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) 00081787 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maya S. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Guerra Gamble CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 28344 MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78755 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Belinda NAME NICKNAME LAST **SUFFIX** Roberts STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4216 Gochman St. **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 222-3509 **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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 459 Travis

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Guerra Gamble, May	a S. (The Honor	able)	14 Filer ID 00081787	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures may have been made without to required to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME			
⊔ °	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	I .		CONTRIBUTIONS (OTHER THAN R CONTRIBUTIONS MADE ELE	, ,	\$	0.00
		ICAL CONTRIBU		e)	\$	0.00
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL E	S, OR GUARANTEES OF LOAN: EXPENDITURES	5)		0.00
TOTALS					\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	9,778.83
CONTRIBUTION BALANCE	REPORTING PE	RIOD	NS MAINTAINED AS OF THE L		\$	58,028.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	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.	/ of perjury, that the ac Il information required	ccompanying to be reporte	report is d by me
			The Honorable	e Maya S. Guerra C	Samble	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of office	er administerii	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 15
18 FIL	ER NAN	 ΛΕ	19 Filer ID	(Ethics Commission Filers)
Gι	ıerra Ga	amble, Maya S. (The Honorable)	00081787	
		E SUBTOTALS SCHEDULE		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	S	\$ 9,778.83
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 219.75
12.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 22.71

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 4/15	Guerra Gamble, Maya S. (The Honorable) 00081787
4	Date	5 Payee name
	09/14/2024	American Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$245.00	321 N Clark St
		Chicago, IL 60654
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Welliselsing daes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
Г	Date	Payee name
	10/09/2024	American Inns of Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	225 Reinekers Ln Ste 770
		Alexandria, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee for guest to attend Inns of Court meeting
		(Barbara Jordan Inn)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/25/2024	Austin AFL-CIO Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1106 Lavaca St #200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Labor Day Fish Fry Ad
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		Legal Services			se s/Contract Labor		OTHER (enter a	strict a category not listed above)	
	Credit Card Payment		The Instruction Gu	ide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 2/9 Rpt: 5/15	Guerra G	amble, Maya S. (1	The Honorable)				00081787		
4	Date	5 Payee nan	ne							
	10/15/2024	Austin Ba	ır Association							
6	Amount (\$)	7 Payee add	lress; City;	State; Zip Co	ode					
	\$1,500.00	712 W 16	6th St							
		Austin, T	X 78701							
8	PURPOSE	(a) Category	(See Categories listed at th	ne ton of this schedule)	(b)	Description				
	OF EXPENDITURE		ions/Donations Ma		` `		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE	Candidat	e/Officeholder/Poli	tical Committee		\Box		officeholder living		
						Austin Bar Fo	oun	dation Gala	sponsorship	
_					<u> </u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sou	ught			Office h	eld	
	Date	Payee nan								
	10/25/2024	Austin Ba	r Association							
	Amount (\$)	Payee add	•	State; Zip Co	ode					
	\$125.00	712 W 16	oth St							
		Austin, T	X 78701							
	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u> </u>			plete Schedule T.	
						Membership		officeholder livin	g expense	
							0.0.0			
	Complete ONLY if direct	Candidate/0	Officeholder name	Office sou	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/O				J					
-	Date	Payee nan	ne							
	08/26/2024	Clay Pit								
	Amount (\$)	Payee add	Iress; City;	State; Zip Co	ode					
	\$112.86		adalupe St	этээ						
		Austin, T	x 78701							
	PURPOSE				(h)	Description				
	OF		(See Categories listed at the rerage Expense	ne top of this schedule)	(5)	Description Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	1 000/201	erage Expense			Check if Austin	, TX,	officeholder living	g expense	
						Team building	g w	ith staff		
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office sou	ught			Office h	eld	
	CAPERIULUIE LO DEFIEIL C/OF	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Pri Sa		pense ages/C	Contract Labor e this form.		Travel in District Travel Out of Dis OTHER (enter a)
1	Total pages Schedule F1:								Filer ID	(Ethics Commission	Filers)
L	Sch: 3/9 Rpt: 6/15	Guerra Ga	mble, Maya S. (The	Honorable	e) 				00081787		
4	Date	5 Payee name	e								
	09/30/2024	Dovetail Pi	zza								
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	ip Coc	de					
	\$175.16	1816 S 1st	St								
		Austin, TX	78704								
8	PURPOSE	(a) Category	See Categories listed at the top	n of this schedule	e)	(b) [Description				
	OF EXPENDITURE		rage Expense	o di tilio ocificadio				outsid	le of Texas. Com	plete Schedule T.	
	EXPENDITORE					Ī			officeholder living	g expense	
						٦	Γeam building	g wi	ıtn staff		
<u> </u>	0 1. 0		r								
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Offic	e soug	ght			Office h	eld	
	Date	Payee name	<u></u>								
	07/22/2024	George Mo	orales Dove Springs	Recreation	Cent	er					
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Cod	de					
	\$50.00	5801 Aine	z Dr								
		Austin, TX	78744								
	PURPOSE	(a) Category (See Categories listed at the top	o of this schedule	e)	(b) [Description				
	OF EXPENDITURE		ns/Donations Made		-,		_ :	outsid	le of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politica		ee	Ī			officeholder living		,
							Dove Springs backpacks & :			ool Bash, donatio s	n tor
							Zaonpaono Q	5011	• • • • • • • • • • • • • • • • • • • •		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Offic	e soug	ght			Office h	eld	
	Date	Payee name	9								
	09/18/2024	HABLA									
	Amount (\$)	Payee addre	, , , , , , , , , , , , , , , , , , , ,	State; Z	ip Cod	de					
	\$250.00	3601 Far V	Vest Blvd Ste 204								
		Austin, TX	78731								
	PURPOSE	(a) Category (S	See Categories listed at the top	p of this schedule	e)	(b) [Description				
	OF EXPENDITURE	Contributio	ns/Donations Made	Ву		Ī				plete Schedule T.	
		Candidate	Officeholder/Politica	I Committe	e	Ļ	Check if Austin, HABLA Award		officeholder living		
						г	IADLA AWall	us t	everit Shous	συσιμ	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	e soug	ıht			Office he	2ld	
	expenditure to benefit C/Ol		ncendadi name	Onic	.c soug	jiit			Onice III	oiu.	

