FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054704 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gisela D. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Triana CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 301074 MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78703 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Stephen E. NAME NICKNAME LAST **SUFFIX** Steve McConnico **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 303 Colorado St. **ADDRESS** Ste. 2400 (Residence or Business) Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 499-8494 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 6 District 3

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Triana, Gisela D. (Th	e Honorable)	14 Filer ID 00054704	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made 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.											
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME										
	GENERAL											
		COMMITTEE ADDRESS										
	SPECIFIC											
		COMMITTEE CAMPAIGN TREASURER NAME										
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS									
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	\$ 0.00									
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$ 2,500.00								
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)	<u> </u>								
TOTALS	3. TOTAL UNITEN	IZED FOLITICAL EXPENDITORES		\$ 170.00								
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 25,218.86								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE I	LAST DAY OF THE	\$ 131,883.81								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 0.00								
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.										
		The Hone	orable Gisela D. Triar	na								
		Signature o	f Candidate or Officeho	der								
AFFIX NO	TARY STAMP / SEAL AB	OVE										
Sworn to and subso	, this the	day										
of	, 20, to c	ertify which, witness my hand and seal of office.										
Cianatura at atti	oor administaring and	Drinted name of officer administration and	Ti+lo =f =ff'	r administering acti								
Signature of offic	cer administering oath	Printed name of officer administering oath	і ше от опісе	r administering oath								

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET I	PG 3 3 of 13
	ER NAM	ME sela D. (The Honorable)	19 Filer ID 00054704	(Ethics Commission F	-ilers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AM	OUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$ 1	4,284.18	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1	0,934.68
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	form.	1	es Schedule A(J)1: Rpt: 4/13
2	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Triana, Gise	la D. (The Honorable)		0005470)4
4	<u> </u>				f Contribution (\$)
	11/15/2024				\$2,500.00
		6 Contributor address; City; State; Zip Code			
		San Antonio, TX 78269	_		
8	Contributor's F	Principal Occupation	9 Contributor's Job Title		
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Ins	struction Guid	le explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2 FILER I	NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 1/2 Rpt: 5/13	Triana,	., Gisela D. ((The Honor	able)				00054704		
4	Date	5 Payee r	name								
	07/16/2024	Triana,	, Gisela (Th	e Honorabl	e)						
6	Amount (\$)	7 Payee a	address;	City;	State; Zip	Code					
	\$3,702.42	P.O. B	302012								
		Austin,	, TX 78703								
8	PURPOSE	(a) Catego	ry (See Catego	ories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Loan F	Repayment/	Reimburser	ment				de of Texas. Com		
							reimburseme		officeholder living		
							Telliburseine	,116 1	ог схрспаса	•	
9	Complete ONLY if direct	Candidat	te/Officeholde	er name	Office s	ought			Office he	ıld	
	expenditure to benefit C/O		.0,01110011010	or riamo	Omoo C	ougin			Omoo ne	,iu	
_	Date	Payee r									
	08/09/2024	•	, Gisela (Th	e Honorahl	e)						
_	Amount (\$)		address;	City;	State; Zip	Codo					
	\$150.00	•	302012	City,	State, Zip	Coue					
	φ130.00	Р.О. Б	UX 302012								
		A	TV 70700								
			, TX 78703								
	PURPOSE OF				top of this schedule)	(b)	Description Check if travel	outoi	de of Texas. Com	ploto Cohodulo T	
	EXPENDITURE	Loan F	Repayment/	Reimbursei	ment				officeholder living		
							reimburseme				
	Complete ONLY if direct		te/Officeholde	er name	Office s	ought			Office he	eld	
	expenditure to benefit C/OI										
	Date	Payee r	name								
	08/13/2024	Triana,	, Gisela (Th	e Honorabl	e)						
	Amount (\$)	Payee a	address;	City;	State; Zip	Code					
	\$410.00	P.O. B	ox 302012								
		Austin,	, TX 78703								
	PURPOSE	(a) Catego	ry (See Catego	ories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Repayment/				Check if travel		de of Texas. Com		
	LAFENDITORE						ш		officeholder living	•	
							reimburseme	ent i	or expenses	5	
	Commiste ONLY if direct	Candidat	to /Office be also		Office				Office he	الما	
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholde	er name	Office s	ougni			Office he	eiu	
	·										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 6/13	Triana, Gisela D. (The Honorable) 00054704
4	Date	5 Payee name
	10/04/2024	Triana, Gisela (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,101.76	P.O. Box 302012
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		reimbursement for expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/04/2024	Triana, Gisela (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	P.O. Box 302012
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense reimbursement for expenses
		Towns and the Composition of the
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	10/23/2024	UT School of Law
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	727 E Dean Keeton St.
