

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2019 12 / 31 / 2019		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Debbie Gonzales Ingalsbe 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

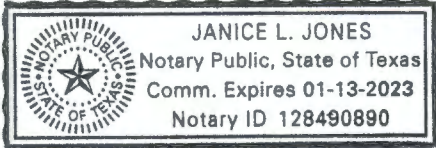
☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,366.03</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,510.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>14,855.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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 Gonzales Ingalsbe, this the 13th day of January, 2020, to certify which, witness my hand and seal of office.

Janice L. Jones Janice L. Jones Legal Support Services Specialist
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Debbie Gonzales Ingalsbe</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>15,375.</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>991.03</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>20.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1390.⁸⁸</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>100.00</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Marcus J Naiser - Angela Richards Naiser

6 Contributor address;

City;

State; Zip Code

2702 Garlie Creek Dr Buda TX 78610

7 Amount of contribution (\$)

\$500.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/2/19

Full name of contributor

☐ out-of-state PAC (ID#)

George Cofer

Contributor address;

City;

State; Zip Code

3306 Gentry Dr. Rollingwood TX 78746

Amount of contribution (\$)

\$150.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/19

Full name of contributor

☐ out-of-state PAC (ID#)

Jesus Gonzales Jr.

Contributor address;

City;

State; Zip Code

P.O. Box 29061 Austin TX 78755

Amount of contribution (\$)

\$100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#)

Scott Dukette

Contributor address;

City;

State; Zip Code

11501 Century Oaks Ter #3417 Austin TX 78758

Amount of contribution (\$)

\$100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

11/5/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karen A Friese

6 Contributor address;

City;

State;

Zip Code

6603 Cat Creek Trl. Austin TX 78731

7 Amount of contribution (\$)

\$ 125.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/4/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas Dwens

Contributor address;

City;

State;

Zip Code

9232 La Siesta Bend Austin TX 78749

Amount of contribution (\$)

\$ 125.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Cantalupo - Janet D Cantalupo

Contributor address;

City;

State;

Zip Code

647 Blue Sky Ln Wimberley TX 78676

Amount of contribution (\$)

\$ 125.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charlotte Gilpin

Contributor address;

City;

State;

Zip Code

8908 Gallant Fox Rd Austin TX 78737

Amount of contribution (\$)

\$ 150.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

11/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Sam Dawson or Laura Dawson

6 Contributor address;

City;

State;

Zip Code

129 Turnberry Way San Antonio TX 78230

7 Amount of contribution (\$)

\$ 200.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Eugene Howard Dawson Jr.

Contributor address;

City;

State;

Zip Code

10 Tilbury Ln. San Antonio TX 78230

Amount of contribution (\$)

\$ 200.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Gilmer D. Gaston

Contributor address;

City;

State;

Zip Code

21335 Oak Ridge Ct. San Antonio TX 78258

Amount of contribution (\$)

\$ 200.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mark A Ramseur - Loren Owens Ramseur

Contributor address;

City;

State;

Zip Code

4601 N Lamar Apt 5212 Austin TX 78751

Amount of contribution (\$)

\$ 200.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Marisa F. Grijalva-Roman Grijalva

6 Contributor address;

City;

State;

Zip Code

303 Mirafield Ln. Austin TX 78737

7 Amount of contribution (\$)

\$250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

Rob Harris or Kristine L Harris

Contributor address;

City;

State;

Zip Code

220 Bowlin Cv Dripping Springs TX 78620

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

Wesley E. Jasek

Contributor address;

City;

State;

Zip Code

1805 E Messick Loop Round Rock TX 78681

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

Erin N. Gonzales

Contributor address;

City;

State;

Zip Code

1386 Merlot New Braunfels TX 78132

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

11/4/19

5 Full name of contributor

Pete Winstead

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250.

6 Contributor address;

City;

State;

Zip Code

79 Pascal Ln Austin TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/7/19

Full name of contributor

Arin D. Gray

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.

Contributor address;

City;

State;

Zip Code

3305 Beverly Rd Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/19

Full name of contributor

Shane L Baylor - David L Baylor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.

Contributor address;

City;

State;

Zip Code

408 S Ridge Cir Georgetown TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/19

Full name of contributor

Derek E Naiser - Susan R Naiser

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.

