



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission file)
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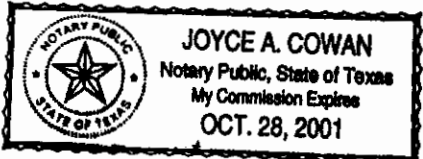
<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

**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.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 234.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 459.62
<b>OUTSTANDING LOAN TOTALS</b>	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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Debbie G. Ingalsbe*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Debbie G. Ingalsbe, this the 18 day of July, 2000, to certify which, witness my hand and seal of office.

*Joyce A. Cowan*  
Signature of officer administering oath

Joyce A. Cowan  
Printed name of officer administering oath

NOTARY Public  
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 Gonzales Ingalsbe</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/10/00</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <u>Don Rains</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 1348 San Marcos Tx 78666</u>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <u>3/16/00</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC <u>Steve Tucker</u>	Amount of contribution (\$) <u>\$ 250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3800 Allegro Lugar Austin Tx. 78749</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>3/14/00</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC <u>Ben Gonzales</u>	Amount of contribution (\$) <u>\$ 50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Southridge Estates SM 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)	
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: 1
2 FILER NAME Debbie Gonzales Ingalsbe		3 ACCOUNT # (Ethics Commission filer)
4 Date 3/7/00	5 Payee name Espinosa Graphics 6 Payee address; City; State; Zip Code 117 N. Guadalupe St SM TX 78666	8 Amount (\$) 98.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) 500 Flyers	
Date 3/9/00	Payee name San Marcos Daily Record Payee address; City; State; Zip Code P.O. Box 1109 San Marcos TX 78666	Amount (\$) 66.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Political Ad.	
Date 3/14/00	Payee name The Free Press Payee address; City; State; Zip Code P.O. Box 339 Buda TX. 78610	Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Political Ad.	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED