Schedule T)</small></div>	Amount (\$) <div style="font-size: 1.2em; margin-left: 10px;">\$ 12.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em; margin-left: 10px;">11/01/08</div>	Payee name <div style="font-size: 1.2em; margin-left: 10px;">HEB</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 10px;">641 E. Hopkins St. San Marcos TX 78666</div> Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em; margin-left: 10px;">supplies/food for Election Night <small>(If travel outside of Texas, complete Schedule T)</small></div>	Amount (\$) <div style="font-size: 1.2em; margin-left: 10px;">\$ 8.94</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em; margin-left: 10px;">11/1/08</div>	Payee name <div style="font-size: 1.2em; margin-left: 10px;">Wal-Mart</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 10px;">1015 Hwy 80 San Marcos TX 78666</div> Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em; margin-left: 10px;">Food for Election Night <small>(If travel outside of Texas, complete Schedule T)</small></div>	Amount (\$) <div style="font-size: 1.2em; margin-left: 10px;">\$ 83.97</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em; margin-left: 10px;">11/3/08</div>	Payee name <div style="font-size: 1.2em; margin-left: 10px;">Wal-Mart</div> Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 10px;">1015 Hwy 80 San Marcos TX 78666</div> Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em; margin-left: 10px;">Food for Election Night <small>(If travel outside of Texas, complete Schedule T)</small></div>	Amount (\$) <div style="font-size: 1.2em; margin-left: 10px;">\$ 3.44</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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: 4
2 FILER NAME Debbie G Injalsbe		3 ACCOUNT # (Ethics Commission files)
4 Date 11/4/08	5 Payee name H.E.B. 6 Payee address; City; State; Zip Code 641 E. Hopkins San Marcos TX 78666	8 Amount (\$) \$ 7.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Food for Election Night (If travel outside of Texas, complete Schedule T)	
Date 11/4/08	Payee name Sam's Club Payee address; City; State; Zip Code 1350 Leah Ave San Marcos TX 78666	Amount (\$) \$ 48.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Drinks for Election Night (If travel outside of Texas, complete Schedule T)	
Date 11/4/08	Payee name Dairy Queen Payee address; City; State; Zip Code IH 35 Kyle TX 78640	Amount (\$) \$ 9.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Lunch for Poll workers (If travel outside of Texas, complete Schedule T)	
Date 11/4/08	Payee name Bon.Ton Meat Market Payee address; City; State; Zip Code 115 S. Camino Real Kyle TX 78640	Amount (\$) \$ 177.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) BBQ Meat (If travel outside of Texas, complete Schedule T)	
Date 11/11/08	Payee name Lowe's Payee address; City; State; Zip Code 2211 IH 35 S. San Marcos TX 78666	Amount (\$) \$ 93.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for signs storage (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: <u>4</u>
2 FILER NAME <u>Debbie G. Ingalsbe</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11/11/08</u>	5 Payee name <u>Fastenal</u> 6 Payee address; City; State; Zip Code <u>2970 E Hwy 123 San Marcos TX 78666</u>	8 Amount (\$) <u>\$ 7.38</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Bolts for signs storage</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

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