CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00083866		2 Total pages filed: 48	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	Mr.	James			Date Received	
					ELECTRONICALL	Y FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
	NICKNAIVIE	Montoya		SUFFIX	01/10/2021	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	'/SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date	e Postmarked
MAILING	3601 Colville Dr.				Receipt # A	mount
ADDRESS					7.	
Change of Address	El Paso, TX 79928				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME		Amanda				
	NICKNAME	LAST		SUFFIX		
		Enriquez				
6 CAMPAIGN	STREET ADDRESS (NO PC) BOX PLEASE);	AP	T / SUITE #; CITY	; STATE;	ZIP CODE
TREASURER ADDRESS	5008 Silver Ranch Rd.					
(Residence or Business)						
(,	El Paso, TX 79934					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(915) 526-5593	NE NOMBER E	EVIENSION			
PHONE	(915) 520-5595					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after campai	
					appointment (officeho	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C	C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	Month Day Year 07/01/2023	TH	IROUGH	Month Day 12/31/202		
	01101/2023	•••		12/31/202	_5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
20 222011011	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024			브		
			eneral	Special		
44 055105	OFFICE HELD (#			10 055105 001101	T (if I many :)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	ı (ıt known) ' (Multi-county) Distric	st 2.4th
				District Attorney	(Multi-county) Distric	3411
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 48

13 C / OH NAME	Montoya, James (Mr.)	14 Filer ID 00083866	(Ethics Commiss	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to difficeholders are required to report this information	he candidate's or office	eholder's knowle	dge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
—	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	212.15
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	45,634.35
EXPENDITURE TOTALS					
	4. TOTAL POLITIC	AL EXPENDITURES		\$	26,049.67
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$	72,626.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$	40,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mr.	James Montoya		
		Signature of	Candidate or Officehol	der	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	da	ay
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	er administering	Printed name of officer administering	Title of office	r administering o	eath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 48				
18 FILER NAME Montoya, Jar	8 FILER NAME 19 Filer ID Montoya, James (Mr.) 00083866							
20 SCHEDULE SI NAME OF SCH			SUBTOTAL AM	OUNT				
1. X S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4	10,032.15				
2. X S0	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,602.20				
3. S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X S0	CHEDULE E: LOANS		\$ 2	20,000.00				
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	6,818.64				
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	5,768.04				
9. X S0	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1	.3,462.99				
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$					
			•					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/48	
2	FILER NAME Montoya, Jai	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 11/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		El Paso, TX 79932				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/03/2023	Full name of contributor out-of-state PAC (ID#:_Adam Loving & Sara Priddy Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$200.00
	Delicalization	El Paso , TX 79930	Formula con (Constructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/29/2023	Full name of contributor out-of-state PAC (ID#: Adam Loving & Sara Priddy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		El Paso , TX 79930				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/19/2023	Full name of contributor out-of-state PAC (ID#:_Aguilar, Vanessa Contributor address; City; State; Zip Code El Paso, TX 79930			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 07/07/2023	Full name of contributor out-of-state PAC (ID#:_Anchondo , Nicole Contributor address; City; State; Zip Code El Paso , TX 79912)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 07/17/2023	 Full name of contributor	_	7	Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79936				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#: Arispe, Tanya Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Deinsinal	El Paso, TX 79911		$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/23/2023	Full name of contributor out-of-state PAC (ID#: Armendariz, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79928				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#: Avila, Joshua Contributor address; City; State; Zip Code El Paso, TX 79912			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/16/2023	Full name of contributor out-of-state PAC (ID#: Blackwell, Andrew Contributor address; City; State; Zip Code Saint Louis , MO 63116			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/48
2	FILER NAME Montoya, Ja	nes (Mr.)		3 Filer ID (Ethics Commission Filers) 00083866
4	Date 07/19/2023	 Full name of contributor out-of-state PAGE Bonneau, Maria Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$33.00
_		Horizon City, TX 79928		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 07/10/2023	Full name of contributor out-of-state PAG Buchanan, Juan Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$1,500.00
	Deinsinal	El Paso, TX 79922	Frankrije (Contraktivities	-)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Date 07/07/2023	Full name of contributor out-of-state PAG Bustamante, Ameli Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$200.00
	Deinsinal assu	El Paso, TX 79902	Franksian (Cookasticasticas	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 07/11/2023	Full name of contributor out-of-state PAG Butterworth, Denise Contributor address; City; State; Zip Code El Paso , TX 79902	C (ID#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 09/07/2023	Full name of contributor out-of-state PAG Butterworth, Denise Contributor address; City; State; Zip Code El Paso , TX 79902	C (ID#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	us)
			l	

