

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p> <p>2 Total pages filed:</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI <div style="text-align: center;"> Debbie G. </div> </p> <p>NICKNAME LAST SUFFIX <div style="text-align: center;"> Ingalsbe </div> </p>		<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center; font-size: 1.5em; font-weight: bold;"> RECEIVED JAN 14 2016 ELECTION OFFICE </div> <p style="text-align: center;">Date Hand-delivered or Date Postmarked</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>4909 S. Old Bastrop Hwy San Marcos, TX 78666</p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(512) 644-0568</p>		<p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI <div style="text-align: center;"> Garry L. </div> </p> <p>NICKNAME LAST SUFFIX <div style="text-align: center;"> Ingalsbe </div> </p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>4909 S. Old Bastrop Hwy San Marcos TX 78666</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(512) 667-2870</p>		
<p>9 REPORT TYPE</p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p style="font-size: 1.2em; text-align: center;">7 / 1 / 15 THROUGH 12 / 31 / 15</p>		
<p>11 ELECTION</p>	<div style="display: flex;"> <div style="flex: 1;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.2em;">3 / 1 / 16</p> </div> <div style="flex: 1;"> <p>ELECTION TYPE</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General <input type="checkbox"/> Special</p> </div> </div>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p>Co. Commissioner Pct. 1</p>		<p>13 OFFICE SOUGHT (if known)</p>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Debbie G. Ingalsbe **15** Filer ID (Ethics Commission Filers)

16 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.

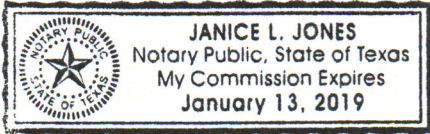
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>500.</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Debbie G. Ingalsbe

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Debbie G. Ingalsbe, this the 13th day of January, 2014, to certify which, witness my hand and seal of office.

Janice L. Jones

Signature of officer administering oath

Janice L. Jones

Printed name of officer administering oath

Exec. Asst. to County Judge

Title of officer administering oath