

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Debbie Gonzales NICKNAME LAST SUFFIX Ingalsbe	REC'D MAR 04 1996 JAC	
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 Lee NICKNAME LAST SUFFIX Ingalsbe	Receipt #	
		HD / PM	Amount
		Date Processed	
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 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 checked="" 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 2 / 2 / 96	THROUGH	Month Day Year 3 / 2 / 96
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 96	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) County Commissioner Pet. 1	
13 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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. **

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

17 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	\$ 2,478.50
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,578.50
--	-------------

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2,531.96
--	-------------

4. TOTAL POLITICAL EXPENDITURES	\$ 2,626.20
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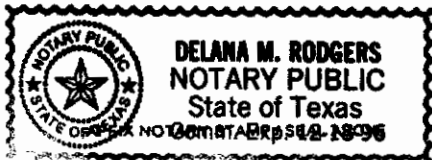
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
---	----

19 AFFIDAVIT

I swear, or affirm, 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



Sworn to and subscribed before me, by the said Debbie G. Ingalsbe this the 4th day of March, 19 96, to certify which, witness my hand and seal of office.

Delana M. Rodgers
Signature of officer administering oath

Delana M. Rodgers
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/27/96

5 Payee name

Mc Coys

6 Payee address; City; State; Zip Code

2200 Hwy 123 San Marcos Tx 78666

7 Amount (\$)

9.76

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Kwik Kopy

Payee address; City; State; Zip Code

1104 N Thorpe Ln San Marcos Tx 78666

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Debbie Gonzales Ingalsbe		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/9/96	5 Payee name Mc Coys 6 Payee address: City: State: Zip Code 2200 Hwy 123 San Marcos Tx 78666	7 Amount (\$) 2.22
8 Purpose of expenditure Material for signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/10/96	Payee name Mc Coys Payee address: City: State: Zip Code 2200 Hwy 123 San Marcos Tx 78666	Amount (\$) 22.68
Purpose of expenditure Material for signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/16/96	Payee name Mc Coys Payee address: City: State: Zip Code 2200 Hwy 123 San Marcos Tx 78666	Amount (\$) 23.76
Purpose of expenditure Material for signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/23/96	Payee name Mc Coys Payee address: City: State: Zip Code 2200 Hwy 123 San Marcos Tx 78666	Amount (\$) 11.06
Purpose of expenditure Material for signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/96

5 Payee name

A OK Signs

6 Payee address: City: State: Zip Code

1910 Castlegate San Marcos Tx 78666

7 Amount (\$)

400.00

8 Purpose of expenditure

Political Signs

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/26/96

Payee name

A OK Signs

Payee address: City: State: Zip Code

1910 Castlegate San Marcos Tx 78666

Amount (\$)

75.00

Purpose of expenditure

Political Signs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/4/96

Payee name

Sam's

Payee address: City: State: Zip Code

Amount (\$)

26.52

Purpose of expenditure

Supplies - Fundraiser

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

2/10-96

Payee name

Sam's

Payee address: City: State: Zip Code

Amount (\$)

341.77

Purpose of expenditure

Supplies - Fundraiser

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address: City: State: Zip Code	7 Amount (\$)
2/15/96	San Marcos Daily Record 1910 IH 35 S San Marcos Tx 78666	91.50
8 Purpose of expenditure		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Ad in Paper - 6 wks		
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
2/16/96	Postmaster 301 N Guadalupe San Marcos Tx 78666	320.00
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Postage for Mailout		
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
2/21/96	Postmaster 301 N Guadalupe San Marcos Tx 78666	320.00
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Postage for mailout		
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
2/20/96	Kwik Kopy 1104-N Thorpe Ln San Marcos Tx 78666	299.00
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Mailout - Printing		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount

(\$)

2/16/96

HEB

6 Payee address; City; State; Zip Code

641 E. Hopkins San Marcos Tx 78666

5.17

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount

(\$)

2/17/96

HEB

Payee address; City; State; Zip Code

641 E. Hopkins San Marcos Tx 78666

10.36

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount

(\$)

2/13/96

HEB

Payee address; City; State; Zip Code

843 W. San Antonio New Braunfels Tx 78130

220.67

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Turkeys for fundraiser

Date

Payee name

Amount

(\$)

2/22/96

HEB

Payee address; City; State; Zip Code

641 E. Hopkins San Marcos Tx 78666

33.91

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Debbie Gonzales Ingadsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

2/13/96

HEB

6 Payee address; City; State; Zip Code

641 E. Hopkins San Marcos Tx 78666

4.29

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

2/13/96

HEB

Payee address; City; State; Zip Code

641 E. Hopkins San Marcos Tx 78666

10.40

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

2/10/96

HEB

Payee address; City; State; Zip Code

641 E Hopkins San Marcos Tx 78666

62.73

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

2/16/96

HEB

Payee address; City; State; Zip Code

641 E. Hopkins San Marcos Tx 78666

18.98

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **7**

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission files)

4 Date

2/5/96

5 Payee name

HEB

6 Payee address: City: State: Zip Code

641 E Hopkins San Marcos Tx 78666

7 Amount (\$)

20.79

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

2/7/96

Payee name

HEB

Payee address: City: State: Zip Code

641. E Hopkins San Marcos Tx 78666

Amount (\$)

26.52

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

2/13/96

Payee name

HEB

Payee address: City: State: Zip Code

641 E. Hopkins San Marcos Tx 78666

Amount (\$)

29.62

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

2/12/96

Payee name

HEB

Payee address: City: State: Zip Code

641 E. Hopkins San Marcos Tx 78666

Amount (\$)

16.76

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Gonzales Ingalsbe</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/9/96</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Tomas Cuevas</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <u>512 Lockwood San Marcos Tx 78666</u>			
9 Principal occupation		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		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.