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 07/16/2023	 Full name of contributor out-of-state PA Camacho, David Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	El Paso, TX 79935 pation / Job title (See Instructions)	9 Employer (See Instructions	=)		
0	Fillicipal occu	pation / Job title (See instructions)	e Employer (See instructions	>)		
	Date 07/11/2023	Full name of contributor out-of-state PA Carrillo, Carlos Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	El Paso, TX 79907 pation / Job title (See Instructions)	Employer (See Instructions	3)		
	T morpar occa	patient, con the (coe modulations)	Employer (eee meadoants	-,		
	Date 07/14/2023	Full name of contributor out-of-state PA Castaneda, Melanie Contributor address; City; State; Zip Code	.C (ID#:)		Amount of Contribution (\$)	\$150.00
		Austin, TX 79936				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/14/2023	Full name of contributor			Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 07/19/2023	Full name of contributor out-of-state PA Cisneros, Isabel Contributor address; City; State; Zip Code Helotes, TX 78023	C (ID#:)	•	Amount of Contribution (\$)	\$33.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
			I			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	ı Filers)
4	Date 07/19/2023	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	El Paso, TX 79924 pation / Job title (See Instructions)	9 Employer (See Instructions	(3)		
•	r inicipal occu	pation / 300 title (See Instructions)	2 Employer (See instructions	»)		
	Date 12/20/2023	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
		,	, ,, (,		
	Date 07/20/2023	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions	<u>'</u>		
	Timelpai occu	pation 7 300 title (See Instructions)	Employer (See instructions	۰)		
	Date 12/20/2023	Full name of contributor out-of-state PAC Dominguez, Andy Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 07/14/2023	Full name of contributor out-of-state PAC Duran, Claudia Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 11/15/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
		El Paso, TX 79936				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 11/25/2023	Full name of contributor out-of-state PAC (ID#:_ Enriquez, Amanda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	El Paso, TX 79934	Franksian (Cooksations			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Esparza, Elena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		El Paso, TX 79936				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/17/2023	Full name of contributor out-of-state PAC (ID#:_ Esper, Richard Contributor address; City; State; Zip Code El Paso, TX 79901			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:_Estrada, Linda Contributor address; City; State; Zip Code El Paso , TX 79932			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 11/15/2023	 Full name of contributor out-of-state PAC (ID#: Frias, Homero Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	El Paso, TX 79932 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: Garcia, Adrian Contributor address; City; State; Zip Code El Paso, TX 79903			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Godinez, Katherine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/13/2023	Full name of contributor out-of-state PAC (ID#:_Gutierrez, Isaac Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	El Paso, TX 79911 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#:_Gutierrez, Talisa Contributor address; City; State; Zip Code El Paso, TX 79915			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/48	
2	FILER NAME Montoya, Jai	nes (Mr.)		3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 11/15/2023	 Full name of contributor out-of-state PAC (ID# Gutierrez, Talisa Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$200.00
	Dringing oggu	El Paso, TX 79915	Employer (See Instructional			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID# Hackert, Marissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		El Paso , TX 79925				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID# Homiak, Kevin Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$150.00
		Denver, CO 80218				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID# Howanitz, Jordan Contributor address; City; State; Zip Code Muskogee, OK 74403			Amount of Contribution (\$)	\$350.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID# Jackson, Nicholas Contributor address; City; State; Zip Code Dallas, TX 75287			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/48	
2	FILER NAME Montoya, Jai	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 11/15/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	Deignigal	El Paso, TX 79925	O Familia van (Can Institutations			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#: Jopling, Jim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		El Paso, TX 79901				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Kiesgen-Miller, Michele Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79932				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#: Laura Enriquez & Associates, PLLC Contributor address; City; State; Zip Code El Paso, TX 79902)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_Law Office of Steve Ortega, PLLC Contributor address; City; State; Zip Code El Paso, TX 79901)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/48	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Montoya, Ja	mes (Mr.)			00083866	
4	Date 09/26/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
		El Paso, TX 79901				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2023	Lipson, Shane				\$250.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79922				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/06/2023	Liston, Nora Contributor address; City; State; Zip Code				\$100.00
		El Paso, TX 79936				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/02/2023	Full name of contributor out-of-state PAC (ID#: Lopez, Jose			Amount of Contribution (\$)	\$200.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79925				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/02/2023	Maldonado, Elizabeth				\$150.00
		Contributor address; City; State; Zip Code				
		Horizon City, TX 79928				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 11/15/2023	 Full name of contributor out-of-state PAC (ID#: Maldonado, Frances Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	B Employer (See Instructions)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Marquez, Daniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	El Paso , TX 79902 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	11/15/2023	Martinez, Victor & Sandra Contributor address; City; State; Zip Code				\$200.00
	Principal occu	El Paso , TX 79912 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_McGlothlin, Christina Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_Monsivais, Amy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	ITIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commissio 00083866	n Filers)
4	Date 07/19/2023	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	El Paso , TX 79936 pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
•	Filicipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Date 07/15/2023	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$65.00
	Principal occu	El Paso , TX 79927 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 11/28/2023	Full name of contributor out-of-state PAC Montoya , Irene Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	El Paso , TX 79927 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/22/2023	Full name of contributor out-of-state PAC Moton, Reginald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/15/2023	Full name of contributor out-of-state PAC Munoz , Karla Contributor address; City; State; Zip Code El Paso , TX 79925	[Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 07/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		El Paso , TX 79912				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_ Nunez, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$33.00
	Principal occu	Horizon City, TX 79928 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: Nunez, David Contributor address; City; State; Zip Code Horizon City, TX 79928			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/08/2023	Full name of contributor out-of-state PAC (ID#:_ Nungaray, Chaz Contributor address; City; State; Zip Code El Paso, TX 79922)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/11/2023	Full name of contributor out-of-state PAC (ID#:_ Ochoa, Joe & Jessica Contributor address; City; State; Zip Code El Paso, TX 79938			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	ı Filers)
4	Date 07/11/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	ΦΕΩΩ ΩΩ
	11/15/2023	Ordaz, Martha Contributor address; City; State; Zip Code				\$500.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	()		
				,		
	Date 07/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$200.00
		El Paso, TX 79936				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/11/2023	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso , TX 79936 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2023	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	El Paso , TX 79936 pation / Job title (See Instructions)	Employer (See Instructions	;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 11/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	El Paso, TX 79925 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
	- Tillopai occu	pation / Job title (See Instructions)	2 Employer (See Instructions	') 		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#: Pina, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	· ·					
	Date 07/16/2023	Full name of contributor out-of-state PAC (ID#:_Price, Clarissa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75214				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#: Rey, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	El Paso , TX 79901 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/15/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso , TX 79901 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
			l			

