## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:				
The C/OH Instruction G	uide explains how to complete this form.	-	10	
3 CANDIDATE / OFFICEHOLDER		MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Ingalsbe		RECEIVED	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	4909 5 Old Bastro	•	JAN 0 6 2021	
Change of Address	San Marcos, TX 7	8666		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 644-050	extension	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	MI	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Ingalsbe		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 4909 S Old Bastr		ZIP CODE Larcos TX 78666	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 667-28-			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)     Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year		Day Year 31/2020	
11 ELECTION				
	Month Day Year Primary	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	))	
	Hays Co. Commissioner, F	24.1		
	GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

Revised 9/8/2015

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	rebbie (	3. Ingalsbe 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	6 NOTICE FROM POLITICAL 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			
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$ 1,093. 90			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
18 AFFIDAVIT				
	JANICE L. JOI lotary Public, State Comm. Expires 01- Notary ID 12845	of Texas		
Signature of Candidate of Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscr			, this the	
day of Annas	<u>4</u> ,20 <u>21</u> ,	to certify which, witness my hand and seal of office.		
Janice 7	ZJon	os Jania C. Jones 1	legal Support Services	
Signature of officer administering bath Printed name of officer administering bath Title of officer administering bath				

Forms provided by Texas Ethics Commission

Revised 9/8/2015

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con Debbie G Ingalsbe	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
1 <mark>1</mark> .	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Image: Production of contribution       Image: Production of contribution         Image: Product of contributor       Image: Production of contribution         Image: Product of contributor       Image: Product of contributor         Image: Product of contributor       Image: Product of contributor         Image: Product of contributor       Image: Product of contribution         Image: Product of contributor       Image: Product of contribution         Image: Product of contributor       Image: Product of contribution	Debbie G. Engalsbe         Date       5 Full name of contributor         HNTB Hoblings LHJ. PAC         6 Contributor address;       City;         15 Kirk Dr. Kansas CH MO 64105         Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)         14/20         Contributor address;       City;         Contributor address;       City;         State;       Zip Code         333 Cheatham St. San Marcos TX 78040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Date       Full name of contributor         0/8/20       Contributor address;         City;       State;         State;       Zip Code         13430	
Debbie G. Tngulsbe       7 Amount of contribution (\$)         Date       5 Full name of contributor address;       City:       State: Zip Code         /9/20       6 Contributor address;       City:       State: Zip Code         7 Amount of contribution (\$)       \$ 1,500.02         9 Employer (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       0 out-of-state PAC (ID#	Date       5 Full name of contributor       Define C. Ingalsbe       7 Amount of contributor         /9/20       HNTB Hoddings Ltd. PAC       Fill State: Zip Code       F1,500.         19/20       6 Contributor address:       City:       State: Zip Code       F1,500.         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution         Date       Full name of contributor       0 out-of-state PAC (ID#	mission Filers
Date       5 Full name of contributor       Discubic-state PAC (DE COD 386029)       7 Amount of contribution (s)         19120       HUTB Hothings LHd. DAC 6 Contributor address;       City:       State: Zip Code       \$1,500.02         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Amount of contribution (s)         Date       Full name of contributor       0 out-of-state PAC (DE       Amount of contribution (s)         N/14/20       Randall Morris Kathy Morris Contributor address;       City:       State: Zip Code         333 Cheatham St. San Marcos TX 78060       \$200.02         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       0 ut-of-state PAC (DE         Amount of contributor       0 ut-of-state PAC (DE       Amount of contribution (s)         Date       Full name of contributor       0 ut-of-state PAC (DE       Amount of contribution (s)         Date       Full name of contributor       0 ut-of-state PAC (DE       Amount of contribution (s)         Date       Full name of contributor       0 ut-of-state PAC (DE       Amount of contribution (s)         Date       Full name of contributor       Employer (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)	Date       5 Full name of contributor       If out-of-state PAC (ID#CO0386029)       7 Amount of contribute         /9/20       6 Contributor address;       City;       State;       Zip Code       \$1,500.         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Employer (See Instructions)       Amount of contribute         Date       Full name of contributor       0 out-of-state PAC (ID#	
Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       0 ut-of-state PAC (ID#	Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       0 out-of-state PAC (ID#	
Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#	Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       0 out-of-state PAC (ID#	
N/14/20       Randall Motris Kathy Motris Contributor address:       City:       State:       Zip Code         333       Cheatham St. San Marcos TX 78446       \$200.62         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$200.62         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         0/8/20       Contributor address:       City:       State;       Zip Code         13430       Northwest Freewath floo Holdton TX 77040       \$200.92         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$4000.92         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$10000.92         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)	N/14/20       Randall Morris Kathy Morris Contributor address;       City;       State;       Zip Code         333 Cheatham St. San Marcos TX 78446       \$\$200.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$	