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

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
TTHER (order a cotocomy set listed above)

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 7/15	Guerra Gamble, Maya S. (The Honorable) 00081787
4	Date	5 Payee name
	10/16/2024	Harland Clark
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.79	15955 La Cantera Pkwy
		San Antonio, TX 78256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign checkbook order
		Campaigh checkbook order
Ļ	Complete ONLY if direct	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Hispanic Bar Association of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	816 Congress Ave Ste 700
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		HBAA luncheon sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/30/2024	North by Northwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 29446
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Political donation
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/9 Rpt: 8/15	Guerra Gamble, Maya S. (The Honorable) 00081787
4	Date	5 Payee name
	09/27/2024	Out Youth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	909 E 49th 1/2 St
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		OOT Touth Gitz Gala sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/04/2024	Poppin
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.49	45 W 21st St Ste 501
		New York, NY 10010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_	Date	Dougo nama
	12/23/2024	Payee name Qi Austin
		· ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.83	835 W 6th St #114
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Holiday meal with staff
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 r dyment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 9/15	Guerra Gamble, Maya S. (The Honorable)	00081787
4	Date	5 Payee name	
	07/02/2024	RTS Connect, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.50	1306 Cecelia St	
		Taylor, TX 76574	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	EXPENDITURE	Thotogramy	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		,	not taken at judicial reception
			, ,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
	Date	Payee name	
	10/07/2024	South Austin Democrats PAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	PO Box 152592	
	!		
		Austin, TX 78715	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	EXPENDITURE	Contributions/Donations wade by	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	!		nnual Yeller Dawg BBQ & Awards Dinner
	!	sponsor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
	Date	Payee name	
	07/09/2024	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	8 Clarkson St	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
	OF EXPENDITURE	Internet Services	if travel outside of Texas. Complete Schedule T.
		,	if Austin, TX, officeholder living expense ign website
		Campai	ight website
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0.1135 1.614
			l l

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide exp		Wages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
┝	Total pages Schedule F1:				-		2	Filer ID	(Ethics Commissi	on Eilore)
ľ	Sch: 7/9 Rpt: 10/15		ole, Maya S. (The Ho	onorable)			3	00081787	(Ethics Commissi	on Filers)
┝	Date	5 Payee name	, maya e. (me n				<u> </u>			
	07/09/2024	Squarespace								
Ļ				Ctoto: 7in C	240					
ľ	Amount (\$) \$77.94	7 Payee address8 Clarkson S		State; Zip Co	oue					
l	Ψ11.54	o Clarkson S								
		New York, N	Y 10014							
8	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description				
l	OF EXPENDITURE	Internet Serv	ices					ide of Texas. Com , officeholder living		
						Campaign we			expense	
						oupa.g III				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	l ught			Office he	eld	
L		·								
l	Date	Payee name								
	07/24/2024	Squarespace								
Г	Amount (\$)	Payee address	; City;	State; Zip Co	ode					
l	\$268.63	8 Clarkson S	t							
		New York, N	Y 10014							
Г	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description				
l	OF EXPENDITURE	Internet Serv				=		ide of Texas. Com		
l						ш		, officeholder living	expense	
						Campaign we	ะมอ	oile		
┝	Complete ONLY if direct	Candidate/Office	sholder name	Office sou	ıaht			Office he	ald.	
l	expenditure to benefit C/OI		cholder hame	Office 300	igiit			Office fic	,iu	
┝	Data	B								
l	Date 09/18/2024	Payee name State Bar of ⁻	Γονας							
┡				Ot-1 7:- O	1 .					
l	Amount (\$)	Payee address 1414 Colorac		State; Zip Co	ode					
l	\$500.00	1414 Colorat	10 51							
		Austin, TX 78	3701							
⊢	PURPOSE	(a) Category (see	Categories listed at the top of t	this cohodulo)	(b)	Description				
l	OF		/Donations Made By		(,		outs	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE		ficeholder/Political C					, officeholder living		
l						Dues for Hisp	oan	ic Issues se	ction	
L										
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ıght			Office he	eld	
L	experiorare to beliefft C/OI	•								