	MONET	ARY POLITICAL CONTRII	BUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/48	
2	FILER NAME Montoya, Ja	mes (Mr.)			3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 07/15/2023	 Full name of contributor uut-of-state out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
•	Dringing Loggy	Lafayette, LA 70508		O Employer (Coa Instructional	_		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	')		
	Date 11/28/2023	Contributor address; City; State; Zip Code	PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/01/2023	Full name of contributor out-of-state Saldivar, Felix Contributor address; City; State; Zip Code El Paso, TX 79936	PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/14/2023	Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$700.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/08/2023	Full name of contributor out-of-state Sanchez, Willie Contributor address; City; State; Zip Code El Paso, TX 79932	PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this for	m.	Total pages Schedule A1: Sch: 17/19 Rpt: 20/48
2	FILER NAME Montoya, Ja	mes (Mr.)		3 Filer ID (Ethics Commission Filers) 00083866
4	Date 07/25/2023	 Full name of contributor		7 Amount of Contribution (\$) \$33.00
8	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions)	
			Employer (See instructions)	
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#: Schilling, Stephanie Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	Principal occu	El Paso, TX 79915 pation / Job title (See Instructions)	Employer (See Instructions)	
	•			
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#: Skipworth Foster, Hillary Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$200.00
	Dringing! goog	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions)	
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#: Smasal, Lourdes Contributor address; City; State; Zip Code Horizon City, TX 79928		Amount of Contribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Solis , Eduardo Contributor address; City; State; Zip Code El Paso , TX 79901		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 11/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
		El Paso, TX 79930				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_ Tarango , Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		El Paso, TX 79930				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Theveny, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Ambler, PA 19002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Thomas D Carter IV PC Contributor address; City; State; Zip Code El Paso, TX 79912			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 07/02/2023	Full name of contributor out-of-state PAC (ID#:_ Uraga, Juan Contributor address; City; State; Zip Code El Paso , TX 79912)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/48	
2	FILER NAME Montoya, Ja	mes (Mr.)		3	Filer ID (Ethics Commission 00083866	n Filers)
4	Date 07/11/2023	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$250.00
8	Dringing occur	Dade City, FL 33523 pation / Job title (See Instructions)	9 Employer (See Instructions	,, 		
•	Principal occu	pation / Job title (See instructions)	9 Employer (See Instructions	·)		
	Date 11/11/2023	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		,		,		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID: Wolff, Sonya Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	El Paso , TX 79904 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Timelpai occu	pation / Job title (See Instructions)	Employer (See Instructions	,,		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID: Wolff, Sonya Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$33.00
	Principal occu	El Paso , TX 79904 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
				_		
	Date 07/18/2023	Full name of contributor out-of-state PAC (ID: Wyatt, Dereck Contributor address; City; State; Zip Code El Paso, TX 79901	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
			Sch: 1/2 Rpt: 23/48
2 FILER NAME			3 Filer ID (Ethics Commission Filers) 00083866
Montoya, Ja	unes (wir.)		00083800
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
11/15/2023	7 31-01-02-0		\$104.12 Food for event
	7 Contributor address; City; State; Zip Code		
	El Paso , TX 79912		Check if travel outside of Texas. Complete Schedule
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
'		,	,
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
11/05/2023	Bonneau, Maria		\$288.19 Supplies for parade and
	Contributor address; City; State; Zip Code		signs
			<u> </u>
	Horizon City, TX 79928		Check if travel outside of Texas. Complete Schedule
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	(FOR NIPIONAL)		(f) (FOD HIDIOH)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ii contributor i	is a clinia, law min of parent(s) (if any) (if on coblemit)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/16/2023	Bonneau, Maria		contribution (\$) description
	Contributor address; City; State; Zip Code		\$271.81 Office supplies and card
	H O'. TV 70000		_
Daine in all a con	Horizon City, TX 79928	Franks var (FOR NON	Check if travel outside of Texas. Complete Schedule
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 24/48 FILER NAME 3 Filer ID (Ethics Commission Filers) Montoya, James (Mr.) 00083866 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/15/2023 Butterworth, Denise \$200.00 Food/beverage for event 7 Contributor address; City; State; Zip Code El Paso, TX 79902 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/31/2023 Enriquez, Amanda \$4,738.08 | Social media advertising Contributor address; City; State; Zip Code El Paso, TX 79934 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