333 Cheatham St. San Marcos TX 78466       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     I out-of-state PAC (ID#	333 Cheatham St. San Marcos TX 78446         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         O/8/20       Contributor address;       City;       State;       Zip Code         D4330 Northwest Freework       1/100 Holden TX 77040       \$1000.99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2000.99         Date       Full name of contributor       0/00-00       \$2000.99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2000.99         Date       Full name of contributor       0/00-00       \$2000       \$2000         Date       Full name of contributor       0/00-00       \$2000       \$2000         Date       Full name of contributor       0/00-00       \$2000       \$2000	tion (\$)
Principal occupation / Job title (See Instructions)       Émployer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         O/8/20       Cobbo. Fendley. PAC       Amount of contribution (\$)         O/8/20       Contributor address;       City;       State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$1000.99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$1000.99         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         Contributor address;       City;       State; Zip Code       Amount of contribution (\$)	Principal occupation / Job title (See Instructions)       Émployer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Amount of contributor       Overlage       Amount of contribution         0/8/20       Contributor address;       City;       State;       Zip Code         13430       Northwest Freewatt Ilco       Hold fun TX 77040       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution	0
Date       Full name of contributor       □ out-of-state PAC (ID#)       Amount of contribution (\$)         O/8/20       Cobbo. Fendley       PAC       Image: City:       State:       Zip Code         O/8/20       Contributor address:       City:       State:       Zip Code       Image: City:       State:       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       □ out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       □ out-of-state PAC (ID#:)       Amount of contribution (\$)	Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution         0/8/20       Coobb. Fendley. PAC.       DAC.       \$1000.99         0/8/20       Contributor address;       City;       State;       Zip Code         13430       Northwest Freewort 100 Houston TX 77040       \$1000.99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor	
O/8/20       Cobbb. Fendlet PAC Contributor address;       City;       State;       Zip Code         13430 Northwest Freewof Hico Holdsin TX 77040       \$1000.99         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;       Zip Code	O/8/20       Cobb. Fendley       PAC         Contributor address;       City;       State;       Zip Code         13430 Northwest Freewatt 11co Holdstin TX 77040       \$1000.000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)	
I3430 Northwest Freewat <sup>#</sup> (Ico Housen TX 77040)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contribution (\$)       Contributor address;       City;	I3430 Northwest Freewat <sup>H</sup> (Ico Houten TX 77040)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)	ition (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State; Zip Code	Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contribution       Amount of contribution	0
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code	Date Full name of contributor out-of-state PAC (ID#:) Amount of contributi	
Contributor address; City; State; Zip Code		
	Contributor address; City; State; Zip Code	tion (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/Rental Expense Travel Polling Expense Travel Printing Expense Travel Salaries/Wages/Contract Labor Other (	ntion/Fundraising Expense ortation Equipment & Related Expense In District Out Of District enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Debbie G-	Engalsbe 3 File	r ID (Ethics Commission Filers)	
4 Date \$10/20	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$37.00	1350 Leah Ave	San Marcos, T	X 78666	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Travel in Distric	t Sign Pla	cement/Gas	
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin, TX, off	ceholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/11/20	Lowes			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$29.49	2211 IH 35 South	San Marcos T	X 78666	
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Advertising Expe	use Cable Tie	S	
EXPENDITORE	Check if travel outside of Texas. Complete Sc		iceholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit Croi				
Date	Payee name			
8/12/20	Sam's Club			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$29.01	1350 Leah Ave	San Marcos-	TX 78666	
	Category (See Categories listed at the top of this sc	hedule) Description		
PURPOSE OF EXPENDITURE	Travel in Distric	+ Gas/Sign	Placement	
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin, TX, offi	ceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling [ By Gift/Awards/Memorials Expense Printing	Verhead/Rental Expense Transporta Expense Travel In D Expense Travel Out	
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1	2 FILER NAME Debbie G In	igalshe 3 Filer II	D (Ethics Commission Filers)
8/14/20	5 Payee name Sam's Club	5	
Amount (\$)	7 Payee address;	City; S	tate; Zip Code
\$31.60	1350 Leah Ave (a) Category (See Categories listed at the top of this schedule)	San Marcos T) (b) Description	K 78666
PURPOSE OF EXPENDITURE	Travel in District	Gas/ Sign	Place ment
<u> </u>	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	Ider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/28/20	Sam's Club		
Amount (\$)	Payee address;	City; S	ate; Zip Code
\$33.00	1350 Leah Ave	San Marcos	TX 78666
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel in District	Gas/Sign	Placement
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	Ider living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date	Payee name		
9/10/20	Ellen Braverm	nan	
Amount (\$)	Payee address;		ate; Zip Code
\$ 50.00	Category (See Categories listed at the top of this schedule)	San Marcos	TX 78666
PURPOSE	Adventising Expense	Postage	
EXPENDITURE			
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officehol	der living expense

#### SCHEDULE F1

10.00 . . . .

