

March 6th

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Co. Commissioner Debbie G.
NICKNAME LAST SUFFIX
Ingalsbe

OFFICE USE ONLY

Date Received

3-6-00
JAC

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4909 Old Bastrop Rd.
San Marcos TX. 78666
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Garry L.
NICKNAME LAST SUFFIX
Ingalsbe

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

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

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
2 / 12 / 00 THROUGH 3 / 6 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 14 / 00
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Debbie G Ingalsbe **15 ACCOUNT # (Ethics Commission filers)**

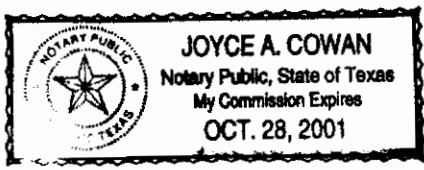
16 SUPPORTING POLITICAL COMMITTEE(S) ** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 326.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,126.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 222.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,028.54
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, 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.

Debbie G Ingalsbe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie G. Ingalsbe, this the 6 day of MAR., 2000, to certify which, witness my hand and seal of office.

Joyce A. Cowan Signature of officer administering oath
Joyce A. Cowan Print name of officer administering oath
 NOTARY Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>1</u>	
2 FILER NAME <u>Debbie G Ingalsbe</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-17-00</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Edward R. Coleman</u>	7 Amount of contribution (\$) <u>\$500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 50324 Austin Tx. 78763</u>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>2-17-00</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Robert Molina</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>400 Linda Ln Apt 20 SM Tx 78666</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2-23-00</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>James K. Wise</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6325 Redwood Rd San Marcos Tx 78666</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>3-2-00</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>James Neuhaus</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 986 San Marcos Tx 78666</u>			
Principal occupation (Optional)		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 (Optional)		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.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Debbie G Ingalsbe		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-1-00	5 Payee name Victory Cleaners 6 Payee address; City; State; Zip Code	8 Amount (\$) 225.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Shirts w/ Embroidery	
Date 3-3-00	Payee name U.S. Postal Service Payee address; City; State; Zip Code 78666 Guadalupe St San Marcos Tx	Amount (\$) 899.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Postage	
Date 3-3-00	Payee name U.S. Postal Service Payee address; City; State; Zip Code 78666 Guadalupe St San Marcos Tx	Amount (\$) 8132.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Postage	
Date 3-3-00	Payee name Kwik Kopy Payee address; City; State; Zip Code 78666 1104 Thorpe Ln, Ste. N San Marcos Tx	Amount (\$) 413.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Brouchers	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Debbie G Ingalsbe		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Espinoza Graphics and Printing 6 Payee address; City; State; Zip Code 117 N. Guadalupe San Marcos Tx 78666	8 Amount (\$) \$ 98.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Political Flyers	
Date	Payee name Wal-Mart Payee address; City; State; Zip Code 1015 Hwy 80 San Marcos Tx 78666	Amount (\$) \$ 194.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Camera for political pictures (plus battery)	
Date	Payee name Sign Crafters Payee address; City; State; Zip Code 2401 IH 35 S. San Marcos Tx 78666	Amount (\$) \$ 338.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure political signs	
Date	Payee name Centro Mutualista Cuauhtemoc Hall Payee address; City; State; Zip Code Cuauhtemoc Park San Marcos Tx 78666	Amount (\$) \$ 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Political ad	
Date	Payee name Espinoza Graphics + Printing Payee address; City; State; Zip Code 117 N Guadalupe San Marcos Tx 78666	Amount (\$) \$ 246.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure T-Shirts w/ Political printing	

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