

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6867

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00054704	2 PAGE # 1 of 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Gisela	MI
	NICKNAME	LAST Triana	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	5504 Fort Benton Drive Austin, TX 78735		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Karl	MI
	NICKNAME	LAST Bayer	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	5504 Fort Benton Drive Austin, TX 78735		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	698-4168	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2008		06/30/2008
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	11/04/2008	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 200	12 OFFICE SOUGHT (if known) District Judge District 200	
13 NOTICE OF 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

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Triana, Gisela (Hon.)

15 ACCOUNT # (Ethics Commission filers)
00054704

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 215.00

4. TOTAL POLITICAL EXPENDITURES \$ 1,272.00

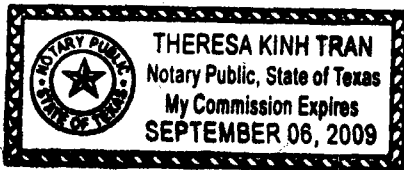
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 22,131.69

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

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 7th day of July, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

TERESA KINH TRAN
Print name of officer administering oath

COURT OPERATIONS OFFICER
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/3 Report: 3/8	
2 FILER NAME Triana, Gisela (Hon.)			3 ACCOUNT # (Ethics Commission filers) 00054704		
4 Date	5 Full name of contributor Best & Spruill, P.C.	<input type="checkbox"/> out-of-state PAC(ID# _____)		7 Amount of contribution (\$)	
02/05/2008	6 Contributor address; City; State; Zip Code 6805 Capital of Texas Hwy., Suite 330 Austin, TX 78731			\$250.00	
8 Contributor's principal occupation			9 Contributor's job title		
10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)					
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable) Law Firm		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		
4 Date	5 Full name of contributor Herman, Howry & Breen LLP	<input type="checkbox"/> out-of-state PAC(ID# _____)		7 Amount of contribution (\$)	
03/04/2008	6 Contributor address; City; State; Zip Code 1900 Pearl Street Austin, TX 78705			\$1,000.00	
8 Contributor's principal occupation			9 Contributor's job title		
10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)					
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/3 Report: 4/8	
2 FILER NAME Triana, Gisela (Hon.)			3 ACCOUNT # (Ethics Commission filers) 00054704		
4 Date 02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Law Offices of Larry F. York, PC		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 816 Congress Avenue, Suite 1670 Austin, TX 78701					
8 Contributor's principal occupation			9 Contributor's job title		
10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)					
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		
4 Date 06/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) The Mostyn Law Firm		7 Amount of contribution (\$) \$2,500.00		
6 Contributor address; City; State; Zip Code 1220 Colorado, Suite 200 Austin, TX 78701					
8 Contributor's principal occupation			9 Contributor's job title		
10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)					
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16 Departure city / location		17 Departure date	18 Destination city / location		19 Arrival date
20 Means of transportation			21 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3/3 Report: 5/8	
2 FILER NAME Triana, Gisela (Hon.)			3 ACCOUNT # (Ethics Commission filers) 00054704	
4 Date 02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Travis County Sheriffs Law Enforcement Association PAC	7 Amount of contribution (\$) \$500.00		
6 Contributor address; City; State; Zip Code 8600 Ranch Road 620 #210 Austin, TX 78726		8 Contributor's principal occupation		
9 Contributor's job title		10 Contributor's employer/law firm		
11 Law firm of contributor's spouse (if any)		12 If contributor is a child, law firm of parent(s) (if any)		
13 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.		14 In-kind description (if applicable)		
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)				
16 Departure city / location		17 Departure date	18 Destination city / location	
			19 Arrival date	
20 Means of transportation			21 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/3 Report: 6/8	
2 FILER NAME Triana, Gisela (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00054704	
4 Date 02/16/2008	5 Payee name Capital Area Asian American Democrats 6 Payee address; City; State; Zip Code P.O. Box 4560 Austin, TX 78765			7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Event sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 02/16/2008	5 Payee name Capital City Argus 6 Payee address; City; State; Zip Code P.O. Box 140471 Austin, TX 78714			7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 8/8	
2 FILER NAME Triana, Gisela (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00054704	
4 Date 02/13/2008	5 Payee name USPS 6 Payee address; City; State; Zip Code 510 Guadalupe Street Austin, TX 78701	7 Amount (\$) \$82.00	
8 Purpose of payment (See instructions regarding type of information required.) Stamps <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/12/2008	5 Payee name Welch, Laura 6 Payee address; City; State; Zip Code 2412 Loyola Lane Austin, TX 78723	7 Amount (\$) \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Finance assistance - thank you notes <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	