

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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,980.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,151.69
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 15th day of January, 20 09, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

HERESA KINH TRAN
Print name of officer administering oath

Court Operations effr
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 3/4**2** FILER NAME Triana, Gisela (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00054704

4 Date 10/24/2008	5 Payee name La Prensa Newspaper 6 Payee address; City; State; Zip Code 1704 E. 5th #103 Austin, TX 78702	7 Amount (\$) \$300.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Advertising for Hispanic Heritage Month Issue**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

 Payment for travel outside Texas (complete boxes 10-16)**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 11/18/2008	5 Payee name Scott, Douglass & McConnico, L.L.P. 6 Payee address; City; State; Zip Code 600 Congress Avenue, Suite 1500 Austin, TX 78701	7 Amount (\$) \$14,580.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Legals fees for representation defending mandamus**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

 Payment for travel outside Texas (complete boxes 10-16)**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: 2/2 Report: 4/4**2** FILER NAME Triana, Gisela (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00054704**4** Date

10/10/2008

5 Payee name
Travis County Democratic Party**6** Payee address; City; State; Zip CodePO Box 684263
Austin, TX 78792**7** Amount
(\$)

\$4,100.00

8 Purpose of payment
(See instructions regarding type of information required.)
Coordinated Campaign / Pro Rata share of admin expenses 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