

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4259

### 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	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX	APT / SUITE #, CITY, STATE, ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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
10 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		

**OFFICE USE ONLY**

Date Received: JUN 15 4 13 PM '98

Receipt #

HD / PM	Amount
Date Processed	
Date Imaged	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	.. 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	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	\$ <del>1800.00</del> 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 23.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 190.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1365.08

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Grisela P. Triana, this the 15<sup>th</sup> day of January, 19 99, to certify which, witness my hand and seal of office.

Gloria Aguilera Signature of officer administering oath  
Gloria Aguilera Print name of officer administering oath  
Notary Public 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:	
2 FILER NAME <b>GISELA D. TRIANA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/7/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>UPNPAC (National Union Physicians Network)</b>	7 Amount of contribution (\$) <b>300.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3001 Spanish Oak Trail Round Rock, TX 78681</b>			
9 Principal occupation <b>PAC</b>		10 Employer (optional)	
Date <b>11/4/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Vic Feazell</b>	Amount of contribution (\$) <b>1500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8127 Mesa #B - 206 398 Austin, TX 78759</b>			
Principal occupation <b>ATTORNEY</b>		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)	
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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 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)	
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)	
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)	
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)	
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 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	16 Amount Guaranteed (\$)	
	15 Guarantor address;    City;    State;    Zip Code		
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	Amount Guaranteed (\$)	
	Guarantor address;    City;    State;    Zip Code		
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Gisela D. TRIANA		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/14	5 Payee name South Austin Democrats <del>Local 800</del>	7 Amount (\$) \$50.00
6 Payee address; City; State; Zip Code Austin, TX		
8 Purpose of expenditure Yellow Dog Sponsor		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8/14	Payee name AFL-CIO	Amount (\$) \$65.00
Payee address; City; State; Zip Code Austin, TX		
Purpose of expenditure ADVERTISEMENT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8/14	Payee name Black Austin Democrats	Amount (\$) 35.00
Payee address; City; State; Zip Code Austin, TX		
Purpose of expenditure GO TV		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8/14	Payee name Capital Area Progressive Democrats	Amount (\$) 40.00 <del>35</del>
Payee address; City; State; Zip Code Austin, TX		
Purpose of expenditure membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		