			SCHEDULE E
on Guide explains how to complete this fo	orm.		ges Schedule E: 1 Rpt: 25/48
es (Mr.)			(Ethics Commission Filers)
NITEMIZED LOANS			\$
7 Name of lender out-of-state PAC Montoya, James	C (ID#:)	9 Loan Amount (\$) \$20,000.00
8 Lender address; City; State;	Zip Code		10 Interest Rate
Horizon City , TX 79928			11 Maturity Date
tion / Job title (See Instructions)	13 Employer (See Instructions))	
ollateral		re deposited	d into political account (See Instructions)
17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State;	Zip Code		
tion	21 Employer (See Instructions))	
	PS (Mr.) NITEMIZED LOANS 7 Name of lender	on Guide explains how to complete this form. PS (Mr.) NITEMIZED LOANS 7 Name of lender	sch: 1/ sc (Mr.) NITEMIZED LOANS 7 Name of lender out-of-state PAC (ID#:

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 Solicitation/Fundraising Expense Transportation Equipment & Related 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/9 Rpt: 26/48 00083866 Montoya, James (Mr.) 4 Date Payee name 12/04/2023 **Display Services** 6 Amount (\$) Payee address; City; State; Zip Code \$2,543.87 821 N Raynor El Paso, TX 79903 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2023 **GECU** Amount (\$) Payee address; City; State; Zip Code \$15.00 P.O. Box 20998 El Paso, TX 79998 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/17/2023 Martinez, Azul Amount (\$) Payee address: City: State; Zip Code \$546.00 12009 Stansbury El Paso, TX 79928 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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/Magney/Contract Labor