Contributor address;

City;

State;

Zip Code

104 Summer Gln Boerne TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jones and Carter Inc PAC

6 Contributor address;

City;

State;

Zip Code

6330 W Loop S Suite 150 Bellaire TX 77401

7 Amount of contribution (\$)

\$250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Braun + Gresham, PLLC

Contributor address;

City;

State;

Zip Code

P.O. Box 1148 Dripping Springs TX 78620

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Texas Real Estate Advocacy and Defense

Contributor address;

City;

State;

Zip Code

P.O. Box 1247 Dripping Springs TX 78620

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Huitt-Zollars, Inc Texas PAC

Contributor address;

City;

State;

Zip Code

1717 McKinney Ave Ste 1400 Dallas TX 75202

Amount of contribution (\$)

\$500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Debbie Gonzales Ingalsbe		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates - State PAC 6 Contributor address; City; State; Zip Code 1201 N Brower Rd Richardson TX 75081	7 Amount of contribution (\$) \$ 500.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James W. Kennedy Contributor address; City; State; Zip Code 801 West 5th St 2001 Austin TX 78703	Amount of contribution (\$) \$ 500.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb Findley PAC Contributor address; City; State; Zip Code 13430 Northwest Fwy Ste 1100 Houston TX 77040	Amount of contribution (\$) \$ 1000.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zach Ryan - Carrie Ryan Contributor address; City; State; Zip Code 11301 Bellows Falls Ave Austin TX 78748	Amount of contribution (\$) \$ 1000.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

11/1/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Cash Canfield

6 Contributor address;

City;

State;

Zip Code

10715 Morningtide Circle Fishers IN 46038

7 Amount of contribution (\$)

\$ 1000.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/4/19

Full name of contributor

☐ out-of-state PAC (ID#:

Christopher I Conrad - Ashley Conrad

Contributor address;

City;

State;

Zip Code

1113 Sledge Dr. Austin TX 78734

Amount of contribution (\$)

\$ 500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/19

Full name of contributor

☐ out-of-state PAC (ID#: 34-7041/2652)

Garver Pac

Contributor address;

City;

State;

Zip Code

PO Box 1084 North Little Rock AR 72115

Amount of contribution (\$)

\$ 1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

RPS Infrastructure, Inc. PAC

Contributor address;

City;

State;

Zip Code

1160 Dairy Ashford Rd Ste 500 Houston TX 77079

Amount of contribution (\$)

\$ 1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

C.P.+Y. Inc. PAC

6 Contributor address;

City;

State;

Zip Code

1820 Regal Row Ste 200 Dallas TX 75235

7 Amount of contribution (\$)

\$1000.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/31/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

RABA - Kistner PAC, Inc

Contributor address;

City;

State;

Zip Code

PO Box 690287 San Antonio TX 78269

Amount of contribution (\$)

\$750.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian or Julie Rice

Contributor address;

City;

State;

Zip Code

2905 Brian Wood Ct. Cedar Park TX 78613

Amount of contribution (\$)

\$1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/9/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Noe M. Reyes

Contributor address;

City;

State;

Zip Code

8200 Southwest Pkwy Unit 204 Austin TX 78735

Amount of contribution (\$)

\$500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 Date

12/16/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Randall Morris - Kathy Morris

6 Contributor address;

City;

State;

Zip Code

333 Cheatham St. San Marcos TX 78666

7 Amount of contribution (\$)

\$ 200.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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 (\$)

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 (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

2 FILER NAME

Debbie Gonzales Ingalsbe

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 991.03

5 Date

11/7/19

6 Full name of contributor

☐ out-of-state PAC (ID#:

Michael J Weaver

7 Contributor address;

City;

State;

Zip Code

8723 Blazys Dr. Austin TX 78737

8 Amount of Contribution \$

\$495.52

9 In-kind contribution description

Food, Podium + Mic-A/V Equip. Early Opening Charge

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

11/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

Richard Ridings

Contributor address;

City;

State;