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	Debbie J	Ingalsbe	3 Filer ID (Ethics Commission Filers)		
4 Date 9/23/20	5 Payee name Ellen Bravern	nan			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$50.00	106 Wild Plum	San Mai	rcosTX 78666		
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE		$\sim$ 1			
EXPENDITURE	Advertising Expen	ise posta.	je		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
9/25/20	Sam's Club				
Amount (\$)	Payee address;	City;	State; Zip Code		
¥31.00	1350 Leah Ave	San Marco.	S.TX 18666		
	Category (See Categories listed at the top of this sch	Description			
PURPOSE		$\lambda$			
OF EXPENDITURE	Travel in Distric	+ Gas			
	Check if travel outside of Texas, Complete Sche	edule T. Check if Austin,	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
10/8/20	Tractor Supp	L			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$114.34	935 Highway 80 Eo	ist San Marc	os, TX 786666		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Advertising Expens	se T.Pe	ost		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

Revised 8/17/2020

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Over Polling Exp se Printing Exp		Travel In District Travel Out Of Dist	uipment & Related Expense
Credit Card Payment		The Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Debbie	C J	Ingalshe	3 Filer ID (Eth	ics Commission Filers)
4 Date 10/8/20	5 Payee n	sam's (	Tlub			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$32.00	1350	Leah Ave	, Sa	n Marco	s, Tx	18666
8	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE	-			$\cap$		
EXPENDITURE	Trai	lelin Dist	rict	Gas		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame	-Teo 14 4 1 - 44			
10/14/20	So	in's Clu	b			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$30.°°	1350	Leah Av.	e s	San Ma	rcos, Th	c 786666
	Categor	(See Categories listed at the top of the categories listed at the categories listed at the top of the categories listed at the categories listed at the top of the categories listed at the categories listed at the top of the categories listed at the top of the categories listed at the top of the categories listed at the cate	of this schedule)	Description		
PURPOSE	4	1 8 (	1	$\mathcal{C}$		
EXPENDITURE	Ivav	el In Dist	rict	(5a)		
		Check if travel outside of Texas. Com	plete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	Н					
Date	Payee n	ame				
1 1.0			1			
10/20/18	5	am's Clu	.6			
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$33.00	1350	b Leah Av	le So	in Marco	s, Tx	78666
	Category	(See Categories listed at the top of	f this schedule)	Description		
PURPOSE OF EXPENDITURE	Tra	vel in Dis	strict	Gas		
		Check if travel outside of Texas. Com	plete Schedule T,	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	1	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp	bense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Debbie GI	-hgalsha 3 Filer ID (Ethics Commission Filers)		
4 Date 10/27/20	5 Payee name Print This			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$ 284.48	13330 N State Hwy (23 (a) Category (See Categories listed at the top of this schedule)	SanMarcos, TX 78666		
PURPOSE	NII S	- Chiefe		
EXPENDITURE	Advertising expense	1- Shirts		
	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held		
9 Complete ONLY if direct expenditure to benefit C/OF		Onice sought Onice held		
Date	Payee name			
11/3/20	Texas Roadhons	e		
Amount (\$)	Payee address;	City; State; Zip Code		
\$169.09	1502 IH 35 South	San Marcos, TX 78666		
	Category (See Categories listed at the top of this schedule)	Description Worker's		
PURPOSE OF EXPENDITURE	Food Expense	Election Night Event		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
1/4/20	Garcia's Mexican T	Food		
Amount (\$)	Payee address;	City; State; Zip Code		
\$13,89	575 FM 150 East St	eA Kyle TX 78640		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Scrense	Food for Workers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested into	ormation is not applicable, be not i	fieldde tino page in the rej	
	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Total pages conclude 11.	Debbie (	> Ingalsbe	
4 Date 11/5/20	5 Payee name Sam's C	lub	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 26.00	1350 Leah Ave		rcos, TX 78666
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Travelin Dist	at Gas	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austin	, TX, officeholder living expense
O Demototo ONUV is direct	Candidate / Officeholder name	Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		o moo oo uguu	
Date	Payee name		
9/15/20	Centro Cuttura	1 Hispano de	San Marcos
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	211 Lee St	San Marcos	TX 786666
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	GIFT	Contr	ibution
	Check if travel outside of Texas. Complete S	chedule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description	
	Check if travel outside of Texas. Complete S	chedule T. Check if Austin	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

Forms provided by Texas Ethics Commission