Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3756

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: 8

OFFICE USE ONLY

Date Received

FILED JAN 15 4 19 PM '98 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS

Receipt #

HD / PM | Amount

Date Processed Jan 15, 1998

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Gisela | MI: D.

NICKNAME | LAST: Triana | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 404 W. 13th St. Austin, Tx. 78701

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Ann | MI

NICKNAME | LAST: Kitchen | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4811 Lansing Austin, Tx. 78745

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 447-7749 EXTENSION

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: 8 / 15 / 97 THROUGH Month Day Year: 12 / 31 / 97

10 ELECTION

ELECTION DATE Month Day Year: 3 / 10 / 97

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Associate Municipal Judge

12 OFFICE SOUGHT (if known): Justice of the Peace, Precinct 5

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: Gisela Triana

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
- [ ] GENERAL
- [x] SPECIFIC

COMMITTEE NAME: Committee to Elect Gisela D. Triana

COMMITTEE ADDRESS: 404 W. 13th St. Austin, Tx. 78701

COMMITTEE CAMPAIGN TREASURER NAME: Sharon Hanko

COMMITTEE CAMPAIGN TREASURER ADDRESS: 404 W. 13th St. Austin, Tx. 78701

[ ] 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	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2250.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 610.29
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2744.08

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1265.08

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.

MUNICIPAL COURT IN AUSTIN, TEXAS

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GISELA D. TRIANA this the 15 day of January 19 98, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Print name of officer administering oath: Philip SANDERS | Title of officer administering oath: MUNICIPAL JUDGE Austin, Tx

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Gisela Triana

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/9/97	Shields & Rusk, Attys. at Law 910 Lavaca Austin, Tx. 78701	500.00	

Principal occupation: Attorneys — Employer (optional): N/A

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/97	Raymond Espersen 404 W. 13th St. Austin, Tx. 78701	250.00	

Principal occupation: Attorney — Employer (optional): Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/7/97	Harris & Taylor, L.L.P. 400 W. 15th St. Suite 900 Austin, Tx. 78701	250.00	

Principal occupation: Attorneys — Employer (optional): N/A

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/6/97	Steve Turro 404 W. 13th St. Austin, Tx. 78701	100.00	

Principal occupation: attorney — Employer (optional): Self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/6/97	Vinson & Elkins, L.L.P. 600 Congress Suite 2700 Austin, Tx. 78701	500.00	

Principal occupation: Attorneys — Employer (optional): N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation	11 Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Gisela Triana

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/10/97	Ed Solter 10300 Jollyville Rd. #125 Austin, Tx. 78759	500.00	

9 Principal occupation: Mortgage lender

10 Employer (optional): Presidential Mortgage

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10	Scott Polikov 3903 Duval St. Austin, Tx. 78751	50.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10	Paul Lavelle 12929 Gulf Freeway Houston, Tx. 77034	100.00	

Principal occupation: Attorney

Employer (optional): self

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation:

Employer (optional):

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Gisela Triana

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 8/15

6 Is lender a financial Institution? Y (N)

7 Name of lender: Gisela Triana ☐ out of state PAC

8 Lender address; City; State; Zip Code: 404 W. 13th St. Austin, Tx. 78701

9 Loan Amount ($): 1265.08

10 Interest rate: —

11 Maturity date: —

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out of state PAC

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ 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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)
8 Purpose of expenditure	9 •• 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	

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Gisela Triana

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/8/97	Alamo Printing 1308 E. 51st St. Austin, Tx. 78723	343.51

8 Purpose of expenditure: Printing

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/10/97	Patrick Woodson 5112 Ave G Austin, Tx. 78751	500.00

Purpose of expenditure: Research

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/10/97	Travis County Security 2512 S. IH35 Suite 123 Austin, Tx. 78704	230.55

Purpose of expenditure: Research

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/24/97	Third Eye Photography 2532 Guadalupe Austin, Tx. 78705	140.73

Purpose of expenditure: Photographs

•• 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 Gisela Triana

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/19/97	Arriba P.O. Box 12865 Austin, Tx. 78711	54.00

8 Purpose of expenditure: Print Advertising

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15/97	Black Voter Action Project 7204 Marywood Circle Austin, Tx. 78723	100.00

Purpose of expenditure: Contribution

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15/97	AFL-CIO 1106 Lavaca Austin, Tx. 78701	105.00

Purpose of expenditure: Print Advertising

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/19/97	Political Asylum Project 1715 E. 6th St. Austin, Tx. 78702	100.00

Purpose of expenditure: Contribution

•• 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 Gisela Triana

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/24/97	Human Rights Campaign Fund 1101 14th St. Suite 200 Washington, D.C. 20005	270.00

8 Purpose of expenditure: Contribution

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/27/97	YWCA 1524 S IH35 Austin, Tx. 78704	100.00

Purpose of expenditure: Contribution

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16/97	Mexic-Arte 419 Congress Ave Austin, Tx. 78701	130.00

Purpose of expenditure: Tickets / Diez Y Seis Celebration

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/22/97	Hispanic Chamber of Commerce 823 Congress Ave. Austin, Tx. 78701	60.00

Purpose of expenditure: Contribution

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

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