Zip Code

701 Brazos Ste 450 Austin TX 78701

Amount of Contribution \$

\$495.51

In-kind contribution description

Food, Podium + Mic-A/V Equip. Early Opening Charge

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Debbie Gonzales Ingalsbe</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/23/19</u>	5 Payee name <u>Murphys Express</u>		
6 Amount (\$) <u>20.00</u>	7 Payee address; City; State; Zip Code <u>1201 Hwy 80 San Marcos TX 78666</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel</u>		(b) Description <u>Gas</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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 schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7		2 FILER NAME Debbie Gonzales Ingalsbe		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/19		5 Payee name Centro Cultural Hispano			
6 Amount (\$) 375.		7 Payee address; City; State; Zip Code 211 Lee St. San Marcos TX 78666			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description Gala		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/19		Payee name Casa Maria			
Amount (\$) 72.78		Payee address; City; State; Zip Code 706 S Guadalupe St San Marcos TX 78666			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Meal for Workers		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	
Date 10/18/19		Payee name Walmart			
Amount (\$) 59.42		Payee address; City; State; Zip Code 1015 Hwy 80 San Marcos TX 78666			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Flags/Decorations		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Debbie Gonzales Ingalsbe		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/19	5 Payee name Murphy Express		
6 Amount (\$) 46.00	7 Payee address; City; State; Zip Code 1201 Hwy 80 San Marcos Tx 78666		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel		(b) Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 10/19/19	Payee name Sam's		
Amount (\$) 64.86	Payee address; City; State; Zip Code 1350 Leah Ave San Marcos TX 78666		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Candy for Event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			
Date 10/26/19	Payee name Sign Arts		
Amount (\$) 29.99	Payee address; City; State; Zip Code 205 Cheatham St Ste 4 San Marcos TX 78666		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Debbie Gonzales Ingalsbe</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/1/19</i>		5 Payee name <i>Sam's</i>			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>1350 Leah Ave San Marcos Tx 78666</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>		(b) Description <i>Candy for Event</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name <i>11/1/19 The North Face</i>					
Amount (\$) <i>96.78</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>3939 IH-35 South #212 San Marcos Tx 78666</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Jacket w/ Embroidery</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date Payee name <i>11/5/19 The North Face</i>					
Amount (\$) <i>86.59</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>3939 IH-35 South #212 San Marcos TX 78666</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Jacket w/ Embroidery</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Debbie Gonzales Ingalsbe</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/7/19</i>	5 Payee name <i>McDonalds</i>
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6 Amount (\$) <i>7.58</i>	7 Payee address; <i>1105 I. 35 N</i>	City; <i>San Marcos TX</i>	State; <i>TX</i>	Zip Code <i>78666</i>
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☒ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/7/19</i>	Payee name <i>Victory Cleaners</i>
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Amount (\$) <i>7.58</i>	Payee address; <i>418 S LBJ Dr.</i>	City; <i>San Marcos TX</i>	State; <i>TX</i>	Zip Code <i>78666</i>
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☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Embroidery on Jackets</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/8/19</i>	Payee name <i>The North Face</i>
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Amount (\$) <i>75.76</i>	Payee address; <i>3939 IH. 35 South #212</i>	City; <i>San Marcos TX</i>	State; <i>TX</i>	Zip Code <i>78666</i>
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☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Jacket w/ Embroidery</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Debbie Gonzales Ingalsbe</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/9/19</i>	5 Payee name <i>Lowe's</i>	
6 Amount (\$) <i>7.75</i>	7 Payee address; City; State; Zip Code <i>2211 IH 35 South San Marcos TX 78666</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>PVC for Political Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>11/16/19</i>	Payee name <i>Lowe's</i>	
Amount (\$) <i>15.46</i>	Payee address; City; State; Zip Code <i>2211 IH 35 South San Marcos TX 78666</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>PVC for Political Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>12/4/19</i>	Payee name <i>Fastenal</i>	
Amount (\$) <i>18.03</i>	Payee address; City; State; Zip Code <i>2970 B Hwy 123 San Marcos TX 78666</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Cable Ties for Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Debbie Gonzales Inyalsbe</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/5/19</i>	5 Payee name <i>Murphy Express</i>
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6 Amount (\$) <i>39.00</i>	7 Payee address; <i>1201 Highway 80</i>	City; <i>San Marcos TX</i>	State; <i>TX</i>	Zip Code <i>78666</i>
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☒ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel Expense</i>	(b) Description <i>Gas</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/9/19</i>	Payee name <i>Mamacitas</i>
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Amount (\$) <i>194.69</i>	Payee address; <i>1400 Aguilera Springs</i>	City; <i>San Marcos TX</i>	State; <i>TX</i>	Zip Code <i>78666</i>
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☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Meal for Workers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/18/19</i>	Payee name <i>Mc Donalds</i>
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Amount (\$) <i>10.13</i>	Payee address; <i>1001 Hwy 123</i>	City; <i>San Marcos TX</i>	State; <i>TX</i>	Zip Code <i>78666</i>
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☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Meal for Worker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Debbie Gonzales Inglsbe</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/21/19</i>		5 Payee name <i>Olwe Garden</i>			
6 Amount (\$) <i>59.49</i>		7 Payee address; City; State; Zip Code <i>1305 S IH 35 San Marcos TX 78666</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		(b) Description <i>Meals for Workers</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <u>1</u>	2 FILER NAME <u>Debbie Gonzales Ingalsbe</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/20/19</u>	5 Payee name <u>Centro Cultural Hispano</u>		
6 Amount (\$) <u>100.</u>	7 Payee address; City State Zip Code <u>211 Lee St. San Marcos TX 78666</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <u>Contribution</u>		(b) Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)

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