	Ψ230.00	727 E Beat Rector St.
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation to Chicano/Hispanic/Latino Law Students' Association
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO BOTTOM OF CI	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			kpense /ages/Contract Labor			District t of District enter a category not liste	d above)	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commis	ssion Filers)	
	Sch: 1/6 Rpt: 7/13		Triana, Gise	ela D. (The Honor	able)				000547	704		
4	Date	5	Payee name									
	07/16/2024		Constant Co	ontact								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$21.32		1601 Trapel	o Road								
	Reimbursement from political contributions intended	,	Waltham, M	A 02451								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b) Description	Ch	neck if trave	el outside of Texas. Con	nplete Schedule T.	
	OF EXPENDITURE		Office Overl	nead/Rental Expe	ense			Ch	neck if Aust	in, TX, officeholder living	g expense	
							Email software					
Ļ		Ļ										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeh	nolder name			Office sought			Office held		
	Date		Payee name									
	08/16/2024		Constant Co	ontact								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$21.32		1601 Trapelo Road									
	X Reimbursement from political contributions intended	,	Waltham, M	A 02451								
	PURPOSE OF	1		e Categories listed at the	•	edule)	Description	=		el outside of Texas. Con		
	EXPENDITURE		Office Overl	rhead/Rental Expense		L	Cr	neck if Aust	in, TX, officeholder livinç	g expense		
							Email software					
	Complete ONLY if direct	Can	didata/Offical	ooldor nama			Office cought			Office hold		
	Complete ONLY if direct expenditure to benefit	Cari	Candidate/Officeholder name Office sought Office held									
	C/OH											
	Date		Payee name									
	09/16/2024		Constant Co	ontact								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$21.32		1601 Trapel	o Road								
	Reimbursement from											
	X political contributions intended	'	Waltham, M	A 02451								
	PURPOSE		Category (Se	e Categories listed at the	top of this sche	edule)	Description	Cr	neck if trave	el outside of Texas. Con	nplete Schedule T.	
	OF EXPENDITURE		Office Overl	nead/Rental Expe	ense			Ch	neck if Aust	in, TX, officeholder living	g expense	
							Email software					
		<u> </u>										
	Complete ONLY if direct expenditure to benefit	Can	didate/Officeh	nolder name			Office sought			Office held		
L	C/OH											

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comn Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction Guide	explains h	ow to co	mplete this form.				
1	Total pages Schedule G:	2	FILER NAME	<u> </u>				3	Filer ID	(Ethics Com	mission Filers)
	Sch: 2/6 Rpt: 8/13	'	Triana, Gise	la D. (The Honorab	ole)				000547	704	
4	Date	5	Payee name					-			
	10/16/2024	1	Constant Co	ontact							
6	Amount (\$)	7	Payee addres	ress; City; State; Zip Code							
	\$21.32		1601 Trapel								
	Reimbursement from										
	X political contributions intended	,	Waltham, M	A 02451							
8	PURPOSE	(a)	Category (Se	e Categories listed at the top	of this sched	dule)	(b) Description	CI	heck if trave	el outside of Texas.	Complete Schedule T.
