

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|---|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00083866 | 2 Total pages filed: 12 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST James | MI MI | OFFICE USE ONLY |
| | NICKNAME | LAST Montoya | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3601 Colville Dr. El Paso, TX 79928 | | | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Amanda | MI MI | |
| | NICKNAME | LAST Enriquez | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5008 Silver Ranch Rd. El Paso, TX 79934 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (915) | 526-5593 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input 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) | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2024 | THROUGH | Month Day Year 01/25/2024 | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE | |
| | | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 34 El_paso, Culberson, and Hudspeth | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|--|---|
| 13 C / OH NAME Montoya, James (Mr.) | 14 Filer ID (Ethics Commission Filers) 00083866 |
|--|---|

| | | |
|---|--|---|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <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. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |

| | | |
|--------------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6,455.13 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 28,711.52 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 49,326.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 40,000.00 |

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.

 Mr. James Montoya
 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 Printed name of officer administering Title of officer administering oath

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

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| | | |
|--|---|---|
| 18 FILER NAME Montoya, James (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00083866 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5,725.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 730.13 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 28,555.24 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 78.14 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 78.14 |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/12 |
| 2 FILER NAME Montoya, James (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00083866 |
| 4 Date 01/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayala, Katrina <hr/> 6 Contributor address; City; State; Zip Code El Paso , TX 79903 | 7 Amount of Contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Stefanie <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borschow , Patricia <hr/> Contributor address; City; State; Zip Code El Paso , TX 79912 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Claudia <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Elena <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/12 |
| 2 FILER NAME Montoya, James (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00083866 |
| 4 Date 01/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Esther <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79936 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houghton, Ted <hr/> Contributor address; City; State; Zip Code El Paso, TX 79901 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava , Alyssa <hr/> Contributor address; City; State; Zip Code El Paso , TX 79912 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, David <hr/> Contributor address; City; State; Zip Code Horizon City, TX 79928 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ordaz, Claudia <hr/> Contributor address; City; State; Zip Code El Paso, TX 71738 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/12 |
| 2 FILER NAME Montoya, James (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00083866 |
| 4 Date 01/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Daniel | 7 Amount of Contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code El Paso, TX 79936 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pages , Myrna | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code El Paso , TX 79924 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis , Eduardo | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code El Paso , TX 79901 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/12 | |
| 2 FILER NAME Montoya, James (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00083866 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/25/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Amanda | 8 Amount of contribution (\$) \$730.13 | 9 In-kind contribution description Social media advertising |
| | 7 Contributor address; City; State; Zip Code El Paso, TX 79934 | <input type="checkbox"/> 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) (See instructions) | |
| 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) | | | |

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.

| | | | | | | |
|----------|--|--|--|---------------|---|--|
| 1 | Total pages Schedule F1: Sch: 1/3 Rpt: 8/12 | 2 | FILER NAME Montoya, James (Mr.) | 3 | Filer ID (Ethics Commission Filers) 00083866 | |
| 4 | Date 01/19/2024 | 5 | Payee name Airport Printing Service | | | |
| 6 | Amount (\$) \$25,000.00 | 7 | Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. El Paso , TX 79906 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing/mailing | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 01/06/2024 | | Payee name Carrillo, Alicia | | | |
| | Amount (\$) \$500.00 | | Payee address; City; State; Zip Code 9727 Alameda Ave. Apt. A90 Socorro, TX 79927 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 01/19/2024 | | Payee name GECU | | | |
| | Amount (\$) \$5.00 | | Payee address; City; State; Zip Code P.O. Box 20998 El Paso, TX 79998 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee | | | |
| | | 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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/12 | 2 FILER NAME Montoya, James (Mr.) | 3 Filer ID (Ethics Commission Filers) 00083866 |
| 4 Date 01/06/2024 | 5 Payee name Loya, Larry | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 12479 Glorietta San Elizario, TX 79849 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2024 | Payee name Martinez, Maria | |
| Amount (\$) \$548.00 | Payee address; City; State; Zip Code 13320 Fresno San Elizario, TX 79849 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2024 | Payee name PayPal, Inc. | |
| Amount (\$) \$2.24 | Payee address; City; State; Zip Code 2601 North Lamar Austin , TX 78705 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees |
| 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.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 10/12 | 2 FILER NAME Montoya, James (Mr.) | 3 Filer ID (Ethics Commission Filers) 00083866 |
| 4 Date 01/06/2024 | 5 Payee name Portillo, Ashley | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 13140 Delia Selene San Elizario, TX 79849 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2024 | Payee name Portillo, Suky | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 13140 Delia Selene San Elizario, TX 79849 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2024 | Payee name Silva, Roberto | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 1350 5th St NE San Elizario, TX 79838 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|----------------------------------|---|--|
| 1 Total pages Schedule F4: Sch: 1/1 Rpt: 11/12 | | 2 FILER NAME Montoya, James (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00083866 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution Discover | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT | | (a) Amount Charged \$19.91 | (b) Date of Charge 01/11/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name Walmart Supercenter | | (b) Payee address; City, State, Zip Code 13900 Horizon Blvd. El Paso , TX 79928 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Cookies for event | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT | | (a) Amount Charged \$38.82 | (b) Date of Charge 01/19/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Walmart Supercenter | | (b) Payee address; City, State, Zip Code 5631 Dyer St. El Paso , TX 79904 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Cookies for event | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT | | (a) Amount Charged \$19.41 | (b) Date of Charge 01/17/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Walmart Supercenter | | (b) Payee address; City, State, Zip Code 7191 Gateway Blvd. West El Paso , TX 79925 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Cookies for event | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 12/12 | 2 FILER NAME Montoya, James (Mr.) | 3 Filer ID (Ethics Commission Filers) 00083866 |
| 4 Date 01/25/2024 | 5 Payee name Discover | |
| 6 Amount (\$) \$78.14 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O. Box 41242 Charlotte, NC 28272 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for food/beverage expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |