

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

3729

FORM SPAC
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
3 COMMITTEE NAME Committee to Elect Gisela D. Triana		OFFICE USE ONLY Date Received: JAN 15 1 59 PM '98 FILED CLERK TRAVIS COUNTY TEXAS	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 404 W. 13th Street Austin, TX 78701		Receipt # Date Processed: Jan. 15, 1998 Date Imaged
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Sharon K. NICKNAME LAST SUFFIX Hanko		HD / PM Date Processed: Jan. 15, 1998 Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 404 W. 13th Street Austin, TX 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input checked="" type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA)	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 469-0096		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach SPAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 8 / 15 / 97 THROUGH 12 / 31 / 97		
11 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 3 / 10 / 98		

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

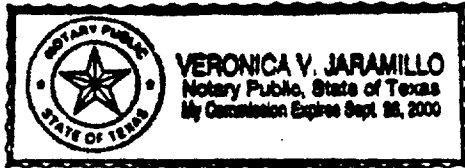
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>Committee to Elect Gisela D. Triana</i>		13 ACCOUNT # (Ethics Commission filers)
14 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.)	
15 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)	\$ <i>25,000⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,200⁰⁰</i>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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.

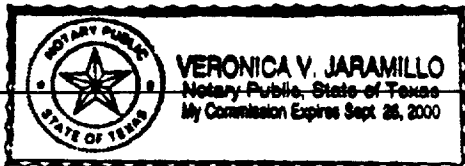
Sharon Hanko
Signature of campaign treasurer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sharon Hanko*, this the *15th* day of *January*, 19 *98*, to certify which, witness my hand and seal of office.

Veronica V. Jaramillo Signature of officer administering oath
Veronica V. Jaramillo Print name of officer administering oath
Notary Public Title of officer administering oath



ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <u>1</u>	
2 FILER NAME <u>Committee to Elect Gisela D. Triana</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9/9/97</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Michael Triana</u>	7 Amount of contribution (\$) <u>\$5,000⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>27555 Twin Peak San Antonio, Texas 78261</u>			
9 Principal occupation <u>Businessman</u>		10 Employer (optional)	
Date <u>9/23/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Gisela M. Triana, M.D.</u>	Amount of contribution (\$) <u>\$19,000⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2040 Babcock, Suite 403 San Antonio, TX 78229</u>			
Principal occupation <u>Physician</u>		Employer (optional)	
Date <u>10/2/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Lorenzo Triana III, M.D.</u>	Amount of contribution (\$) <u>\$10,000⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9191 Garland Road, Apt. 135 Dallas, Texas 75218</u>			
Principal occupation <u>Physician</u>		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)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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If lender 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 this Schedule F: 1

2 FILER NAME

Committee to Elect Gisela D. Triana

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/17/97

5 Payee name

Mike Blizzard

7 Amount (\$)

\$600⁰⁰

6 Payee address; City; State; Zip Code

*500 S. Congress, #313
Austin, Texas 78704*

8 Purpose of expenditure

*Campaign management services,
in support of Gisela D. Triana,
candidate for Justice of the Peace, Precinct 5*

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

Office sought / held

Date

12/27/97

Payee name

Mike Blizzard

Amount (\$)

\$600⁰⁰

Payee address; City; State; Zip Code

*500 S. Congress, #313
Austin, Texas 78704*

Purpose of expenditure

*Campaign management services,
in support of Gisela D. Triana,
candidate for Justice of the Peace, Precinct 5*

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Office sought / held

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