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 10 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Gisela D. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Triana CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mr. Stephen E. NAME NICKNAME LAST **SUFFIX** Steve McConnico **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day 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 10

13 C / OH NAME	Triana, Gisela D. (Th	e Honorable)	14 Filer ID (I 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 commit candidate / officeholder. These expenditures may have been made without the candidate's or officeholder consent. Candidates and officeholders are required to report this information only if they receive notice of				
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,853.20	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 130,760.89	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hono	rable Gisela D. Trian	a	
		Signature of	Candidate or Officehold	der	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subsc	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 10				
	18 FILER NAME Triana, Gisela D. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00054704							
I	HEDULI ME OF	SUBTOTAL AMOUNT						
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 1,122.92				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,200.80				
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,529.48				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 4/10	Triana, Gisela D. (The Honorable)	00054704
4	Date	5 Payee name	•
	02/05/2025	Susan Harry Consulting	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$175.00	PO Box 301074	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Compliance consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_			
	Date	Payee name	
	02/05/2025	Susan Harry Consulting	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$175.00	PO Box 301074	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Compliance consulting
			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	-1	
	Date	Payee name	
	01/15/2025	Triana, Gisela (The Honorable)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$772.92	P.O. Box 302012	
		Austin, TX 78703	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	25an Kopaymona Kombaroomona	Check if Austin, TX, officeholder living expense
			reimbursement for officeholder expenses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to beliefft G/O	·	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F4: Sch: 1/4 Rpt: 5/10 4 CREDIT CARD ISSUER Name of financial institution Chase Visa Name of financial institution SCHARGED TO A CREDIT CARD (a) Amount Charged State Visa Name of financial institution SCHARGED TO A CREDIT CARD (b) Date of Charge (b) Payee address; City, State 1601 Trapelo Road Waltham, MA 02451 Non-Political Office Overhead/Rental Expense Non-Political Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Office held Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged State of Charge O2/16/2025 (b) Date of Charge O4/107/2025 O4/107/2025 PAYEE (a) Payee name (b) Payee address; City, State O4/107/2025 (c) Date(s) Credit Card Issuer Paid O4/107/2025 Description (c) Date(s) Credit Card Issuer Paid O4/107/2025 Name of financial institution Schedule Name (c) Date of Charge O4/107/2025 (c) Date(s) Credit Card Issuer Paid O4/107/2025 (d) Payee address; City, State 1601 Trapelo Road Valtham, MA 02451	nission Filers)			
A CREDIT CARD ISSUER Name of financial institution Chase Visa Chase Visa S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$21.32 (b) Date of Charge 03/07/2025 (c) Date(s) Credit Card Issuer Paid 03/07/2025 7 PAYEE (a) Payee name Constant Contact (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Non-Political Constant Contact Constant Co				
Chase Visa EXPENDITURES CHARGED TO A CREDIT CARD				
\$21.32 01/16/2025 03/07/2025 7 PAYEE (a) Payee name (b) Payee address; City, State 1601 Trapelo Road Constant Contact Waltham, MA 02451 8 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$21.32 (b) Date of Charge 04/07/2025 (c) Date(s) Credit Card Issuer Paid 04/07/2025 (d) Payee address; City, State 1601 Trapelo Road				
\$21.32				
Constant Contact Constant Contact Constant Con				
Constant Contact Waltham, MA 02451 8 PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$21.32 (b) Description Email distribution software (b) Description Email distribution software (b) Description Email distribution software (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held (c) Date(s) Credit Card Issuer Paid 04/07/2025 PAYEE (a) Payee name Constant Contact (b) Payee address; City, State 1601 Trapelo Road	e, Zip Code			
8 PURPOSE OF EXPENDITURE X Political Office Overhead/Rental Expense Candidate/Officeholder name Office sought Office held				
EXPENDITURE X Political Office Overhead/Rental Expense Email distribution software				
Office Overhead/Rental Expense X Political				
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$21.32 (b) Date of Charge O4/07/2025 (c) Date(s) Credit Card Issuer Paid O4/07/2025 PAYEE (a) Payee name (b) Payee address; City, State 1601 Trapelo Road				
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$21.32 (b) Date of Charge 04/07/2025 (c) Date(s) Credit Card Issuer Paid 04/07/2025 (b) Payee address; City, State 1601 Trapelo Road				
PAYMENT (a) Amount Charged \$21.32 (b) Date of Charge 04/07/2025 (c) Date(s) Credit Card Issuer Paid 04/07/2025 (b) Payee address; City, State 1601 Trapelo Road				
\$21.32 02/16/2025 04/07/2025 PAYEE (a) Payee name (b) Payee address; City, State 1601 Trapelo Road				
Constant Contact 1601 Trapelo Road				
Constant Contact	e, Zip Code			
Waltham, MA 02451				
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense				
X Political				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
PAYMENT (a) Amount Charged \$21.32 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/07/2025				
PAYEE (a) Payee name (b) Payee address; City, State	e, Zip Code			
Constant Contact 1601 Trapelo Road				
Waltham, MA 02451				
PURPOSE OF (a) Category (b) Description				
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Email distribution software				
X Political S Political Political S Political S Political S Political S Political				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		sion Filers)		
	Sch: 2/4 Rpt: 6/10	Triana, Gisela D. (The Honorable)			00054704			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 01/22/2025	(c) Date(s) 0 03/07/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name Austin Black Lawye	ers Association	(b) Payee a P.O. Box 1 Austin, TX	13321	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descript Dues				
	Non-Political	—	of Texas. Complete Schedule T.	Г	Check if Austin, TX.	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$249.60	(b) Date of Charge 02/05/2025	03/07/202				
	PAYEE	(a) Payee name Matthew Lemke Ph	otography	(b) Payee a 7685 North	hcross Dr.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	RE (See Categories listed at the top of this schedule) Consulting Expense		ion				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 03/14/2025	(c) Date(s) (05/07/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name University Democra	ats	(b) Payee a 2819 Rio (Grande st #610	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political		ns Made By er/Political Committee	(b) Descript Contribution	on			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 3/4 Rpt: 7/10	Triana, Gisela D. (The Honorable)			00054704		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Issuer 05/07/2025	Paid		
7 PAYEE	(a) Payee name Travis County Won	nen's Lawyers	(b) Payee address; PO Box 160334	City,	State,	Zip Code
	(a) Cataman		Austin, TX 78716			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Donation			
X Political	Contributions/Donatio		Donadon			
Non-Political	Candidate/Officeholde	of Texas. Complete Schedule T.	Chook if Auctin TV	officeholder living expens		
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid		
	\$255.00	04/23/2025	06/07/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
National Association of Women		n of Women	1001 Connecticut Avenue	NW, Ste 1138		
			Washington, DC 20036			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Description Dues			
X Political	Candidate/Officeholde					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH			1			
PAYMENT	(a) Amount Charged \$21.32	(b) Date of Charge 03/16/2025	(c) Date(s) Credit Card Issuer 05/07/2025	Paid		
PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Email distribution software			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
Complete ONLY if direct						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	-			THER (enter a category no	listed above)
The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
· ·				İ '	
Sch: 4/4 Rpt: 8/10	,		00054704		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$	
10002.1	see pr	revious	CHARGED TO A CREDIT	ľ	
			CARD	L	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 05/07/2025	r Paid	
	\$189.60	03/11/2025	03/01/2023		
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code
	Matthew Lemke Pho	otography	7685 Northcross Dr.		
	Wattriew Lerrike i III	σιοθιαριίν			
	() -		Austin, TX 78757		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
l <u> </u>	Consulting Expense	or this soriedate)	Photography		
X Political					
Non-Political		of Texas. Complete Schedule T.		officeholder living expense	;
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$21.32	05/16/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code
	Constant Contact		1601 Trapelo Road		
	Constant Contact				
			Waltham, MA 02451		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
l <u> </u>	Office Overhead/Rent		Email distribution software	9	
X Political		·	<u> </u>		
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense	!
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
l					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesM The Instruction Guide explains how to co	Vages/Contract Labor OTHER (enter a category not listed above) Implete this form.		
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/2 Rpt: 9/10	Triana, Gisela D. (The Honorable)	00054704		
4	Date	5 Payee name			
	03/07/2025	Chase Visa			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$320.92	270 Park Avenue			
	Reimbursement from political contributions intended	New York, NY 10017			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense		
	EXPENDITORE		Credit card payment for officeholder expenses		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date	Payee name			
	04/07/2025	Chase Visa			
	Amount (\$)	Payee address; City; State; Zip Co	nde		
\$21.32 270 Park Avenue					
	Reimbursement from	270 Tark / Worlde			
	x political contributions intended	New York, NY 10017			
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE		Credit Card Payment	Check if Austin, TX, officeholder living expense		
			Credit card payment for officeholder expenses		
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held		
	C/OH				
	Date	Payee name			
	05/07/2025	Chase Visa			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$560.92	270 Park Avenue			
	Reimbursement from				
	X political contributions intended	New York, NY 10017			
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense		
	- -		Credit card payment for officeholder expenses		
	•	Candidate/Officeholder name	Office sought Office held		
	expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Committee Legal Services 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)		
	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 2/2 Rpt: 10/10	Triana, Gisela D. (The Honorable)	00054704		
4	Date	5 Payee name			
	06/07/2025	Chase Visa			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$276.32	270 Park Avenue			
	Reimbursement from political contributions intended	New York, NY 10017			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense		
		Credit card payn	nent for officeholder expenses		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		
Г	Date	Payee name			
	05/16/2025	Weidenkopf, Diane			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$350.00	1102 Brookswood Ave			
	Reimbursement from				
	X political contributions intended	Austin, TX 78721			
┝	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense		
	EXPENDITURE	Website hosting	_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		