	OF EXPENDITURE	(Office Overh	nead/Rental Expens	se			CI	heck if Aust	tin, TX, officeholder li	iving expense
	LAFEINDITORE						Email software				
9		Can	didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit C/OH										
	0/011										
	Date		Payee name								
	11/16/2024		Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$21.32	1601 Trapelo Road									
	Reimbursement from										
	X political contributions intended	,	Waltham, M	A 02451							
-	PURPOSE	\vdash			of this scher	dule)	Description	Пс	heck if trave	el outside of Texas.	Complete Schedule T.
	OF	1	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense			auic)	2 000	_		tin, TX, officeholder li	
	EXPENDITURE		011100 0 1011	Toda/Troma: Exporte	50		Email software				
	Complete ONLY if direct	Can	 didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit										
	C/OH										
	Date		Payee name								
	12/16/2024		Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$21.32		1601 Trapel	o Road							
	Reimbursement from										
	x political contributions intended	,	Waltham, M	A 02451							
	PURPOSE	1	Category (Se	e Categories listed at the top	of this sched	dule)	Description	CI	heck if trave	el outside of Texas.	Complete Schedule T.
	OF	(Office Overl	nead/Rental Expens	se			CI	heck if Aust	tin, TX, officeholder li	iving expense
	EXPENDITURE			•			Email software				
		Can	didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit C/OH										
_	GOTT										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule G: Sch: 3/6 Rpt: 9/13	2 FILER NAME Triana, Gisela D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054704							
4	Date	5 Payee name								
	08/28/2024	Hispanic Bar Association								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$250.00	816 Congress Ave.								
	Reimbursement from political contributions intended	Ste. 700 Austin, TX 78701								
8		Austin, TX 78701	7							
0	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	EXPENDITURE	Donation / spons	 sorship							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/24/2024	Lyft								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$15.77	185 Berry St. #5000								
	Reimbursement from political contributions intended	San Francisco, CA 94107								
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.							
OF EXPENDITURE		Travel Out of District	Check if Austin, TX, officeholder living expense							
	LAI ENDITORE	ride share fee								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/11/2024	South Austin Democrats								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$250.00	P.O. Box 152592								
	X Reimbursement from political contributions intended	Austin, TX 78715								
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contribution / sp	Check if Austin, TX, officeholder living expense							
		Contribution / Sp	οποσιστήρ							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee Le	ift/Awards/Memorials Ex egal Services The Instruction Guid			Vages/Contract Labor		avel Out of District THER (enter a category not	listed above)	
1	Total pages Schedule G:	2	FILER NAME					3 Fi	ler ID (Ethics Com	mission Filers)
	Sch: 4/6 Rpt: 10/13		Triana, Gisela	a D. (The Honora	able)			00	0054704	
4	Date	5	Payee name							
	07/24/2024		St. Charles H	otel						
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	ode			
	\$1,040.07		1 Bennett St,	Cambridge						
	Reimbursement from political contributions intended		Boston, MA 0	2130						
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this sche	edule)	(b) Description	X Check	k if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Travel Out of	District			L		k if Austin, TX, officeholder li	iving expense
							hotel while atten	ding C	CLE conference	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeho	lder name			Office sought		Office held	
	Date		Payee name							
	08/27/2024		Texas Latinx	Judges						
	Amount (\$)	\vdash	Payee address	; City;	State:	Zip Co	ode			
	\$100.00		P.O. Box 906	-		·				
	Reimbursement from									
	political contributions intended		San Antonio,	TX 78209						
	PURPOSE		Category (See	Categories listed at the t	op of this sche	edule)	Description	=	k if travel outside of Texas.	
