

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

3828

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 <i>Committee to Elect Gisela D. Triana</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	DANA DEBEVERA COUNTY CLERK TRAVIS COUNTY, TEXAS FILED FEB 9 4 05 PM '98
	<i>404 W. 13th Street Austin, TX 78701</i>	Receipt #	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI	HD / PM	Amount
	<i>Sharon K.</i>	Date Processed	Date Imaged
NICKNAME LAST SUFFIX			
<i>Hanko</i>			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<i>404 W. 13th Street Austin, TX 78701</i>			
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
<i>(512) 469-0096</i>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach SPAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
<i>1 / 1 / 98 THROUGH 1 / 30 / 98</i>			
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
<i>3 / 10 / 98</i>		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME *Committee to Elect Gisela D. Triana* **13 ACCOUNT #** (Ethics Commission filers)

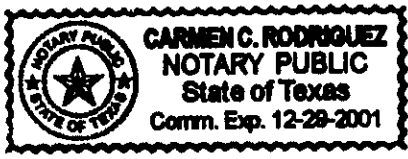
14 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,146⁵⁸</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 *9th* day of *Feb*, 19 *98*, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez *Carmen C. Rodriguez* *Notary*
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule F: 2
2 FILER NAME Committee to Elect Gisela D. Triana		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/2/98	5 Payee name Texas Commerce Bank 6 Payee address; City; State; Zip Code P.O. Box 550 7th & Lavaca Austin, Texas 78789	7 Amount (\$) \$803 ⁰⁰
8 Purpose of expenditure Purchase cashier's check for candidate filing fee. 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 1/5/98	Payee name Ace Printing Payee address; City; State; Zip Code P.O. Box 13522 Austin, Texas 78711	Amount (\$) \$1,466 ⁷⁹
Purpose of expenditure Printing signs and bumper stickers, 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 1/6/98	Payee name Allen Pogue Payee address; City; State; Zip Code 2104 E. Martin Luther King Blvd. Austin, Texas 78702	Amount (\$) \$210 ⁰⁰
Purpose of expenditure Campaign photographs, 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 1/25/98	Payee name Mike Blizzard Payee address; City; State; Zip Code 500 S. Congress, #313 Austin, Texas 78704	Amount (\$) \$1,200 ⁰⁰
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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F: **2**

2 FILER NAME

Committee to Elect Gisela D. Triana

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/98

5 Payee name

Ace Printing

7 Amount (\$)

\$1,466⁷⁹

6 Payee address; City; State; Zip Code

*P.O. Box 13522
Austin, Texas 78711*

8 Purpose of expenditure

Printing signs and bumper stickers, 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

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 ..
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED