# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

			1 Filer ID		2 Total pages	filed
	n Guide explains how to complete		(Ethics Commi 00083866			14
3 CANDIDATE /		RST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr. Ja	imes			Date Received	
					ELECTRONIC	
		~~			10/07/2024	
	-	\ST		SUFFIX	10/07/2024	
	M	ontoya				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	3601 Colville Dr.					
ADDRESS					Receipt #	Amount
Change of Addres	El Paso, TX 79928					
	EIF aso, 1X 73920				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR FIF	RST		MI		
NAME	An	nanda				
	NICKNAME LA	ST		SUFFIX		
	En	riquez				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE):	AP	r / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	5008 Silver Ranch Rd.			,	0.	
ADDRESS						
(Residence or Business						
	El Paso, TX 79934					
7 CAMPAIGN	AREA CODE PHONE N	IUMBER F	EXTENSION			
TREASURER	(915) 526-5593					
PHONE	(913) 320-3333					
8 REPORT						
TYPE	January 15 X	30th day before	election	Runoff	15th day after c	ampaign treasurer
				L	appointment (of	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	10/06/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
					(if here are up)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		District 34 El_paso,
				Culberson, and F		Julie 34 ∟i_paso,
		GO T	O PAGE 2			
Forms provided by	Texas Ethics Commission		hics.state.tx.u	s	Ver	sion V4.1.0.48da51f7
		*****.CL		J	v CI .	

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 14

13 C / OH NAME	Montoya, James (Mr.	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	ne candidate's or office	holder's knowledge or					
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	S						
<b>16</b> CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	<b>\$</b> 8,250.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 0.00					
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 12,368.89					
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 17,792.27					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 75,000.00					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.							
		Mr. J	lames Montoya						
		Signature of C	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath					
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.48da51f7					

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3	
18 FILER NAME Montoya, James (Mr.)	<b>19</b> Filer ID 00083866	3 of 14 (Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 8,250.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	<b>\$</b> 10,371.15
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 524.02
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 1,473.72
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/14 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 (\$) 07/08/2024 Abrar & Vergara PLLC \$500.00 6 Contributor address; City; State; Zip Code El Paso, TX 79902 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2024 \$1,000.00 Arenas, Karen Contributor address; City; State; Zip Code Chicago, IL 60622 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Gonzalez, Daniel \$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 out-of-state PAC (ID#: Amount of Contribution (\$) 07/09/2024 \$500.00 Shapleigh, Eliot 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#: 07/03/2024 \$500.00 Spurgin, Stephen Contributor address; City; State; Zip Code Marfa, TX 79843 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	₌ A1
	The Instru	ction Guide explains how to complete this for		Total pages Schedule A1: Sch: 2/2 Rpt: 5/14		
2	FILER NAME Montoya, Ja				Filer ID (Ethics Commission 00083866	Filers)
4	Date 09/26/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Tarango , Rebecca</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	7 /	Amount of Contribution (\$)	\$250.00	
8	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions) 9	Employer (See Instructions)	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#: Valles, Noe Contributor address; City; State; Zip Code	)	,	Amount of Contribution (\$)	\$5,000.00
	Principal occu	Lubbock, TX 79407 pation / Job title (See Instructions)	Employer (See Instructions	;)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverag Gift/Awards/M nmittee Legal Service	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/3 Rpt: 6/14		Montoya, James (Mr.	)				00083866		
4	Date	5	Payee name							
	10/01/2024		Boy Scouts of Americ	a						
6	Amount (\$)	7	Payee address; City	/; State;	Zip Co	le				
	\$257.50		7601 Lockheed Dr.							
			El Paso, TX 79925							
8	PURPOSE	(a)	Category (See Categories	icted at the tap of this cab	odulo)	(b) Description				
-	OF		Contributions/Donatio		euule)		outsi	ide of Texas. Comp	lete Schedule T.	
	EXPENDITURE		Candidate/Officehold		ittee	Check if Austin	n, TX,	, officeholder living	expense	
							for	Yucca Coun	cil Eagle Golf	
						Tournament				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder n	ame C	Office souç	ht		Office he	ld	
	Date		Payee name							
	09/30/2024		Display Services							
_	Amount (\$)	┝	Payee address; City	r State	Zip Co	le				
	\$1,623.75		821 N. Raynor St.	, Otato,	2.0 000					
	φ1,020.10		OZI N. Ruynor St.							
			El Paso, TX 79903							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Advertising Expense	isted at the top of this sch	edule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder n	ame C	Dffice soug	ht		Office he	ld	
	Date	Γ	Payee name							
	08/13/2024		El Paso County Dem	ocratic Party						
-	Amount (\$)		Payee address; City		Zip Co	le				
	\$5,000.00		1401 E. Montana Ave		210 000					
	\$5,000.00		Ste. E							
			El Paso, TX 79902							
	PURPOSE OF	(a)	Category (See Categories		edule)	(b) Description			data Osharida T	
	EXPENDITURE		Contributions/Donatio Candidate/Officehold		iittee		n, TX,	ide of Texas. Comp , officeholder living Ipaign		
-	Complete ONLY if direct	L(	andidate/Officeholder n	ame C	Office soug	ht		Office he	ld	
	expenditure to benefit C/Oł									
-										

