

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 CANDIDATE / OFFICEHOLDER NAME

TITLE
Commissioner
NICKNAME
Debbie
FIRST
LAST
Ingalsbe
MI
G.
SUFFIX

OFFICE USE ONLY

Date Received
REC'D JAN 18 2000
jac

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
4909 Old Bastrop Rd San Marcos Tx 78666

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE
Garry
NICKNAME
LAST
Ingalsbe
MI
L.
SUFFIX

Receipt # Amount

Date Processed

Date Imaged

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) 392-8383

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
7 / 1 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
3 / 14 / 00 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Hays Co. Commissioner Pct. 1

12 OFFICE SOUGHT (if known)

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

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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

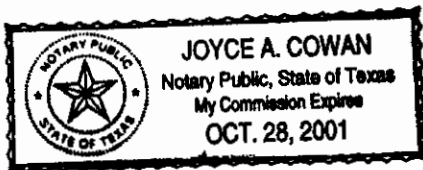
Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>50.00</i>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>553.00</i>
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>239.75</i>
4. TOTAL POLITICAL EXPENDITURES	\$ <i>1578.44</i>
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, 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.



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 *18* day of *JAN.*, 20 *00*, 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
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:	
2 FILER NAME <i>Debbie Gonzales Ingalsbe</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-23-99</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Linda Silguero</i> 6 Contributor address; City; State; Zip Code <i>Houston TX</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10-23-99</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Peggy Sue Schultz</i> Contributor address; City; State; Zip Code <i>910 Aearn Oaks Austin TX</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-23-99</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Wimberley Road Crew</i> Contributor address; City; State; Zip Code <i>RR 12 + FM 3237 Wimberley TX</i>	Amount of contribution (\$) <i>\$153.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>10-26-99</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC <i>Ray Kotowski</i> Contributor address; City; State; Zip Code <i>106 Corrie Ct San Marcos TX 78666</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
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:

2 FILER NAME

Debbie Gonzales Ingelsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/10-99

5 Payee name
San Marcos Parks & Recreation

8 Amount (\$)
\$ 130.00

6 Payee address; City; State; Zip Code
401 E. Hopkins San Marcos TX 78666

7 Purpose of expenditure (See instructions regarding type of information required.)
Rental of Dunbar Center

Reimbursement from political contributions intended

Date
9-14-99

Payee name
H. E. B.

Amount (\$)
\$ 409.68

Payee address; City; State; Zip Code
641 E. Hopkins San Marcos TX 78666

Purpose of expenditure (See instructions regarding type of information required.)
Food for announcement dinner

Reimbursement from political contributions intended

Date
10/6-99

Payee name
Camera Shoppe of Texas

Amount (\$)
\$ 149.90

Payee address; City; State; Zip Code
126 W. Hopkins San Marcos TX 78666

Purpose of expenditure (See instructions regarding type of information required.)
balloons with Re-Elect Debbie print

Reimbursement from political contributions intended

Date
10-12-99

Payee name
Sign Crafters

Amount (\$)
\$ 77.94

Payee address; City; State; Zip Code
2401 IH 35 San Marcos TX 78666

Purpose of expenditure (See instructions regarding type of information required.)
Banner - Re-Elect Debbie

Reimbursement from political contributions intended

Date
10-15-99

Payee name
Sam's Club

Amount (\$)
\$ 62.29

Payee address; City; State; Zip Code
5107 S. IH 35 Austin TX

Purpose of expenditure (See instructions regarding type of information required.)
Food for announcement dinner

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME Debbie Gonzales Ingalsbe

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-20-99</u>	5 Payee name <u>C.E.S.C.O.</u>	8 Amount (\$) <u>\$ 236.16</u>
	6 Payee address; City; State; Zip Code <u>1436 Highland Dr San Marcos Tx 78666</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Re-Elect Key chains</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11-6-99</u>	Payee name <u>The Kitchen Collection</u>	Amount (\$) <u>\$ 175.29</u>
	Payee address; City; State; Zip Code <u>4015 IH 35 San Marcos Tx 78666</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Roasters for food</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11-9-99</u>	Payee name <u>Sign Crafters</u>	Amount (\$) <u>\$ 97.43</u>
	Payee address; City; State; Zip Code <u>2401 IH 35 S. San Marcos TX 78666</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Re-Elect magnets</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED