

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

4797

The JC/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  
Judge Coisela D.  
NICKNAME LAST SUFFIX  
TRIANA

OFFICE USE ONLY

Date Received  
JAN 17 9 12 AM '01  
FILED

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

401 E. 35th St. Austin TX 78705

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Art  
NICKNAME LAST SUFFIX  
NAVARRO

Receipt #  
HD / PM Amount  
Date Processed  
Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

401 E. 35th St Austin TX 78705

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 481 - 0089

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 JC/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
10 / 30 / 00 12 / 31 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 7 / 00  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
County Court At Law #5 SAME

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

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

*Gisela D. Triana*

15 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5350.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 93.98

4. TOTAL POLITICAL EXPENDITURES

\$ 11,467.74

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 265.25

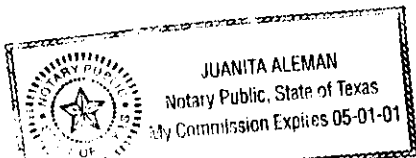
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 102,125.00

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Gisela D. Triana*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *GISELA TRIANA*, this the *16<sup>th</sup>* day of *JANUARY* *2001*, to certify which, witness my hand and seal of office.

*Juanita Aleman*  
Signature of officer administering oath

*Juanita Aleman*  
Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

1076

2 FILER NAME

Gisela D Trane

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/00

5 Full name of contributor

GARY BRADLEY

out of state PAC

7 Amount of contribution (\$)

1000<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

111 W. 11th St Austin, TX 78703

9 Contributor's principal occupation

Business owner

10 Contributor's job title

11 Contributor's employer/law firm

self

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10/30/00

Full name of contributor

Suzanne Spencer

out of state PAC

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2401 Westover Rd  
Austin, TX 78703

Contributor's principal occupation

Attorney at law

Contributor's job title

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/30/00

Full name of contributor

McGinnis, Lochridge & Kilgore LLP

out of state PAC

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

919 Congress Ave Austin, TX 78701

Contributor's principal occupation

Law firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)

# SCHEDULE B (J)

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J):	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			<b>\$</b>
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out of state PAC	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>7</b> Pledgor address;      City;   State;   Zip Code			
<b>10</b> Pledgor's principal occupation		<b>11</b> Pledgor's job title	
<b>12</b> Pledgor's employer/law firm		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
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			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
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			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**PLEDGED CONTRIBUTIONS (JUDICIAL)****SCHEDULE B-(J)**

A(J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

2076

2 FILER NAME

Gisela D. Triane

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

10-30-00

6 Full name of pledgor

Sam Johnson

 out of state PAC

8 Amount of pledge (\$)

200<sup>00</sup>

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

600 Congress Suite 1500  
Austin, TX 78701

10 Pledgor's principal occupation

Attorney

11 Pledgor's job title

12 Pledgor's employer/law firm

Scott Douglass &amp; McConico

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

11-2-00

Full name of pledgor

Vinson &amp; Elkins PAC

 out of state PAC

Amount of pledge (\$)

500<sup>00</sup>

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

2300 First City Tower  
Houston, TX 77002

Pledgor's principal occupation

LAW FIRM

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

11-2-00

Full name of pledgor

Kent Olson

 out of state PAC

Amount of pledge (\$)

500<sup>00</sup>

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Pledgor's principal occupation

BOUWMAN

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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



**PLEDGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE ~~B~~ (J)  
A(5)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

3 of 6

2 FILER NAME

Cisela D. Triana

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

11-2-00

6 Full name of pledgor

Austin Police PAC

 out of state PAC

8 Amount of pledge (\$)

250<sup>00</sup>

9 In-kind description (if applicable)

7 Pledgor address: City: State: Zip Code

400 W. 14th St. St. 230

AUSTIN TX 78701

10 Pledgor's principal occupation

Police Association

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

11-9-00

Full name of pledgor

Lopez, PINA &amp; Urrutia LLP

 out of state PAC

Amount of pledge (\$)

150<sup>00</sup>

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

611 So Congress Ave, Ste 390

AUSTIN, TX 78704

Pledgor's principal occupation

Law firm

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

11-9-00

Full name of pledgor

Jack Bacon

 out of state PAC

Amount of pledge (\$)