	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: 2/9 Rpt: 27/48	Montoya, James (Mr.) 00083866
4	Date	5 Payee name
	12/01/2023	Martinez, Azul
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	12009 Stansbury
		El Paso, TX 79928
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvassing
		Similaria
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/15/2023	Martinez, Azul
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	12009 Stansbury
		El Paso, TX 79928
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Canvassing
		Similaria
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/31/2023	Martinez, Azul
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	12009 Stansbury
		El Paso, TX 79928
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Canvassing
		Carryassing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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: 3/9 Rpt: 28/48	Montoya, James (Mr.) 00083866
4	Date	5 Payee name
	11/17/2023	Martinez, Maria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$532.50	13320 Fresnillo
		San Elizario, TX 79849
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Canvassing
		Carivassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	12/01/2023	Martinez, Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$605.00	13320 Fresnillo
		San Elizario, TX 79849
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Check if Austin, TX, officeholder living expense Canvassing
		Canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 12/16/2023	Payee name Martinez, Maria
		Martinez, Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,050.00	13320 Fresnillo
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Canvassing
		Calivassing
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

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 Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 29/48	Montoya, James (Mr.)	00083866
4	Date	5 Payee name	•
	12/30/2023	Martinez, Maria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$502.00	13320 Fresnillo	
		San Elizario, TX 79849	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
		Canvassing	ı, TX, officeholder living expense
		Garvassing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/08/2023	PayPal, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.50	2601 North Lamar	
		Austin , TX 78705	
	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		n, TX, officeholder living expense
		Donation pro	cessing ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	5.11.55 11.6.15
-	Date	Payee name	
	07/11/2023	PayPal, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.46	2601 North Lamar	
		Austin , TX 78705	
	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.
	LAPENDITORE		n, TX, officeholder living expense
		Donation pro	cessing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	onations Made By ficeholder/Politica nent		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Salaries	/Wages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	d above)
1 Total pages S	chedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Comn	nission Filers)
Sch: 5/9 Rp		Montoya, J						00083866	(=11100 001111	
4 Date		5 Payee name								
07/12/2023		PayPal, Inc								
6 Amount (\$)		7 Payee addre	ss; City;	State; Zip C	ode					
	\$89.70	2601 North	Lamar							
		Austin , TX	78705							
8 PURPOSE	E	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITU	RE	Fees							plete Schedule T.	
						\Box		officeholder living	g expense	
						Donation pro	ces	ising lee		
9 Complete ONI expenditure to			iceholder name	Office so	ught			Office he	eld	
CAPCHUILLIE LO	benefit C/O	1								
Date		Payee name								
07/15/2023		PayPal, Inc								
Amount (\$)		Payee addre	ss; City;	State; Zip C	ode					
	\$2.99	2601 North	Lamar							
		Austin , TX	78705							
PURPOSE	Ē	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITU	RE	Fees							plete Schedule T.	
						Donation prod		officeholder living	g expense	
						Donation pro	CCS	ising iee		
Complete CNII	V if direct	Candidata/Off	icoholdor nama	Office	liabt			Office h	ald.	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
Date		Payee name								
07/16/2023		PayPal, Inc	·							
Amount (\$)		Payee addre		State; Zip C	ode					
	\$14.95	2601 North	Lamar							
		Austin , TX	78705							
PURPOSE	.	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITU	RE	Fees							plete Schedule T.	
								officeholder living	g expense	
						Donation pro	CCS	ising ite		
Complete Chil	V if direct	Condidate/Off	iooboldor roma	O#:22	110004			Office	ald	
Complete <u>ONI</u> expenditure to			iceholder name	Office so	ugnt			Office he	eiu	
<i>[</i>										

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

	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: 6/9 Rpt: 31/48	Montoya, James (Mr.) 00083866
4	Date	5 Payee name
	07/19/2023	PayPal, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.32	2601 North Lamar
		Austin , TX 78705
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
		Donation processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientere to benefit 6/01	
	Date	Payee name
	07/20/2023	PayPal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.49	2601 North Lamar
		Austin , TX 78705
	DUDDOCE	(a) a
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davido namo
	08/01/2023	Payee name PayPal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.99	2601 North Lamar
		Austin , TX 78705
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Donation processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	CAPETIGITUTE TO DETICITE C/OI	
ı		

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:		_
	Sch: 7/9 Rpt: 32/48	Montoya, James (Mr.) 00083866	
4	Date	5 Payee name	_
	09/23/2023	PayPal, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$29.90	2601 North Lamar	
		Austin , TX 78705	
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 Donation processing fee	
		Donation processing ree	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
⊨	Date	Power name	_
	11/15/2023	Payee name PayPal, Inc.	
┝			_
	Amount (\$) \$8.72	Payee address; City; State; Zip Code 2601 North Lamar	
	Φ0.12	2001 Nottii Lamai	
		Aughin TV 7070F	
		Austin , TX 78705	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Donation processing fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/16/2023	PayPal, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.66	2601 North Lamar	
		Austin , TX 78705	
	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	
l		Donation processing fee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			_