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 8/9 Rpt: 11/15	Guerra Gamble, Maya S. (The Honorable) 00081787
4	Date	5 Payee name
	09/04/2024	Texas Association of District Judges
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 133 N Riverfront Blvd #27
		Dallas, TX 75207
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	Texas Association of District Judges
	Amount (\$) \$501.06	Payee address; City; State; Zip Code 133 N Riverfront Blvd #27
		Dallas, TX 75207
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Non-profit donation for judicial education
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Texas Center for Judiciary
	Amount (\$) \$120.00	Payee address; City; State; Zip Code 1210 San Antonio St Ste 800
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Non-profit donation for judicial education
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Loan Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/9 Rpt: 12/15	Guerra Gamble, Maya S. (The Honorable) 00081787
4	Date	5 Payee name
	09/18/2024	Travis County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 684263
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		TCDP Judicial Honoree Reception sponsorship
_	Opening ONE V if direct	Open Helder (Office helder warms and Office analysts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2024	Travis County Women Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	PO Box 160334
		Austin, TX 78716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	07/05/2024	Whole Foods Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.57	525 N Lamar Blvd
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Travis County Judges meeting
		1 ood for mavio county cauges meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE |

⊢		
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Guerra Gamble, Maya S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081787
4	Date 11/25/2024	5 Payee name Everlane
6	Amount (\$) 219.75	7 Payee Address; City; State; Zip 1011 S Congress Ave Bldg 1 Unit 140 Austin, TX 78704
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Mistaken expenditure (b) Description (See instructions regarding type of information required.) Personal expenditure accidentally made on debit card; reimbursed January, 2025.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ctic	on Guide explains how to complete this form.	1	•	ages Schedule K: ./2 Rpt: 14/15		
_	EII ED NIAME			 		<u> </u>	-:1	
2						,	-ilers)	
		_			00081			
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	07/09/2024	<u> </u>	Frost Bank]	\$4.33	
		6	Address of person from whom amount is received; City; State; Zip Code					
			Can Artania TV 70000					
		Ŀ	San Antonio, TX 78296					
		7		f politi	cal conti	ribution returned to filer		
			Interest on campaign checking account					
	Date		Name of person from whom amount is received			Amount (\$)		
	08/08/2024		Frost Bank				\$4.44	
		ļ	Address of person from whom amount is received; City; State; Zip Code			1		
			San Antonio, TX 78296					
			Purpose for which amount is received	f politi	cal conti	ribution returned to filer		
			Interest on campaign checking account					
	Date		Name of person from whom amount is received			Amount (\$)		
	09/10/2024 Frost Bank Address of person from whom amount is received; City; State; Zip Code					\$	\$4.86	
						1		
			San Antonio, TX 78296					
			Purpose for which amount is received	politi	cal conti	ribution returned to filer		
	Interest on campaign checking account							
	Date Name of person from whom amount is received					Amount (\$)		
	10/08/2024		Frost Bank				\$3.35	
	Address of person from whom amount is received; City; State; Zip Code					•		
			San Antonio, TX 78296					
		Г	Purpose for which amount is received	f politi	cal conti	ribution returned to filer		
			Interest on campaign checking account					
_	Date	Ħ	Name of person from whom amount is received			Amount (\$)		
	11/08/2024		Frost Bank		\$3.25			
	Address of person from whom amount is received; City; State; Zip Code					1		
			San Antonio, TX 78296					
		H	Purpose for which amount is received	f politi	cal conti	ribution returned to filer		
			Interest on campaign checking account	•				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 15/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Guerra Gamble, Maya S. (The Honorable) 00081787 5 Name of person from whom amount is received 8 Amount (\$) 12/09/2024 \$2.48 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer Interest on campaign checking account