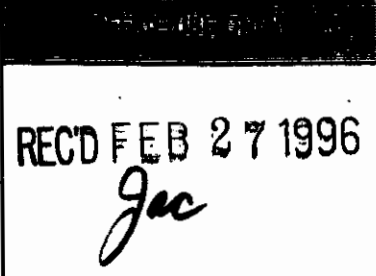


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Gonzales NICKNAME LAST SUFFIX Ingalsbe		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 4909 Old Bastrop Rd San Marcos Tx 78666		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Garry Lee NICKNAME LAST SUFFIX Ingalsbe	Receipt #	HD / PM
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	Amount	Date Processed
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 392-8382		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
9 PERIOD COVERED	Month - Day Year THROUGH Month Day Year 1 / 1 / 96 2 / 1 / 96		
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 96	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Co Commissioner Pct. 1	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Debbie Gonzales 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 930.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,102.33
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, 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

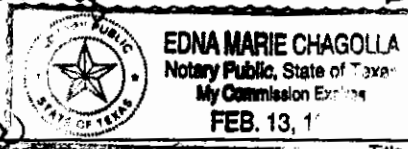
Sworn to and subscribed before me, by the said Debbie G. Ingalsbe, this the 27th day of February, 1996, to certify which, witness my hand and seal of office.

Edna Marie Chagolla
Signature of officer administering oath

Edna Marie Chagolla
Print name of officer administering oath

Notary Public, State of Texas
Title of officer administering oath

FEB. 13, 1996



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

1-8-96

Mc Coys

6 Payee address: City: State: Zip Code

50.73

2200 Hwy 123 San Marcos Tx 78666

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Material for Political Signs

Date

Payee name

Amount (\$)

1-9-96

A OK Signs

Payee address: City: State: Zip Code

200.00

1910 Castlegate San Marcos Tx 78666

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Political Signs

Date

Payee name

Amount (\$)

1/10-96

Espinosa Graphics

Payee address: City: State: Zip Code

202.43

117 N Guadalupe San Marcos Tx 78666

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Political Flyers

Date

Payee name

Amount (\$)

1-31-96

San Marcos Daily Record

Payee address: City: State: Zip Code

\$ 366.00

P.O. Box 1109 San Marcos Tx 78666

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Newspaper Ad - 6 wks

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: 3
2 FILER NAME Debbie Gonzales Ingalsbe		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-27-96	5 Payee name H.E.B. 6 Payee address: City: State: Zip Code 641 E Hopkins	7 Amount (\$) 51.97 ✓
8 Purpose of expenditure Fundraiser supplies		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1-18-96	Payee name H.E.B. Payee address: City: State: Zip Code 641 E. Hopkins San Marcos Tx 78666	Amount (\$) 2.24 ✓
Purpose of expenditure Fundraiser supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1-11-96	Payee name H.E.B. Payee address: City: State: Zip Code 641 E Hopkins San Marcos Tx 78666	Amount (\$) 12.69 ✓
Purpose of expenditure Fundraiser supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1-18-96	Payee name H.E.B. Payee address: City: State: Zip Code 641 E Hopkins San Marcos Tx 78666	Amount (\$) 34.15 ✓
Purpose of expenditure Fundraiser supplies		-- 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:

3

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount

(\$)

1-26-96

HEB

6 Payee address: City: State: Zip Code

5.50

641 E Hopkins San Marcos TX 78666

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Fundraiser supplies

Date

Payee name

Amount

(\$)

1-25-96

HEB

Payee address: City: State: Zip Code

4.57

641 E Hopkins San Marcos TX 78666

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Supplies - Fundraiser

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