CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Signature	of officer administering oath	Printed name of officer administach Any Part Of The Cam	-	Title of officer admin	nistering oath
of	, 20, to cer	tify which, witness my hand and se	al of office.		
		id		is the	day
AFFIX NOT	ARY STAMP / SEAL ABOVE		2.9		
			Signature of Candid	s Montoya late or Officeholder	
			Mr. Jomes	Montova	
			inirm, that any error of hade in good faith.	r omission in the report	as originally
		report not that the rep	ater than the 14th bus port as originally filed i	rm, that I am filing this siness day after the dat is inaccurate or incomp	e I learned llete. I
		was made misreprese	in good faith and with ant the information con	out an intent to mislead ntained in the report.	d or to
		_		, or affirm that the origi	nal report
		and correct.	ext to any and all appl	licable statements.	
7 AFFIDAVIT			, under penalty of per	jury, that this corrected	I report is true
any late-filing				inde not interneoridi, re	
Upon review (of the filed report, I realized I negle	ected to include a single monetary c e I timely filed the original 8-day rep			
	01/26/2024	THROUGH 02/2	4/2024		
5 ORIGINAL PE COVERED	,	TUDOUOU	Day Year	Date Imaged	
	X 8th day before election	appointment (officeholder only) Final Report (Attach C/OH-FR)		Date Processed	
REPORT TYP	E July 15	Exceeded modified reporting limit		Receipt #	Amount
4 ORIGINAL	January 15	Montoya	Other (specify)	Date Hand-delivered or	Date Postmarked
NAME	NICKNAME	LAST	SUFFIX		
3 CANDIDATE OFFICEHOLI		FIRST James	MI	ELECTRONICA 02/27/2024	ALLY FILED
00083866		14		Date Received	
1 Filer ID	(Ethics Commission Filers)	2 Total pages filed:		OFFICE L	JSE ONLY

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 Commis 00083866	sion Filers)	2 Total pages	filed: 14
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr.	James				
NAME					Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/27/2024	
		Montoya				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Ύ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	3601 Colville Dr.					
MAILING ADDRESS					Receipt #	Amount
Change of Address	El Paso, TX 79928				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Amanda				
	NICKNAME	LAST		SUFFIX		
		Enriquez				
		-				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE):	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	5008 Silver Ranch Rd.	, , , , , , , , , , , , , , , , , , , ,	,	,,	0.	,
ADDRESS						
(Residence or Business)						
	El Paso, TX 79934					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(915) 526-5593					
PHONE	(913) 320-3393					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after c	ampaign treasurer
					appointment (of	ficeholder only)
	July 15	X 8th day before		Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	Tł	HROUGH	02/24/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X F	Primary	Runoff	Other	
	03/05/2024		Seneral	Special		
					(if lup quurp)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		District 34 El_paso,
				Culberson, and F		JStillet 54 ∟1_paso,
					1	
		GO 1	TO PAGE 2			
Forms provided by Ta	exas Ethics Commission	1474741 01	hics.state.tx.us		Vor	sion V3.5.1.9000c471
i onno provided by Te		vvvvv.et		,	ver	JULI V J.J.T. JUUUC4/1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 3 of 14

13 C / OH NAME	14 Filer ID (I 00083866 (I	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this informatic	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 100.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS					
	4. TOTAL POLITIC		\$ 2,810.72		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 17,757.07		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 40,000.00	
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.			
		Mr	. James Montoya		
		Signature o	f Candidate or Officehold	der	
AFFIX NOT	TARY STAMP / SEAL ABO	DVE			
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath	
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f	

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 4 of 14	
18 FILER NAME Montoya, James (Mr.)	19 Filer ID 00083866	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,400.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,561.33
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2,810.72
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 5/14 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Montoya, James (Mr.) 00083866 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/09/2024 Chelly, Frank \$150.00 6 Contributor address; City; State; Zip Code El Paso, TX 79901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/01/2024 Enriquez, Andres (Dr.) \$850.00 Contributor address; City; State; Zip Code El Paso , TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/21/2024 Feuille, Robert \$150.00 Contributor address; City; State; Zip Code El Paso, TX 79951 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/11/2024 \$100.00 Hey, Anna Contributor address; City; State; Zip Code El Paso, TX 79924 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/02/2024 \$100.00 Macias, Jill Contributor address; City; State; Zip Code El Paso, TX 79925 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 6/14 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Montoya, James (Mr.) 00083866 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/07/2024 Neesen, Dennis & Donna \$500.00 6 Contributor address; City; State; Zip Code El Paso, TX 79932 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/13/2024 Nunez, David \$75.00 Contributor address; City; State; Zip Code Horizon City, TX 79928 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/09/2024 \$25.00 Parsons, Rex Contributor address; City; State; Zip Code El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/14/2024 Prieto, Octavio \$2,500.00 Contributor address; City; State; Zip Code El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/15/2024 \$250.00 Torres, Lisa Contributor address; City; State; Zip Code El Paso, TX 79911 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 7/14 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Montoya, James (Mr.) 00083866 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/31/2024 Velamex Enterprises, LLC \$1,000.00 6 Contributor address; City; State; Zip Code El Paso, TX 79903 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/31/2024 \$1,000.00 Veliz Real Estate Co., LLC Contributor address; City; State; Zip Code El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/31/2024 Wolf-Porras , Normina \$100.00 Contributor address; City; State; Zip Code El Paso , TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/22/2024 \$500.00 Wyatt Underwood 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