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 8/9 Rpt: 33/48	Montoya, James (Mr.) 00083866
4	Date	5 Payee name
	11/19/2023	PayPal, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.99	2601 North Lamar
		Austin , TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation processing fee
		Defination producering for
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/22/2023	PayPal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.48	2601 North Lamar
		Austin , TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation processing fee
		Donation processing too
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
F	Date	Payee name
	11/29/2023	PayPal, Inc.
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$5.98	2601 North Lamar
	Ψ0.50	2001 North Edina
		Austin , TX 78705
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/9 Rpt: 34/48	Montoya, James (Mr.)		00083866
4	Date	5 Payee name		·
	12/06/2023	PayPal, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$2.24	2601 North Lamar		
		Austin , TX 78705		
8	DUDDOCE	<u> </u>	(h)	
o	PURPOSE OF	` ' ' '	(n)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
l				Donation processing fee
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	4		
H	Date	Payee name		
l	12/20/2023	PayPal, Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	do	
	\$29.90	2601 North Lamar	ue	
	Φ29.90	2001 NOITH LAINAI		
		: =\/ ====		
		Austin , TX 78705		
	PURPOSE OF	,	(b)	Description
l	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Donation processing fee
l				•
┢	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	-1	-	
Н				
l				

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/8 Rpt: 35/48 Montoya, James (Mr.) 00083866 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/31/2023 48Hour Print Amount (\$) Payee address; State; Zip Code City; \$2,527.12 800 Haskell Ave. Van Nuys, CA 91406 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Flyers** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/15/2023 501 Bistro Amount (\$) Payee address; City; State; Zip Code \$521.98 501 Texas Ave. Ste. 16 El Paso, TX 79901 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/8 Rpt: 36/48 Montoya, James (Mr.) 00083866 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/26/2023 Adobe Amount (\$) Payee address; City; State; Zip Code \$59.53 345 Park Ave. San Jose, CA 95110 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/26/2023 Adobe Amount (\$) Payee address; City; State; Zip Code \$59.53 345 Park Ave. San Jose, CA 95110 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/8 Rpt: 37/48 Montoya, James (Mr.) 00083866 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/28/2023 Adobe Amount (\$) Payee address; City; State; Zip Code \$32.46 345 Park Ave. San Jose, CA 95110 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/28/2023 Adobe Amount (\$) Payee address; City; State; Zip Code \$32.46 345 Park Ave. San Jose, CA 95110 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/8 Rpt: 38/48 Montoya, James (Mr.) 00083866 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/26/2023 Adobe Amount (\$) Payee address; City; State; Zip Code \$59.53 345 Park Ave. San Jose, CA 95110 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/26/2023 Adobe Amount (\$) Payee address; City; State; Zip Code \$59.53 345 Park Ave. San Jose, CA 95110 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/8 Rpt: 39/48 Montoya, James (Mr.) 00083866 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/28/2023 Adobe Amount (\$) Payee address; City; State; Zip Code 345 Park Ave. \$32.46 San Jose, CA 95110 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/06/2023 Airport Printing Service Amount (\$) Payee address; City; State; Zip Code \$540.17 7 Leigh Fisher Blvd. El Paso, TX 79906 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Flyers** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/8 Rpt: 40/48 Montoya, James (Mr.) 00083866 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/07/2023 BannerBuzz Amount (\$) Payee address; State; Zip Code City; \$80.83 415 Horizon Dr. Ste. 350 Suwanee, GA 30024 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Banners** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/22/2023 El Paso County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$75.00 1401 E. Montana Ste. E El Paso, TX 79902 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Office Grand Re-Opening Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/8 Rpt: 41/48 Montoya, James (Mr.) 00083866 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/18/2023 NGP VAN, Inc. Amount (\$) Payee address; City; State; Zip Code \$896.97 655 15th St. NW., Ste. 650 Washington, DC 20005 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Polling Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Robocall 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/19/2023 NGP VAN, Inc. Payee address: Amount (\$) City; State; Zip Code \$480.47 655 15th St. NW., Ste. 650 Washington, DC 20005 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Polling Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Robocall Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/8 Rpt: 42/48 Montoya, James (Mr.) 00083866 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/30/2023 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$210.00 219 E. Mills El Paso, TX 79901 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense P.O. Box rental 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2023 Westside Democrats of El Paso Amount (\$) Payee address; City; State; Zip Code \$100.00 405 Valplano Dr. El Paso, TX 79912 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Holiday Meet & Greet and Endorsement Forum Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE **G**