150<sup>00</sup>

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

1505 W. Keeney Lane

AUSTIN, TX 78754

Pledgor's principal occupation

Lawyer

Pledgor's job title

Pledgor's employer/law firm

SELF

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)**SCHEDULE ~~B(J)~~

A(5)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

456

2 FILER NAME

Gisela D. Triane

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

11-9-00

6 Full name of pledgor

John Campbell

 out of state PAC

8 Amount of pledge (\$)

100<sup>00</sup>

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

895 W 10th St 512400

AUSTIN, TX 78701

10 Pledgor's principal occupation

Attorney

11 Pledgor's job title

12 Pledgor's employer/law firm

self

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

11-9-00

Full name of pledgor

Paul TOVAR

 out of state PAC

Amount of pledge (\$)

100<sup>00</sup>

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

40 IH 35 N NOS-D-1

AUSTIN, TX 78701

Pledgor's principal occupation

BUSINESS OWNER

Pledgor's job title

Pledgor's employer/law firm

self

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

11-9-00

Full name of pledgor

Rachel Stroud

 out of state PAC

Amount of pledge (\$)

100<sup>00</sup>

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

16000 Pool Canyon Rd

Austin Tx 78734

Pledgor's principal occupation

lawyer

Pledgor's job title

Pledgor's employer/law firm

self

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE ~~B(J)~~

A(J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

576

2 FILER NAME

Gisela D. Trianc

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

12/5

6 Full name of pledgor

Little Sosa

out of state PAC

8 Amount of pledge (\$)

100<sup>00</sup>

9 In-kind description (if applicable)

7 Pledgor address: City: State: Zip Code

4970 W. Highway 290 Ste 460  
Austin TX 78735

10 Pledgor's principal occupation

Business owner

11 Pledgor's job title

12 Pledgor's employer/law firm

SELF

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

12/5

Full name of pledgor

Boozer & Maples LLP

out of state PAC

Amount of pledge (\$)

100<sup>00</sup>

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

707 Rio Grande Ste 100  
Austin, TX 78701

Pledgor's principal occupation

law firm

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

12/5

Full name of pledgor

Jack Roberts

out of state PAC

Amount of pledge (\$)

1000<sup>00</sup>

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

7702 Pleasant Meadows Circle  
Austin TX 78731

Pledgor's principal occupation

Lobbyist

Pledgor's job title

Pledgor's employer/law firm

SELF

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/24	Tom Harr	100 <sup>00</sup>	
9 Contributor's principal occupation		10 Contributor's job title	
retail			
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
Buck's Bikes			
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/24	Patrick Corpeno 1606 McClintock MIDLAND TX 79701	100 <sup>00</sup>	
Contributor's principal occupation		Contributor's job title	
lawyer			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
City of MIDLAND			
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)****SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

1 of 1

2 FILER NAME

Gisela D Triane

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

11/3

7 Name of lender

Miguel Alvarez

 out of state PAC

9 Loan Amount (\$)

62125

6 is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

401 E. 35th St

Austin TX 78705

10 Interest rate

-0-

11 Maturity date

n/a

12 Lender's Principal Occupation

business owner

13 Lender's Job Title

14 Lender's Employer/Law Firm

self

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

 none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

 not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES

# SCHEDULE ~~B~~

~~MADE FROM PERSONAL FUNDS~~

**F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **172**

2 FILER NAME

**Gisela D. Trianc**

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

8 Amount (\$)

**10/30/00**

**Opinion Analyst**

6 Payee address; City; State; Zip Code

**500<sup>00</sup>**

**906 Rio Grande -  
Austin, TX 78701**

7 Purpose of expenditure

**Survey**

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

**10/30/00**

**BLACK Voters Action Project**

Payee address; City; State; Zip Code

**200<sup>00</sup>**

**P.O. Box 140471  
Austin TX 78714**

Purpose of expenditure

**Advertisement**

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

**10/30/00**

**South Austin Democrats**

Payee address; City; State; Zip Code

**500<sup>00</sup>**

**Austin TX**

Purpose of expenditure

**Advertisement**

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

**10/30/00**

**TRAVIS COUNTY DEMOCRATIC PARTY**

Payee address; City; State; Zip Code

**1500<sup>00</sup>**

**1311 E. 6th St  
Austin, TX 78702**

Purpose of expenditure

**mailer**

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

**11/3/00**

**Rindy Miller Bates**

Payee address; City; State; Zip Code

**\$8225<sup>00</sup>**

**501 N IH 35 Austin, TX 78702**

Purpose of expenditure

**T.V. AD**

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages Schedule H:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Business name