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/14		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Montoya, Ja	ames (Mr.)		00083866	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description	
02/24/2024			\$1,461.33 Social media advertising	
	7 Contributor address; City; State; Zip Code			
	El Paso, TX 79934		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occi	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 contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution	
02/04/2024)	contribution (\$) description	
02/04/2024	Wolff, Erick		\$50.00 Food/beverage for	
	Contributor address; City; State; Zip Code		volunteers	
	El Paso , TX 79904			
Dringing ogg	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)	
Philiparoco		Employer (FOR NON		
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	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	
02/18/2024	Wolff, Erick		contribution (\$) description	
	Contributor address: City; State: Zip Code		\$50.00 Food/beverage for	
			volunteers	
			1	
	El Paso , TX 79904		Check if travel outside of Texas. Complete Schedule T.	
Principal occ	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)	
	/			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense			Polling Expense	Iffice Overhead/Rental Expense Transportation Equipment & Related Expense olling Expense Travel in District rinting Expense Travel Out of District				
		The Inst	ruction Guide explains h	ow to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 1/6 Rpt: 9/14	Montoya, James (M	1r.)		00083866				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	5				
	ISSUER	Disc	Discover		EXPENDITURES \$ CHARGED TO A CREDIT CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid				
		\$59.53	01/26/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				345 Park Ave.					
		Adobe							
				San Jose, CA 95110					
8	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Advertising Expense	of this schedule)	Design subscription	esign subscription				
	X Political	5 5 5 5 F							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	oense			
	9 Complete ONLY if direct Candidate/Officeholder name Offi			ffice sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid				
		\$32.46	01/28/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		Adobe		345 Park Ave.					
		Adobe							
				San Jose, CA 95110					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	_	Advertising Expense	· · · · · · · · · · · · · · · · · · ·	Design subscription					
	X Political								
	Non-Political		of Texas. Complete Schedule		X, officeholder living exp	oense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Oi	ffice sought	Office held				
-		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Ior Daid				
	FATMENT			(c) Date(s) Cleuit Calu Isst					
		\$2,438.09	02/13/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(a) Fayee hame		800 Haskell Ave.	City,	State,			
		48Hour Print							
				Van Nuys, CA 91406					
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Flyers					
	X Political	Printing Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	pense			
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held				
e	xpenditure to benefit C/OH								
-		•							

	EXPENDITURE	ES MADE BY (CREDIT CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award d Committee Legal Serv	erage Expense Pol s/Memorials Expense Prin	an Repayment/Reimbursement So ice Overhead/Rental Expense Tr ling Expense Tr nting Expense Tr aries/Wages/Contract Labor O	plicitation/Fundraising Expense 'ansportation Equipment & Related Expense avel in District 'avel Out of District THER (enter a category not listed above)
1	 Total pages Schedule F4: Sch: 2/6 Rpt: 10/14 CREDIT CARD ISSUER 	Montoya, James (M Name of fina	Ir.) ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	3 Filer ID (Ethics Commission Filers 00083866 \$
6	PAYMENT	(a) Amount Charged \$27.90	(b) Date of Charge 02/17/2024	(c) Date(s) Credit Card Issue	r Paid
7	PAYEE	(a) Payee name Office Depot		(b) Payee address; 1111 Geronimo Dr. El Paso , TX 79925	City, State, Zip Co
8	EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Office supplies	
	Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	officeholder living expense Office held
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
	PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Co
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held
	ΡΑΥΜΕΝΤ	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid

6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$27.90	02/17/2024				
		¢21100	02/11/2021				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	.,==	(d) Fayee hame			City,	State,	
		Office Depot		1111 Geronimo Dr.			
				El Paso , TX 79925			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office supplies			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	exnense	
٩	Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held	,,,ponoo	
expenditure to benefit C/OH		inamo onic	o oought	enice heid			
0/	•		(h) Data of Charge	(a) Data(a) Creadit Card Ia	aver Daid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Palu		
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)				
	Political						
	Non-Political		of Texas. Complete Schedule T.				
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
e>	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(u) r uyee hame		(b) i ayee address,	Oity,	Olulo,	
	PURPOSE OF	(a) Category	of this schodule)	(b) Description			
		(See Categories listed at the top					
	Political						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
	Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
P)	xpenditure to benefit C/OH						
0/							