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 Expen tee Legal Services The Instruction Guide e	Office Ov Polling E se Printing I Salaries/	Expense Wages/Contract Labor		Transporta Travel in Di Travel Out			
1	Total pages Schedule G:	2 [1]	ER NAME	-	•	3	Filer ID	(Ethics Commission Filers)		
-	Sch: 1/6 Rpt: 43/48		ntoya, James (Mr.)			l	000838	` ,		
4	Date	5 Pay	ree name							
	07/28/2023	Cit								
6	Amount (\$)	7 Pay	ree address; City;	State; Zip C	ode					
	\$521.98	P.0). Box 78045							
	Reimbursement from political contributions intended	Ph	penix, AZ 85062							
8	PURPOSE	(a) Cat	egory (See Categories listed at the top	of this schedule)	(b) Description	Che	eck if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Cre	edit Card Payment			Check if Austin, TX, officeholder living expense				
	EXPENDITURE		•		Credit card paym	ent	for 501	Bistro expenditure		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought			Office held		
	Date	Pav	ree name							
	08/26/2023	Dis	cover							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,377.44	'). Box 41242	Ottato, E.p o						
		'.`	7. BOX 41242							
	Reimbursement from political contributions intended	Ch	arlotte, NC 28272							
	PURPOSE	Cat	egory (See Categories listed at the top	of this schedule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Cre		Check if Austin, TX, officeholder living expense						
	EXI ENDITORE				Credit card paym	ent	for NGF	P Van expenditures		
	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought			Office held		
	Date	Pay	vee name							
	10/06/2023	1 1	cover							
\vdash				State: 7in C	ode					
Amount (\$) Payee address; City; State; Zip Code \$344.53 P.O. Box 41242										
		[.). DUA 41242							
	Reimbursement from political contributions intended	Ch	arlotte, NC 28272							
	PURPOSE	Cat	egory (See Categories listed at the top	of this schedule)	Description	_		outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Cre	edit Card Payment			_		n, TX, officeholder living expense		
					Credit card paym Party, and Adobe			PS, El Paso Democratic res		
	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought	_		Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment			Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Printing Salaries	Expense Expense s/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 2/6 Rpt: 44/48	Monto	ya, James (Mr.)			00083866	
4	Date	5 Payee	name				
	10/20/2023	Discov	ver er				
6	Amount (\$)	7 Payee	address; City; S	State; Zip (Code		
	\$540.17	1	ox 41242				
	Reimbursement from political contributions intended	Charlo	tte, NC 28272		_		
8	PURPOSE	(a) Catego	ry (See Categories listed at the top of the	nis 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 paym	nent for Airport Printing expenditures	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/0	Officeholder name		Office sought	Office held	
	Date	Payee	name				
	11/02/2023	Discov	ver				
	Amount (\$)	Payee	address; City;	State; Zip (Code		
	\$1,182.45	P.O. Box 41242					
	Reimbursement from						
	political contributions intended	Charlo	tte, NC 28272				
	PURPOSE	Catego	ry (See Categories listed at the top of the	nis schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	l	Card Payment			Check if Austin, TX, officeholder living expense	
	LAFENDITORE				Credit card paym expenditures	nent for Adobe and 48Hour Print	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/	Officeholder name		Office sought	Office held	
	Date	Payee					
	11/17/2023	Discov					
	Amount (\$)	1		State; Zip (Code		
	\$1,398.43	P.O. B	ox 41242				
	Reimbursement from political contributions intended	Charlo	tte, NC 28272				
	PURPOSE	Catego	ry (See Categories listed at the top of the	nis schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Credit	Card Payment			Check if Austin, TX, officeholder living expense	
					Credit card paymexpenditures	nent for 48Hour Print and BannerBuzz	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/0	Officeholder name		Office sought	Office held	

