

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:

4

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI

Debbie Gonzalez
NICKNAME LAST SUFFIX

Ingalsbe

REC'D APR - 1 1996

AOC
4-1-96

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 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

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

3 / 3 / 96 THROUGH 3 / 30 / 96

10 ELECTION

ELECTION DATE

Month Day Year

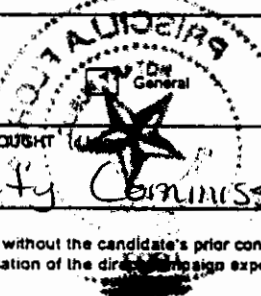
4 / 9 / 96

ELECTION TYPE

Primary

Runoff

Special



11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT

County Commissioner - Pct. 1

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	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <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. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 424.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1024.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 542.79
	4. TOTAL POLITICAL EXPENDITURES	(687.97) \$ 689.97
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SIGN ABOVE

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. Ingalske
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Debbie G. Ingalske, this the 1 day of April, 19 96, to certify which, witness my hand and seal of office.

Priscilla Flores
Signature of officer administering oath

Priscilla Flores
Print name of officer administering oath

Notary
Title of officer administering oath

**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 Ingulsbe</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/6/96</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Ray Kotowski</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code <u>106 Corrie Ct San Marcos Tx 78666</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>3/28/96</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Parmer, Archer, Young & Steen</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <u>Kyle Tx</u>			
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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/96

5 Payee name

Kwik Kopy

6 Payee address: City: State: Zip Code

1104-N Thorpe Ln San Marcos Tx 78666

7 Amount (\$)

252.22

8 Purpose of expenditure

1000 Brochures

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

Office sought / held

Date

3/6/96

Payee name

Espinoza Graphics & Printing

Payee address: City: State: Zip Code

117 N. Guadalupe St San Marcos Tx 78666

Amount (\$)

111.50

Purpose of expenditure

500 Posters

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

Office sought / held

Date

3/21/96

Payee name

HEB

Payee address: City: State: Zip Code

641 E Hopkins San Marcos TX 78666

Amount (\$)

30.88

Purpose of expenditure

Refreshments - Political Meeting

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

Office sought / held

Date

3/11/96

Payee name

HEB

Payee address: City: State: Zip Code

641 E. Hopkins San Marcos Tx 78666

Amount (\$)

63.80

Purpose of expenditure

Refreshments - for Political Meeting

-- 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

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

HEB

7 Amount (\$)

3/28/96

6 Payee address: City: State: Zip Code

641 E Hopkins San Marcos Tx 78666

31.03

8 Purpose of expenditure

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

Office sought / held

Refreshments for Political Meeting

Date

Payee name

HEB

Amount (\$)

3/11/96

Payee address: City: State: Zip Code

641 E Hopkins San Marcos Tx 78666

23.36

Purpose of expenditure

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

Office sought / held

Refreshments for Political Meeting

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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