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	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expen Candidate/Officeholder/Political Committee Legal Services		rage Expense s/Memorials Expense	Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La	ense Tra Tra Tra	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)			
		ruction Guide explains he	ow to complete this for	m.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 3/6 Rpt: 11/14	Montoya, James (N	1r.)			00083866			
4 CREDIT CARD ISSUER		ncial institution an Chase	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid			
	\$21.64	01/27/2024						
7 PAYEE	(a) Payee name	•	(b) Payee addres	SS;	City,	State,	Zip Code	
	Taco Cabana		6345 Gateway					
			El Paso , TX 7	9925				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expen		(b) Description Food for volunt	teers				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate/Officeholder name Officeholder name			eck if Austin, TX,	officeholder living exp Office held	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		-	fice sought					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid			
	\$43.28	02/18/2024						
PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code	
	Taco Cabana		6345 Gateway Blvd W.					
			El Paso , TX 7	9925				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	10.010				
	Food/Beverage Expe	,	Food for volunt	leers				
X Political								
Non-Political		of Texas. Complete Schedule 1		eck if Austin, TX,	officeholder living exp	ense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought		Office held			
expenditure to benefit C/OH					<u> </u>			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid			
	\$15.60	02/08/2024						
PAYEE	(a) Payee name	•	(b) Payee addres	SS;	City,	State,	Zip Code	
	Walmart Supercent	er	9441 Alameda	Ave.				
			El Paso , TX 7	9907				
PURPOSE OF	(a) Category	of this schodule)	(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expendence	,	Cookies for eve	ent				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Г. Dhe	eck if Austin, TX,	officeholder living exp	ense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought		Office held			
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related E		
		ruction Guide explains i	how to complete this form.			· \	
, -	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethi	cs Commiss	ion Filers)	
Sch: 4/6 Rpt: 12/14	Montoya, James (N	-		00083866			
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$19.41	02/05/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			5631 Dyer St.				
	Walmart Supercent	ter					
			El Paso , TX 79904				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this school ()	(b) Description				
	Food/Beverage Expe		Cookies for event				
X Political							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.		e T. Check if Austin, T.	X, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$12.69	02/17/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
			1105 N. Yarbrough Dr.				
	Dunkin		El Paso, TX 79925				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Donuts for volunteers				
X Political	Food/Beverage Expense		Donais for volunieers				
Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
PURPOSE OF	(a) Category		(b) Description	(b) Description			
EXPENDITURE	(See Categories listed at the top of this schedule)		(-) p				
Political	Political						
Non-Political							
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							
	1						

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	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:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)			
Sch: 5/6 Rpt: 13/14	Montoya, James (N	1r.)		00083866			
4 CREDIT CARD ISSUER	Name of financial institution Wells Fargo		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$57.09	02/03/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Z	ip Code		
	Lowe's Home Improvement		11950 Rojas Dr.				
			El Paso , TX 79936				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Supplies for signage				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. T	TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held			
expenditure to benefit C/OH			-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$17.28	02/04/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Z	ip Code		
	Lowe's Home Improvement		11950 Rojas Dr.				
PURPOSE OF	(a) Category		El Paso , TX 79936 (b) Description				
EXPENDITURE			Supplies for signage				
X Political	Advertising Expense						
Non-Political		of Texas. Complete Schedule		TV officeholder living evenes			
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		fice sought	TX, officeholder living expense Office held			
expenditure to benefit C/OH	Canadate, Oniceriolaer	iname of	noc sought				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$50.59	02/17/2024	(0) =(0) =				
	\$30.39	02/17/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Z	ip Code		
			12611 State St.		ip occo		
	Home Depot						
			El Paso , TX 79928				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense		Supplies for signage				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin, 1	TX, officeholder living expense			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve /- Gift/Award I Committee Legal Serv	rage Expense P s/Memorials Expense P	oan Repayment/Reimbursement S Vifice Overhead/Rental Expense T Volling Expense T riniting Expense T alaries/Wages/Contract Labor C	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 6/6 Rpt: 14/14	Montoya, James (N	1r.)		00083866	
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
		\$15.16	02/18/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Lowe's Home Impro	ovement	11950 Rojas Dr.		
				El Paso , TX 79936		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Supplies for signage		
	X Political					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held	
е	xpenditure to benefit C/OH					