SCHEDULE G

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/Political Credit Card Payment			Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 45/48	Montoya, James (Mr.)	00083866
4	Date	Payee name	
	11/30/2023	Discover	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$191.99	P.O. Box 41242	
	Reimbursement from political contributions intended	Charlotte, NC 28272	
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
	LAFENDITORE		dit card payment for Adobe and Westside Democrat nt expenditures
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name C	Office sought Office held
	Date	Payee name	
	09/11/2023	Display Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$649.50	821 N Raynor	
	Reimbursement from political contributions intended	El Paso, TX 79903	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Sign	IS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	08/16/2023	El Paso Central Labor Union	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$310.00	P.O. Box 971365	
	Reimbursement from political contributions intended	El Paso, TX 79997	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Tab	le/ad for Labor Day Breakfast
	Complete ONLY 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
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	ıl Coı	mmittee Legal Services Salaries The Instruction Guide explains how to o	/Wages/Contract Labor complete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 46/48		Montoya, James (Mr.)			00083866
4	Date	5	Payee name			
	09/13/2023		Lawrence, Wesley			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$100.00		10900 Stonebridge			
	Reimbursement from					
	political contributions intended		El Paso, TX 79934			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense	L		heck if Austin, TX, officeholder living expense
				Campaign buttor	าร	
9		Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
H	Data	ı —	Para a const			
	Date		Payee name			
	08/01/2023		Loya, Larry			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$2,000.00		12479 Glorietta			
	Reimbursement from political contributions					
	intended		San Elizario, TX 79849			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Salaries/Wages/Contract Labor	L	_	neck if Austin, TX, officeholder living expense
				Signs and canva	ssir	ng
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					
H	Date		Payee name			
	11/05/2023		Martinez, Azul			
		_	·	'odo		
	Amount (\$) \$390.00		Payee address; City; State; Zip C 12009 Stansbury	oue		
			12009 Starisbury			
	Reimbursement from political contributions		FI B TV 70000			
	intended		El Paso, TX 79928	-		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor	L		heck if Austin, TX, officeholder living expense
				Canvassing		
	Complete ONLY if direct	<u> </u>	ndidata/Office holder name	Office severity		Office held
	Complete ONLY if direct expenditure to benefit	car	ndidate/Officeholder name	Office sought		Office held
	C/OH					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAM	 E			3 Filer ID (Ethics Commission Filers)		
-						00083866		
	Sch: 5/6 Rpt: 47/48	Montoya, J	ames (Mr.)			00063800		
4	Date	5 Payee name	;					
	11/04/2023	Martinez, N	/laria					
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip C	ode			
	\$667.50	13320 Fres	snillo					
	Reimbursement from							
	political contributions	Con Elizari	• TV 70040					
	intended	San Elizan	o, TX 79849					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			Check if Austin, TX, officeholder living expense		
					Canvassing			
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held		
	expenditure to benefit							
	C/OH							
	Date	Payee name	1					
	12/11/2023	Serna, Art						
	Amount (\$)	·	occ: City: St	ato: Zin C	odo			
	` '	Payee address; City; State; Zip Code 14314 Maple Leaves Ct.						
	\$379.00	14314 Map	ne Leaves Ct.					
	Reimbursement from political contributions							
	intended	El Paso, T	X 79938					
	PURPOSE	Category (s	See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	Advertising	Expense		Ī	Check if Austin, TX, officeholder living expense		
	EXPENDITURE	 	,		Campaign shirts	6		
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought	Office held		
	expenditure to benefit	Carraracto, Cirio	moraer name		Omoc cougne	Cinide Held		
	C/OH							
	Date	Payee name	.					
	08/01/2023	Silva, Robe						
				. 7: 0				
	Amount (\$)	Payee addre		ate; Zip C	ode			
	\$2,000.00	1350 5th S	t NE					
	Reimbursement from political contributions							
	intended	San Elizari	o, TX 79838					
	PURPOSE	Category (s	See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF	1	ages/Contract Labor	,	· i	Check if Austin, TX, officeholder living expense		
	EXPENDITURE	Gaiarios, V	agoo, commatte Labor		Signs and canva	— assina		
					3	3		
	Complete ONLY if direct	Candidate/Office	sholder name		Office sought	Office held		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	enoluer name		Office sought	Office held		
	C/OH							

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 48/48 Montoya, James (Mr.) 00083866 Date Payee name 08/01/2023 Tejano Democrats of El Paso Amount (\$) Payee address; City; State; Zip Code 140 S. Kenazo \$160.00 Reimbursement from political contributions intended Horizon City, TX 79928 **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 **Event Expense EXPENDITURE** Table at Tardeada Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/05/2023 **Texas Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$1,250.00 314 E. Highland Mall Reimbursement from political contributions Austin, TX 78752 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 Fees **EXPENDITURE** Filing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH