CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	County Debbi	Mi	OFFICE USE ONLY		
NAME	Commissioner Debbi	e G			
	NICKNAME LAST	SUFFIX	Date Received		
	Ingals	be	Jac 8-00		
4 CANDIDATE / OFFICEHOLDER	radicad i i d borg i i i i i doite w				
ADDRESS	4909 Old Bastrop R	d. San Marcos	Date Hand-delivered or Date Postmarked		
Change of Address		Tx 18666	.]		
5 CAMPAIGN	TITLE FIRST	Mł	1		
TREASURER NAME	NICKNAME LAST Y	١.	Receipt # Amount		
	NICKNAME LAST	SUFFIX	Date Processed		
	Ingalsbe		Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	RITE#; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	110.0	21 - 11	T		
(Residence or business)	4909 Old Bastrop	Rd. San Marcos	s (x 78666		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(512) 392-8382				
8 REPORTTYPE	January 15 30th day before elect	on Runoff	15th day after campaign treesurer appointment (officeholder only)		
	July 15 Sth day before election		Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THRO	OUGH (2/38)	/OO		
10 ELECTION	ELECTION DATE ELECTION T	YPE			
	11/7/00 Primar	ry Runoff	General Special		
11 OFFICE	Commissioner Pct.	12 OFFICE SOUGHT (if know	m)		
13 DIRECT					
CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exp Candidates are required to disclose this information				
BY OTHER	Name	***************************************	**************************************		
INDIVIDUALS					
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code			
additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT#(Ethics Commission Stors)		
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	,		
17 NO REPORTABLE ACTIVITY	Check here if	I	w and submit pages 1 and 2 only.)		
18 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)	\$ 400.00		
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 400.00 \$ 234.81 \$ 459.62		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 459.62		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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.					
JOYCE A. COWAN Notary Public, State of Texas My Commission Expires OCT. 28, 2001 Signature of Candidate or Officendider					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Debbie G. Teatgy/she, this the 18 day					
of <u>Suly</u> , 20 <u>60</u> , to certify which, witness my hand and seal of office.					
Signatura of officer as	dministering oath	Source A. Cowan Printed name of officer administering oath Title	HOTARY Public e of officer administering cath		

exas Ethics Con	nmission P.O. Box 12070 Austin	n, Texas 78711-207	0 (512)463	-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(F	SCHEDULE A1 DR FORMS C/OH & SPAC)
The Instruction Guide explains how to complete this form.		1 Total pages this Schedule A1:		
2 FILER NAME	Debbie Genzales II	ngalsbe	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor	Out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/00	6 Contributor address; City; State; Zip Code		100.00	
	P.O. Box 1348 San Marc	es 7x 78666		
9 Principal occu	petion (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor Steve Tucker	Out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/16/00	3800 Allegro Lugar Austi		250.00	
Principal oco.	ipetion (Optional)	Employer (Option	nel)	
Date	Full name of contributor Ben Gonzales	ut-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/00	Contributor address; City; State; Zip Code	9	·50.00	
	Southridge Estates SM	1 TX 78666		
Principal occ	upation (Optional)	Employer (Optio	nai)	
Date	Full name of contributor	aut-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Cod	• • • • • • • • • • • • • • • • • • •		
Principal occ	upetion (Optional)	Employer (Optio	nal)	1
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address; City; State; Zip Cod	e		
Principal occ	upation (Optional)	Employer (Optic	nal)	1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. P.O. Box 12070

POLITIC MADE F	SCHEDULE G			
Тhe Інвтицстю	Guide explains how to complete this form.	1 Total pages Sched	dule G:	
2 FILER NAME Debbie Gonzules Ingalsbe 3 ACCOUNT # (EIN)			ics Commission filers)	
4 Date 3/γ / ρ δ	5 Payee name Espinoza Graphics 6 Payee address; City; State; Zip Code 117 N. Guadalupe St SMT	8 Amount (\$)		
	7 Purpose of expenditure (See instructions regarding type of information red 500 Flyers	uired.)	Reimbursement from political contributions intended	
Date	Payee name Marcos Daily Record Payee address; City; State; Zip Code	Amount (\$)		
3/9/00	2/ 1			
Date	Payee name Free Press Payee address; City; State; Zip Code		Amount (\$)	
3/14/00				
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information re	quired.)	Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure (See Instructions regarding type of information re	quired.)	Reimbursement from political contributions intended	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				