

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00081787	<b>2</b> Total pages filed:  14								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Maya S.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Maya S.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2025					
	MS / MRS / MR The Honorable	FIRST Maya S.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Guerra Gamble</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Guerra Gamble	SUFFIX							
NICKNAME	LAST Guerra Gamble	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Ms.</td> <td style="width: 30%;">FIRST Belinda</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Ms.	FIRST Belinda	MI						
	MS / MRS / MR Ms.	FIRST Belinda	MI								
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NICKNAME	LAST Roberts	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>											
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 222-3509										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>01/01/2025</td> <td>THROUGH</td> <td>06/30/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		01/01/2025	THROUGH	06/30/2025	
Month Day Year		Month Day Year									
01/01/2025	THROUGH	06/30/2025									
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">                     ELECTION DATE                      Month Day Year                      03/03/2026                 </td> <td style="width: 60%;">                     ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other  <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special										
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 459 Travis	<b>12</b> OFFICE SOUGHT (if known) District Judge District 459									

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 14

<b>13 C / OH NAME</b> Guerra Gamble, Maya S. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00081787
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/>	
		<b>COMMITTEE ADDRESS</b>  <hr/>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	10,958.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	47,301.19
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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.

  
  

The Honorable Maya S. Guerra Gamble

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Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

3 of 14

<b>18 FILER NAME</b> Guerra Gamble, Maya S. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00081787	
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	10,958.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	230.99

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/9 Rpt: 4/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 01/07/2025	<b>5</b> Payee name American Inns of Court	
<b>6</b> Amount (\$) \$65.00	<b>7</b> Payee address; City; State; Zip Code 225 Reinekers Ln Ste 770  Alexandria, VA 22314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Barbara Jordan Inn of Court fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Austin Bar Association	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship of something
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name Austin Bar Association	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for charity golf tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/9 Rpt: 5/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 04/16/2025	<b>5</b> Payee name Austin Bar Association	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Equity Summit
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2025	Payee name Austin Bar Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/18/2025	Payee name Austin Bar Foundation	
Amount (\$) \$2,100.00	Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/9 Rpt: 6/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 05/08/2025	<b>5</b> Payee name Austin Black Lawyers Foundation, Inc.	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 14047 Fox Tail Cv  Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name Austin Young Lawyers Association	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name Austin Young Lawyers Association	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 712 W 16th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 7/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 06/13/2025	<b>5</b> Payee name HABLA	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 3601 Far West Blvd Ste 204  Austin, TX 78731	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2025	Payee name Klock's Electric	
Amount (\$) \$3,525.00	Payee address; City; State; Zip Code 1813 Richcreek Rd  Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Security	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Home Security
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name Nespresso USA	
Amount (\$) \$120.22	Payee address; City; State; Zip Code 111 W 33rd St Fl 5  New York, NY 10120	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee machine for staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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Credit Card Payment

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Fees  
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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)

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<b>1</b> Total pages Schedule F1: Sch: 5/9 Rpt: 8/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 03/05/2025	<b>5</b> Payee name Ring	
<b>6</b> Amount (\$) \$10.81	<b>7</b> Payee address; City; State; Zip Code 12515 Cerise Ave  Hawthorne, CA 90250	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Security	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Home Security
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ring		
Amount (\$) \$10.81	Payee address; City; State; Zip Code 12515 Cerise Ave  Hawthorne, CA 90250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Security	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Home Security
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ring		
Amount (\$) \$10.81	Payee address; City; State; Zip Code 12515 Cerise Ave  Hawthorne, CA 90250	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Security	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Home Security
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# 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  
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)

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<b>1</b> Total pages Schedule F1: Sch: 6/9 Rpt: 9/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 06/05/2025	<b>5</b> Payee name Ring	
<b>6</b> Amount (\$) \$10.81	<b>7</b> Payee address; City; State; Zip Code 12515 Cerise Ave  Hawthorne, CA 90250	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Security	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Home Security
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2025	Payee name State Bar of Texas	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1414 Colorado St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bar Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2025	Payee name Texans Care for Children	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1016 La Posada Dr #240  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/9 Rpt: 10/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 05/27/2025	<b>5</b> Payee name The Home Depot	
<b>6</b> Amount (\$) \$507.47	<b>7</b> Payee address; City; State; Zip Code 10515 N Mo Pac Expy  Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Security	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for the Security system
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name Titaya's Thai Cuisine	
Amount (\$) \$85.10	Payee address; City; State; Zip Code 5501 N Lamar Blvd Ste C-101  Austin, TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team building meal with staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name Travis County Women Lawyers Association Foundation	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 160334  Austin, TX 78716	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of award luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/9 Rpt: 11/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 01/13/2025	<b>5</b> Payee name Travis County Women Lawyers Association	
<b>6</b> Amount (\$) \$65.00	<b>7</b> Payee address; City; State; Zip Code PO Box 160334  Austin, TX 78716	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name Travis County Women Lawyers Association	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 160334  Austin, TX 78716	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2025	Payee name Travis County Women Lawyers	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 160334  Austin, TX 78716	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/9 Rpt: 12/14	<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 06/16/2025	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$210.00	<b>7</b> Payee address; City; State; Zip Code 475 L'Enfant Plz SW Rm 9431  Washington, DC 20260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Vinaigrette Restaurant	
Amount (\$) \$52.48	Payee address; City; State; Zip Code 2201 College Ave  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team building meal with staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2025	Payee name Volunteer Legal Services of Austin	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8801 Centre Park Dr Ste 120  Austin, TX 78754	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 13/14
<b>2</b> FILER NAME Guerra Gamble, Maya S. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00081787
<b>4</b> Date 01/09/2025	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$2.11
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	
	<b>7</b> Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/10/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$2.02
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/10/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.75
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/08/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.80
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/08/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.75
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	
	Purpose for which amount is received Interest on campaign checking account <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 14/14

2 FILER NAME

Guerra Gamble, Maya S. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00081787

4 Date  
06/09/2025

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

\$1.81

6 Address of person from whom amount is received; City; State; Zip Code

San Antonio, TX 78296

7 Purpose for which amount is received

Interest on campaign checking account

☐ Check if political contribution returned to filer

Date  
01/13/2025

Name of person from whom amount is received

Guerra Gamble, Maya (Judge)

Amount (\$)

\$219.75

Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78755

Purpose for which amount is received

Reimburse campaign account for expenditure made in error listed on previous report Schedule I

☐ Check if political contribution returned to filer