# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR	Debbie		Č	OFFICE USE ONLY	
NAME	NICKNAME	Ingalsbe		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	San Ma	apt/suite#; old Bastr crcos, TX -	or Hwy 18666	ZIP CODE	JAN 1 2 2022	
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	Le44-0568	EXTENS	ION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Garry		SUFFIX	Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	Ingalsbe no po box Please): apt/s Old Bastro	UITE # CITY	an Mari	state; zip code 18666	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (512) 667-2870					
9 REPORT TYPE	January 15  July 15	30th day before e	ection Exc	noff ceeded Modified porting Limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 21 THROUGH 12/31/21					
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special					
12 OFFICE	OFFICE HELD (if any)	Commussioner	111	SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE  POLITICAL  THE CANDIDATE AND OFFICEHOLDER'S AND OFFICEHOLDER'S KNOWLEDGE  CONSENT CANDIDATES AND OFFICEHOLDER'S CONSENTED  CONSENT CANDIDATES AND OFFICEHOLDER'S CONSENTED  CONSENTED					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		•	
GO TO PAGE 2						

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOFF REPORTING PERIOD  OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true are required to be reported by me under Title 15, Election Code  Please complete either option below:  OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOWN OF REPORTING PERIOD  18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true are required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  19 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true are required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  OTAL POLITICAL CONTRIBUTIONS  19 SIGNATURE I SWEAR, OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	Filer ID (Ethics Commission Filers)
EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true are required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  OTAL POLITICAL EXPENDITURES  1. TOTAL POLITICAL EXPENDITURES  SIgnature of AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report is true are required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  OTAL SUBJECT OF THE PROPERT OF THE	\$ Ø
TOTALS  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOFREPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true as required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  1) Affidav  JANICE L. JONES NOTARY Public, State of Texas NOTARY Public, State of Texas Notary ID 128490890  Sworm to and subscribed before me by  JANICE L. JONES Notary ID 128490890  Sworm to and subscribed before me by  JANICE L. JONES Notary ID 128490890  Sworm to and subscribed before me by  JANICE L. JONES Notary ID 128490890  Finted name of officer administering oath  Printed name of officer administering oath	\$
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  8 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true are required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  NOTAR SAMPLES COMM. Expires 01-13-2023  NOT	\$ 466,83
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST BOT OF REPORTING PERIOD  8 SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true ar required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  NOTAR  NOT	\$ 466.83
ASIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true ar required to be reported by me under Title 15, Election Code  Signature of Candid  Please complete either option below:  Notary Public, State of Texas  Notary Public, State of Texas  Notary ID 128490890  Sworn to and subscribed before me by  Lebbuc Ingalske this the  Tanice L. Jones  Janice L. Jones  Janice L. Jones  Printed name of officer administering oath  Printed name of officer administering oath	\$ 15, 150. 93
Please complete either option below:  NOTARY STATE Comm. Expires 01-13-2023 Notary Public, State of Texas Notary Public, State of Texas Notary ID 128490890  Sworm to and subscribed before me by Debbut Trigalshe this the the total subscribed before me by Tanice U. Jones  Tanice U. Jones  Printed name of officer administering oath  OR	E \$ Ø
Please complete either option below:  1) Affidav  JANICE L. JONES  Notary Public, State of Texas  Notary Public, State of Texas  Notary ID 128490890  Worm to and subscribed before me by	d correct and includes all information
JANICE L. JONES  Notary Public, State of Texas  Comm. Expires 01-13-2023  Notary ID 128490890  Inworm to and subscribed before me by Debbue Tagalshe this the month of the common state of	ate or Officeholder
NOTARY STATE STATE Notary Public, State of Texas  Comm. Expires 01-13-2023  Notary ID 128490890  Sworn to and subscribed before me by	
ignature of officer administering oath  OR	1+6 day of January.
gnature of officer administering oath  Printed name of officer administering oath  OR	day or <u>Special property</u> ,
Printed name of officer administering oath  OR	al Support Servius Special
	Title of officer administering oath
y name is, and my date of birth is	
ly address is,,	_,
(street) (city) (state executed in county, State of , on the day of (month)	) (zip code) (country) , 20
(month)	(year)

### SUBTOTALS - C/OH

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

	0012.00	
19	Debbie G. Ingalsbe 20 Filer ID (Ethics Com	nmission 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	\$ 466.83
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	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### 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 By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Offic Food/Beverage Expense Polin y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	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:	4 Table 2000 Cabada Est. 2 Ell ED MANE								
	Debbie GI	ingalsbe							
4 Date 11/3/21	5 Payee name	0							
6 Amount (\$)	7 Payee address; City; State; Zip Code								
116.83	2211 IH 35 South	San Marcos	TX 78666						
8	(a) Category (See Categories listed at the top of this schedu	(b) Description							
PURPOSE OF EXPENDITURE	Advertising Expense Heavy Duty Cable Ties								
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
11/12/21	Maggie Moreno C	ampaign							
Amount (\$)	Payee address;	City	State; Zip Code						
\$200.°°	1309 Prospect St.	San Mar	cosTX 78666						
	Category (See Categories listed at the top of this schedule	e) Description							
PURPOSE OF EXPENDITURE	Contribution	Contributi	ion						
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name		AND THE PROPERTY OF THE PROPER						
11/22/21	Centro Cultural His	gano de Sa	n Marcos						
Amount (\$)	Payee address;	City;	State; Zip Code						
\$ 250.00	211 Lee St. San	Marcos -	TX 78666						
-US-005	Category (See Categories listed at the top of this schedule	Description							
PURPOSE OF EXPENDITURE	Gift Contribution								
_	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									