

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: 3
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI	REC'D JUL 15 1996 EJ
	NICKNAME	LAST SUFFIX	
		Debbie Gonzales 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	Receipt #
	NICKNAME	LAST SUFFIX	HD / PM Amount
		Garry Lee Ingalsbe	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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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
	3 / 3 / 96		3 / 30 / 96
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	4 / 9 / 96	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
		County Commissioner	
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 Ingelsbe

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

\$ 50.00

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

\$ 650.00

EXPENDITURE TOTALS

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

\$ 111.50

4. TOTAL POLITICAL EXPENDITURES

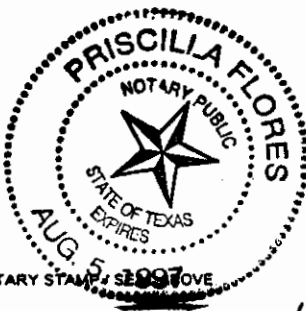
\$ 146.97

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. Ingelsbe
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Debbie G. Ingelsbe* this the 15 day of July, 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: 1	
2 FILER NAME Debbie Gonzales Ingalsbe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/6/96	5 Full name of contributor <input type="checkbox"/> out of state PAC Ray Kotowski 6 Contributor address; City; State; Zip Code 106 Corrie Ct San Marcos Tx 78666	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
9 Principal occupation Engineer		10 Employer (optional)	
Date 3/28/96	Full name of contributor <input type="checkbox"/> out of state PAC Parmer, Archer, Young + Steen Contributor address; City; State; Zip Code P.O. Box 99 Kyle Tx 78640	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Principal occupation Attorney		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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:

1

2 FILER NAME

Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/9/96

5 Payee name

Espinoza Graphics

6 Payee address: City: State: Zip Code

117 N Guadalupe San Marcos Tx 78666

7 Amount (\$)

111.50

8 Purpose of expenditure

9 -- 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

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 --
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