**7** Amount (\$)

**6** Business address; City; State; Zip Code

**8** Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2072

2 FILER NAME

Cisela D. Tranc

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

11/3/00

TRAVIS County Democratic Party

6 Payee address; City; State; Zip Code

1311 E. 6th St  
Austin, TX 78702

219.80

8 Purpose of expenditure

Stakes

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

Office sought / held

Date

Payee name

Amount (\$)

11/20/00

AT & T Wireless

Payee address; City; State; Zip Code

P.O. Box 150309  
Austin, TX 78715

228.96

Purpose of expenditure

cellular phone

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

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1076

2 FILER NAME

Gisela D Triana

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Gisela D Triana

5 Lender address; City; State; Zip Code

401 E. 35th St Austin TX 78705

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lorenzo Triana

Lender address; City; State; Zip Code

13315 Southwalk San Antonio TX 78232

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lorenzo Triana Delgado

Lender address; City; State; Zip Code

201 Fleetwood San Antonio TX 78237

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Gisela M Triana

Lender address; City; State; Zip Code

P.O. Box 721 Helotes TX 78023

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages Schedule M:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

## OUTSTANDING LOANS

## SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

2086

2 FILER NAME

Gisela D Triano

3 ACCOUNT # (Ethics Commission filers)

LENDER  
INFORMATION

4 Name of lender

ZAYDA TRIANA

5 Lender address; City; State; Zip Code

7777 Green Briar Houston TX 77030

GUARANTOR  
INFORMATION

6 Name of guarantor

 not applicable

7 Guarantor address; City; State; Zip Code

LENDER  
INFORMATION

Name of lender

Michael Triano

Lender address; City; State; Zip Code

27555 Twin Peak San Antonio, TX 78261

GUARANTOR  
INFORMATION

Name of guarantor

 not applicable

Guarantor address; City; State; Zip Code

LENDER  
INFORMATION

Name of lender

Mamel Triano

Lender address; City; State; Zip Code

P.O. Box 458 Sabinal TX 78881

GUARANTOR  
INFORMATION

Name of guarantor

 not applicable

Guarantor address; City; State; Zip Code

LENDER  
INFORMATION

Name of lender

AIDA BOCHA

Lender address; City; State; Zip Code

13315 Southwalk San Antonio TX 78232

GUARANTOR  
INFORMATION

Name of guarantor

 not applicable

Guarantor address; City; State; Zip Code

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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

386

2 FILER NAME

Coisela D Triana

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Elizabeth Davidson

5 Lender address;

City;

State;

Zip Code

15423 KID RUN San Antonio TX 78232

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Armando Delgado

Lender address;

City;

State;

Zip Code

10823 Overbrook Houston TX 77042

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Elvira Giambi

Lender address;

City;

State;

Zip Code

10823 Overbrook Houston TX 77042

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Alberto Dorta

Lender address;

City;

State;

Zip Code

6918 Spring Crest Ct Sugarland TX 77479

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: **4876**

2 FILER NAME

**Gisela D Triana**

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

**Lorenzo Triana**

5 Lender address; City; State; Zip Code

**1872 Wainsborough Ln Dallas TX 75287**

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

**Elio Delgado**

Lender address; City; State; Zip Code

**P.O. Box 160066 San Antonio, TX 78280**

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

**Francisco Cabrera**

Lender address; City; State; Zip Code

**Navajo St Chicago Illinois**

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

**PEPPO DELGADO**

Lender address; City; State; Zip Code

**Navajo St Chicago, Illinois**

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

3/8/6

2 FILER NAME

Grisele D. Triane

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Alejandro Delgado

5 Lender address;

City;

State;

Zip Code

Guessner Houston TX

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Roberto Dorta

Lender address;

City;

State;

Zip Code

6807 Shady Lane Sugarland TX 77475

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

TOMASA Delgado

Lender address;

City;

State;

Zip Code

Carmen St Chicago, Illinois

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

JATO Cabrera

Lender address;

City;

State;

Zip Code

NAVAJO St Chicago, Ill

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

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# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

6 of 6

2 FILER NAME

Loisela Triane

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

RAMON LEON

5 Lender address; City; State; Zip Code

CARMEN ST Chicago, Ill

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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