	OF EXPENDITURE			/Donations Mad			L	Check	k if Austin, TX, officeholder li	iving expense
			Candidate/Of	ficeholder/Politic	al Commi	ittee	Dues			
		Car	ndidate/Officeho	lder name			Office sought		Office held	
	expenditure to benefit C/OH									
H	5.	_								
	Date		Payee name		_					
	09/16/2024	$oxed{oxed}$	ravis County	/ Women's Law	yers Asso	ciation				
	Amount (\$)		Payee address	; City;	State;	Zip Co	ode			
	\$45.00		PO Box 1603	34						
	Reimbursement from political contributions intended		Austin, TX 78	716						
	PURPOSE		Category (See	Categories listed at the t	top of this sche	edule)	Description	Check	k if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Contributions	Donations Mad	е Ву			Check	k if Austin, TX, officeholder li	iving expense
	EXI ENDITORE		Candidate/Of	ficeholder/Politic	al Commi	ittee	Dues			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeho	lder name			Office sought		Office held	
Т										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide	nse		pense /ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		ve)
1	Total pages Schedule G:	l	ER NAME				3	Filer ID (E	thics Commission	Filers)
	Sch: 5/6 Rpt: 11/13	Tria	na, Gisela D. (The Honorab	le)			(00054704		
4	Date	5 Pay	ee name							
	08/13/2024	Tra	vis County Democratic Party	/						
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Co	de				
	\$5,000.00	131	1B E 6th St							
	Reimbursement from political contributions intended	Aus	tin, TX 78702							
8	PURPOSE	(a) Cate	egory (See Categories listed at the top	of this sched	dule)	(b) Description	Che	eck if travel outsi	de of Texas. Complete	Schedule T.
	OF EXPENDITURE		ntributions/Donations Made ndidate/Officeholder/Political		ttee	Contribution	Che	eck if Austin, TX,	, officeholder living expe	nse
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te/Officeholder name			Office sought		C	Office held	
	Date	Pay	ee name							
	07/24/2024	Ube	er							
	Amount (\$)	Pay	ee address; City;	State;	Zip Co	de				
	\$45.92	151	5 3rd Street							
	Reimbursement from political contributions intended	Sar	ı Francisco, CA 94158							
	PURPOSE OF	l	egory (See Categories listed at the top	of this sched	dule)	Description	_		de of Texas. Complete	
	EXPENDITURE	Tra	vel Out of District			L ride chara fee	Che	eck if Austin, TX,	, officeholder living expe	nse
						ride share fee				
	Complete ONLY if direct expenditure to benefit C/OH	<u> </u> Candida	te/Officeholder name			Office sought		C	Office held	
	Date	Pay	ee name							
	08/09/2024	We	indenkopf, Diane							
	Amount (\$)	Pay	ee address; City;	State;	Zip Co	de				
	\$150.00	110	2 Brookswood Ave							
	Reimbursement from political contributions intended	Aus	tin, TX 78721							
	PURPOSE	Cate	egory (See Categories listed at the top	of this sched	dule)	Description	=		de of Texas. Complete	
	OF EXPENDITURE	Cor	nsulting Expense			ا	_	eck if Austin, TX,	, officeholder living expe	nse
						Website services	5			
L	Complete ONLY if direct	Candida	te/Officeholder name			Office sought			Office held	
	expenditure to benefit C/OH	Jan anda	and a morning of flatting			Since sought				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 6/6 Rpt: 12/13 Triana, Gisela D. (The Honorable) 00054704 Date Payee name 08/13/2024 Weindenkopf, Diane Amount (\$) Payee address; State; Zip Code \$410.00 1102 Brookswood Ave Reimbursement from political contributions Х intended Austin, TX 78721 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Website services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2024 Williamson County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$3,500.00 1915 S Austin Ave Reimbursement from political contributions Χ Georgetown, TX 78626 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Triana, Gisela D. (The Honorable) 00054704 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee St. Charles Hotel 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Triana, Gisela (The Honorable) Departure city or name of departure location 07/21/2024 Nashville 9 Destination city or name of destination location 07/21/2024 **Boston** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) attend CLE conference Commercial Airplane