

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5202

FORM JC/OH COVER SHEET PG. 1

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 | Giusele | D |
| NICKNAME | LAST | SUFFIX |
| | TENNA | |

OFFICE USE ONLY

Date Received: _____

Date Hand Delivered: _____

Date Filed: _____

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

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 |
| Judge | Giusele | D |
| NICKNAME | LAST | SUFFIX |
| | TENNA | |

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) | 322 9226 | |

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 (All in JC/OH only)

9 PERIOD COVERED

| | | | | | | |
|-------|-----|------|---------|-------|-----|------|
| Month | Day | Year | THROUGH | Month | Day | Year |
| 1 | 1 | 02 | | 6 | 30 | 02 |

10 ELECTION

| | |
|---------------|---|
| ELECTION DATE | ELECTION TYPE |
| 11 / 1 / 02 | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |

11 OFFICE

| | |
|------------------------|-----------------------------|
| OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) |
| County Court at Law #5 | County Court at Law #5 |

13 NOTICE OF 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 expenditures.

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 Use)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

\$ 25

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

\$ 475

EXPENDITURE TOTALS

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

\$ 201.85

4. TOTAL POLITICAL EXPENDITURES

\$ 1654.96

CONTRIBUTION BALANCE

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

\$ 5415.54

OUTSTANDING LOAN TOTALS

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

\$ 50,000

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.

Gisela D Triana

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gisela D. Triana, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Gloria Aleman
Signature of officer administering oath

Gloria Aleman
Print name of officer administering oath

Notary Public
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) 1

2 FILER NAME

Glenn D. Frantz

3 ACCOUNT # (Ethics Commission files)

4 Date

3/10

5 Full name of contributor out of state PAC (ID#)

Kyle Lane

7 Amount of contribution (\$)

\$ 200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1711 West Ave Austin TX 78701

9 Contributor's principal occupation

Attorney

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

3/14

Full name of contributor out of state PAC (ID#)

Steve Lee

Amount of contribution (\$)

\$ 250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

610 Granddakepe Austin TX 78701

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)

Date

Full name of contributor 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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J)

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 (ID# _____) | 8 Amount of pledge (\$) | 9 In kind description (if applicable) |
| | 7 Pledgor address, City, State, Zip Code | | |

| | |
|--|--|
| 10 Pledgor's principal occupation | 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 | Full name of pledgor <input type="checkbox"/> out of state PAC (ID# _____) | 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 (ID# _____) | 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.

LOANS (JUDICIAL)

SCHEDULE E (J)

The **Instruction Guide** explains how to complete this form.

1 Total pages Schedule E (J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

7 Name of lender

out-of-state PAC (if # _____)

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 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/law Firm

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
MADE FROM PERSONAL FUNDS

SCHEDULE **F**

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule **F**
1 of 1

2 FILER NAME

Cynthia D. Tolano

3 ACCOUNT # (Ethics Commission Filer)

| | | |
|---|--|---|
| 4 Date <i>1/22/02</i> | 5 Payee name <i>Austin Women Political Caucus</i> | 8 Amount (\$) <i>65.00</i> |
| | 6 Payee address; City, State, Zip Code <i>215 Brazos Austin, TX 78701</i> | |
| 7 Purpose of expenditure <i>Dinner</i> | | <input type="checkbox"/> Reimbursement from political contribution intended |

| | | |
|---|--|---|
| Date <i>2/1/02</i> | Payee name <i>Legislative Chamber of Commerce</i> | Amount (\$) <i>75.00</i> |
| | Payee address; City, State, Zip Code <i>2000 S. IH 35, Ste 305 Austin, TX 78704</i> | |
| Purpose of expenditure <i>Dinner</i> | | <input type="checkbox"/> Reimbursement from political contribution intended |

| | | |
|---|---|---|
| Date <i>2/10/02</i> | Payee name <i>Academy of Capital</i> | Amount (\$) <i>150.00</i> |
| | Payee address; City, State, Zip Code <i>1000 Brazos Austin, TX 78701</i> | |
| Purpose of expenditure <i>Donation</i> | | <input type="checkbox"/> Reimbursement from political contribution intended |

| | | |
|------------------------|---|---|
| Date <i>5/1/02</i> | Payee name <i>Legislative Rights Lobby of Texas</i> | Amount (\$) <i>100.00</i> |
| | Payee address; City, State, Zip Code <i>PO Box 2340 Austin, TX 78701</i> | |
| Purpose of expenditure | | <input type="checkbox"/> Reimbursement from political contribution intended |

| | | |
|--|---|---|
| Date <i>6/20/02</i> | Payee name <i>Continental Airlines</i> | Amount (\$) <i>532.13</i> |
| | Payee address; City, State, Zip Code <i>Austin, TX</i> | |
| Purpose of expenditure <i>Airfare</i> | | <input type="checkbox"/> Reimbursement from political contribution intended |

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

27

2 FILER NAME

Crisela V. Trevano

3 ACCOUNT # (Ethics Commission files)

4 Date

6/20/02

5 Payee name

Hotel La Magdalena

7 Amount (\$)

\$63.98

6 Payee address; City; State; Zip Code

Queretaro, Mexico

8 Purpose of payment (See instructions regarding type of information required.)

Hotel Stay

9 -- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/O/H --

Candidate / Officeholder name Office sought Office held

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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 file #)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The *Instruction Guide* explains how to complete this form.

1 Total pages this Schedule I.

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City, State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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CREDITS (optional)

SCHEDULE K

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

1 Total pages this Schedule K:

2 FILER NAME:

3 ACCOUNT # (Ethics Commission Filer)

| 4 Date | 5 Payor name | 8 Amount (\$) |
|---------------|---|----------------------|
| | 6 Payor address, City, State, Zip Code | |
| | 7 Reason for credit | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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:

1073

2 FILER NAME

Gisela D. Triana

3 ACCOUNT # (Ethics Commission filers)

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

7 Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Michael Triana

Lender address: City: State: Zip Code

San Antonio TX 78705

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Manuel Triana

Lender address: City: State: Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

LENDER INFORMATION

Name of lender

Armando Delgado, M.D.

Lender address: City: State: Zip Code

Houston

GUARANTOR INFORMATION

Name of guarantor

Guarantor address: City: State: Zip Code

not applicable

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: 28/3

2 FILER NAME

Gisela D. Triana

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Elvira Giambi

5 Lender address; City; State; Zip Code

Houston TX

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Elizabeth Davidson

Lender address; City; State; Zip Code

Austin TX

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Elio Delgado, RN

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Alexandro Delgado MD

Lender address; City; State; Zip Code

Houston TX

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: 3 of 3

2 FILER NAME

Gisela D Triana

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

AIDA ROCHA

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Alberto Dorta

Lender address; City; State; Zip Code

HOUSTON TX

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Robert Dorta

Lender address; City; State; Zip Code

HOUSTON TX

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

Handwritten text, likely an address or recipient information, including a name and a zip code.

