

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5426

FORM JC/OH COVER SHEET PG. 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
Judge	Gisela	D.
NICKNAME	LAST	SUFFIX
	TRIANA	

OFFICE USE ONLY

FILED FOR RECORD

2003 JUL 15 AM 9:09

TRAVIS COUNTY CLERK

TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE
401	E. 35 th St	Austin Tx		78705

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
Judge	Gisela	D.
NICKNAME	LAST	SUFFIX
	TRIANA	

Receipt #	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. 35 th St		Austin Tx		78705

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(512)	322-9226	

8 REPORT TYPE

<input 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"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (All in COH - F)

9 PERIOD COVERED

Month	Day	Year	THROUGH	Month	Day	Year
1	1	03		6	30	03

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE

OFFICE HELD (if any)
County Court at Law #5

12 OFFICE SOUGHT (if known)

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 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 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

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

\$ - 0 -

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

\$ - 0 -

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

\$ 25⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 615⁰⁰

EXPENDITURE TOTALS

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

\$ 2120.05

CONTRIBUTION BALANCE

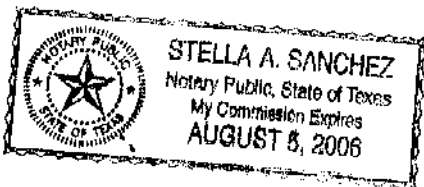
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 35,000

OUTSTANDING LOAN TOTALS

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 *03*, to certify which, witness my hand and seal of office.

Stella A. Sanchez
Signature of officer administering oath

Stella A. Sanchez
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

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

2 FILER NAME **Gisela D. Triane**

3 ACCOUNT # (Ethics Commission files)

4 Date
3/1/03

5 Payee name
Austin Womens Political Caucus

6 Payee address: City: State: Zip Code
P.O. Box 163 Austin, TX 78767

7 Amount (\$)
65⁰⁰

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

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

Date
5/18/03

Payee name
Bruce Elfant Campaign

Payee address: City: State: Zip Code
P.O. Box 1748 Austin, TX 78767

Amount (\$)
100⁰⁰

Purpose of payment (See instructions regarding type of information required.)
political contribution/ donation

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

Date
6/16/03

Payee name
Greater Hispanic Chamber of Commerce

Payee address: City: State: Zip Code
3000 S. IH35 #305 Austin, TX 78704

Amount (\$)
75⁰⁰

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

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

Date
6/6/03

Payee name
Travis Co. Democratic Party

Payee address: City: State: Zip Code
4201 S. Congress Austin, TX 78745

Amount (\$)
250⁰⁰

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

-- Complete if direct expenditure to benefit C/O/H --
Candidate / Officeholder name Office sought Office 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 this Schedule **F**

292

2 FILER NAME

Gisela D. Triane

3 ACCOUNT # (Ethics Commission Users)

4 Date

5 Payee name

Lloyd Dosssett Campaign

6 Payee address; City; State; Zip Code

P.O. Box 5843 Austin, TX 78763

8 Amount (\$)

100⁰⁰

7 Purpose of expenditure

political contribution

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule I

1 of 2

2 FILER NAME

Coisela D. Triane

3 ACCOUNT # (Ethics Commission files)

LENDER INFORMATION

4 Name of lender

Coisela D. Triane

5 Lender address;

City:

State:

Zip Code

401 E. 35th Austin TX 78705

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Michael TRIANA

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

Armando Delgado M.D.

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

Elizabeth Davison

Lender address;

City:

State:

Zip Code

Austin TX

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City:

State:

Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

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

1 Total pages this Schedule: 2 of 2

2 FILER NAME

Geisela D. Trianc

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Roberto Dorta

5 Lender address;

6807 SHADY LANE HOUSTON TX 77479

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

LENDER INFORMATION

Name of lender

Lender address;

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

LENDER INFORMATION

Name of lender

Lender address;

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

LENDER INFORMATION

Name of lender

Lender address;

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED