

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Co. Commissioner Debbie G. NICKNAME LAST SUFFIX Ingalsbe		<b>OFFICE USE ONLY</b>  Date Received REC'D FEB 14 2000 PC
4 CANDIDATE / OFFICEHOLDER 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 CAMPAIGN TREASURER NAME	TITLE FIRST MI Garry L. NICKNAME LAST SUFFIX Ingalsbe		Receipt # HD / PM Amount Date Processed Date Imaged
6 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		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-8382		
8 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)		
9 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 00 THROUGH 2 / 11 / 00		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 3 / 14 / 00 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Hays Co. Commissioner Pet. 1		12 OFFICE SOUGHT (if known)
13 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

14 C/OH NAME

Debbie Gonzales Ingalsbe

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

•• This listing includes 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 pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2491.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4791.00

EXPENDITURE  
TOTALS

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

\$ 415.84

4. TOTAL POLITICAL EXPENDITURES

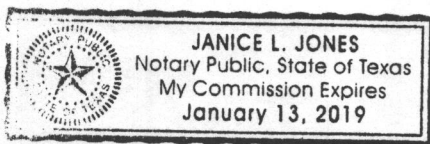
\$ 2827.26

OUTSTANDING  
LOAN TOTALS

5. 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 17th day of February, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>3</b>	
2 FILER NAME <b>Debbie Gonzales Ingalsbe</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-4-00</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Jim Powers</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1250 E. Creek Dr. Dripping Springs TX</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>1-22-00</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Velasquez, Masonary-Jesse or Jessica</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Wonder World Dr. S.M. TX 78666</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>1-22-00</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Dr. Michael Abel</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 611 S.M. TX 78666</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>1-31-00</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Ed Windler Sr. + Assoc.</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6807 Cameron Loop Tr Lr 7 Austin TX 78745</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>1-31-00</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Edward S. Mihalkanin</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>517 W. Hopkins SML TX 78666</b>			
Principal occupation (Optional)		Employer (Optional)	

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 A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Debbie Gonzales Ingalsbe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-1-00</i>	5 Full name of contributor <i>Roberto Molina</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>400 Linda Ln. Apt 20 SM Tx 78666</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>2-2-00</i>	Full name of contributor <i>Rev. Herman Foster</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>702 Conway SM Tx 78666</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2-2-00</i>	Full name of contributor <i>J.L. and Fern Howze</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8169 Niederwald St. Niederwald Tx 78640</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2-2-00</i>	Full name of contributor <i>Curtis Wilson</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>197 Peabody Pl. Dripping Springs Tx 78620</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2-5-00</i>	Full name of contributor <i>The Rick Green Team</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 900 Dripping Springs Tx 78620-0900</i>			
Principal occupation (Optional)		Employer (Optional)	

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 A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Debbie Gonzales Ingalsbe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-6-00</i>	5 Full name of contributor <i>Ruben Garza</i> <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code <i>1610 Parkview SM TX 78666</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>2-7-00</i>	Full name of contributor <i>Severa Pineda</i> <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code <i>121 Staples Rd SM TX 78666</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>2-5-00</i>	Full name of contributor <i>Ed Windler Sr. + Assoc.</i> <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code <i>106 Golden Cove Kyle TX 78640</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>2-9-00</i>	Full name of contributor <i>Pete Peters</i> <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code <i>1106 Elm St Austin TX 78703</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**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

5 Payee name

Sam's Club

6 Payee address;

City; State; Zip Code

5107 S. IH 35 Austin TX

7 Purpose of expenditure

Supplies for Fundraiser

8 Amount (\$)

\$ 85.51

☒ Reimbursement from political contributions intended

Date

Payee name

McCoy's Building Supply

Payee address;

City; State; Zip Code

2300 Hwy 123 SM TX 78666

Purpose of expenditure

T-Posts - Political signs

Amount (\$)

\$ 54.40

☒ Reimbursement from political contributions intended

Date

Payee name

Sign Crafters

Payee address;

City; State; Zip Code

2401 IH 35 San Marcos TX 78666

Purpose of expenditure

Political Signs

Amount (\$)

\$ 933.65

☒ Reimbursement from political contributions intended

Date

Payee name

Home Depot

Payee address;

City; State; Zip Code

1360 IH 35 New Braunfels TX 78130

Purpose of expenditure

Materials for Political Signs

Amount (\$)

\$ 98.61

☒ Reimbursement from political contributions intended

Date

Payee name

Sign Crafters

Payee address;

City; State; Zip Code

2401 IH 35 San Marcos TX 78666

Purpose of expenditure

Political Signs

Amount (\$)

\$ 358.58

☒ 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 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Sign Crafters

6 Payee address;

City; State; Zip Code

1-10-00

2401 IH 35 San Marcos Tx 78666

7 Purpose of expenditure

Political Signs

8 Amount (\$)

\$ 169.14



Reimbursement from political contributions intended

Date

Payee name

Home Depot

Payee address;

City; State; Zip Code

1-23-00

1360 IH 35 New Braunfels Tx 78130

Purpose of expenditure

Materials for Political Signs

Amount (\$)

\$ 54.85



Reimbursement from political contributions intended

Date

Payee name

The Free Press

Payee address;

City; State; Zip Code

1-26-00

P.O. Box 339 Buda Tx 78610

Purpose of expenditure

Political Announcement

Amount (\$)

\$ 50.00



Reimbursement from political contributions intended

Date

Payee name

H.E.B.

Payee address;

City; State; Zip Code

1-31-00

641 E Hopkins San Marcos Tx 78666

Purpose of expenditure

Food for Fundraiser

Amount (\$)

\$ 337.21



Reimbursement from political contributions intended

Date

Payee name

Famous Brand Houseware

Payee address;

City; State; Zip Code

2-3-00

3939 IH 35 Ste 308 SMTX 78666

Purpose of expenditure

Supplies for Fundraiser

Amount (\$)

\$ 51.47



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 FILER NAME

Debbie G Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

U.S. Postal Service

6 Payee address;

City; State; Zip Code

Guadalupe St. SM. TX 78666

7 Purpose of expenditure

Postage

8 Amount (\$)

\$ 99.00

☒ Reimbursement from political contributions intended

Date

Payee name

Lowes

Payee address;

City; State; Zip Code

2211 IH 35 S. San Marcos TX 78666

Purpose of expenditure

Drill for Political Signs

Amount (\$)

\$ 119.00

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

