

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
		Debbie	Gonzales
	NICKNAME	LAST	SUFFIX
		Ingalsbe	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY, STATE: ZIP CODE
<input type="checkbox"/> Change of Address	4909 Old Bastrop Hwy		San Marcos Tx 78666
			REC'D JAN 12 1996 98
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 Hwy		San Marcos Tx 78666
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	392-8382	
8 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)		
9 PERIOD COVERED	Month - Day Year	THROUGH	Month Day Year
	10 / 06 / 95		12 / 31 / 95
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	03 / 12 / 96		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	N/A	Hays Co. Commissioner Pet. 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		
<input type="checkbox"/> additional pages			

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 files)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ *3,047.18*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *3,147.18*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *2,148.24*

4. TOTAL POLITICAL EXPENDITURES

\$ *2,711.15*

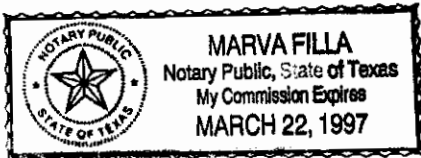
OUTSTANDING LOAN TOTALS

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 Gonzales Ingalsbe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEBBIE GONZALES INGALSBIE, this the 12th day of JANUARY,

19 96, to certify which, witness my hand and seal of office.

Marva Filla
Signature of officer administering oath

MARVA FILLA
Print name of officer administering oath

Notary Public - Hays Co
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:

1

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-12-95

5 Full name of contributor

Tomas Cuevas

out of state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

512 Lockwood & San Marcos Ty 78666

9 Principal occupation

Produce Seller

10 Employer (optional)

Cuevas Produce

Date

Full name of contributor

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

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

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

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: <p style="text-align: center;">3</p>
2 FILER NAME <p style="text-align: center;">Debbie Gonzales Ingalsbe</p>		3 ACCOUNT # (Ethics Commission files)
4 Date <p>12-7-95</p>	5 Payee name <p style="text-align: center;">A OK Signs</p>	7 Amount (\$) <p style="text-align: center;">\$ 389.25</p>
6 Payee address: City: State: Zip Code <p style="text-align: center;">1910 Castlegate San Marcos Tx 78666</p>		
8 Purpose of expenditure <p style="text-align: center;">Political Signs</p>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <p>12-15-95</p>	Payee name <p style="text-align: center;">Espinoza Graphics</p>	Amount (\$) <p style="text-align: center;">\$ 109.33</p>
Payee address: City: State: Zip Code <p style="text-align: center;">117 N. Guadalupe San Marcos Tx 78666</p>		
Purpose of expenditure <p style="text-align: center;">Political Yard Signs</p>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <p>12-16-95</p>	Payee name <p style="text-align: center;">Tuttle Lumber Co.</p>	Amount (\$) <p style="text-align: center;">\$ 55.19</p>
Payee address: City: State: Zip Code <p style="text-align: center;">228 S. Guadalupe San Marcos Tx 78666</p>		
Purpose of expenditure <p style="text-align: center;">T-Post / Screws for Signs</p>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <p>12-16-95</p>	Payee name <p style="text-align: center;">A OK Signs</p>	Amount (\$) <p style="text-align: center;">\$ 200.00</p>
Payee address: City: State: Zip Code <p style="text-align: center;">1910 Castlegate San Marcos Tx 78666</p>		
Purpose of expenditure <p style="text-align: center;">Political Signs</p>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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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 11-7-95	5 Payee name A OK Signs (Alfred Pineda) 6 Payee address: City: State: Zip Code 1910 Castlegate San Marcos Tx 78666	7 Amount (\$) \$ 356.81
8 Purpose of expenditure Political Signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-9-95	Payee name Southside Printing (Lorenzo Rodriguez) Payee address: City: State: Zip Code 508 Patricia Dr. San Marcos Tx 78666	Amount (\$) \$ 106.13
Purpose of expenditure campaign cards (1000)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-25-95	Payee name A OK Signs Payee address: City: State: Zip Code 1910 Castlegate San Marcos Tx 78666	Amount (\$) \$ 311.40
Purpose of expenditure Political Signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-11-95	Payee name Mc Coys Payee address: City: State: Zip Code 2200 Hwy 123 San Marcos Tx 78666	Amount (\$) \$ 84.25
Purpose of expenditure Hardware/Material to put up signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <p style="text-align: center;">3</p>
2 FILER NAME <p style="text-align: center;">Debbie Gonzales Ingulsbe</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="text-align: center;">12-27-95</p>	5 Payee name <p style="text-align: center;">A. OK Signs (Alfred Pineda)</p>	7 Amount (\$) <p style="text-align: center;">\$200.00</p>
6 Payee address: City: State: Zip Code <p style="text-align: center;">1910 Castlegate San Marcos Tx 78666</p>		
8 Purpose of expenditure <p style="text-align: center;">Political Signs</p>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <p style="text-align: center;">11-3-95</p>	Payee name <p style="text-align: center;">Sam's Club</p>	Amount (\$) <p style="text-align: center;">\$ 270.06</p>
Payee address: City: State: Zip Code <p style="text-align: center;">5107 S. IH 35 Austin Tx 78744</p>		
Purpose of expenditure <p style="text-align: center;">Fundraiser Necessities</p>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <p style="text-align: center;">11-3-95</p>	Payee name <p style="text-align: center;">HEB</p>	Amount (\$) <p style="text-align: center;">\$ 65.82</p>
Payee address: City: State: Zip Code <p style="text-align: center;">641 E Hopkins San Marcos Tx 78666</p>		
Purpose of expenditure <p style="text-align: center;">Fundraiser Necessities</p>		-- 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

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