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Imittee Legal Serv	erage Expense s/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	rhead/ ense pense ages/0	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/3 Rpt: 7/14		Montoya, James (N	1r.)					00083866	
4	Date 09/21/2024	5	Payee name LULAC Council 132	2						
6	Amount (\$)	7	Payee address; C	City; State;	Zip Co					
U	\$250.00		6117 Via Suerte Av El Paso, TX 79912		, 20 00	Je				
8	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Dona		ŕ	I I	Check if travel of Check if Austin	, TX,	de of Texas. Comp officeholder living ) for Fiesta C	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office sou	ght			Office he	eld
	Date		Payee name							
	07/18/2024		Las Americas							
	Amount (\$)		Payee address; C	City; State;	; Zip Co	de				
	\$1,500.00		1500 E. Yandell Dr. El Paso, TX 79902							
	PURPOSE OF EXPENDITURE	(a)	Contributions/Dona	es listed at the top of this sch tions Made By Ider/Political Comm		[ [		, TX,	de of Texas. Comp officeholder living or Border He	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office sou	ght			Office he	ld
-	Date	Γ	Payee name							
	09/30/2024		Loya, Larry							
	Amount (\$) \$500.00		Payee address; C 12479 Glorietta Rd.		; Zip Coo	de				
			San Elizario, TX 79	849						
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categori</sub> Salaries/Wages/Co	es listed at the top of this sch ntract Labor	edule)	I		, TX,	de of Texas. Comp officeholder living signage	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder	name C	Dffice sou	ght			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Imittee Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 8/14		Montoya, James (Mr.)					00083866	
4	Date	5	Payee name						
	09/30/2024		PayPal, Inc.						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le			
	\$29.90		2601 North Lamar						
			Austin , TX 78705						
8	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sche	edule)	<b>b)</b> Description	outoi	ida of Toylog Comp	lata Cabadula T
	EXPENDITURE		Fees					ide of Texas. Comp , officeholder living	
						Processing fe			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	ht		Office he	ld
	Date		Payee name						
	09/30/2024		Silva, Roberto						
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$1,000.00		1350 5th St NE						
			San Elizario, TX 79838						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Salaries/Wages/Contract		edule)		n, TX,	ide of Texas. Comp , officeholder living   <b>Signage</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld
	Date		Payee name						
	10/02/2024		U.S. Postal Service						
	Amount (\$)	$\vdash$	Payee address; City;	State:	Zip Coo	le			
	\$210.00		219 E. Mills Ave.						
			El Paso, TX 79901						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Office Overhead/Rental E		edule)		n, TX,	ide of Texas. Comp , officeholder living al	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	ld

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 rices	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)				
1 Total pages Cabadula F4				3 Filer ID (Ethics Commission Filers)				
1 Total pages Schedule F4:		4						
Sch: 1/4 Rpt: 9/14	Montoya, James (N	-		00083866				
4 CREDIT CARD ISSUER		ncial institution ederal Credit Union	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid				
	\$50.00	07/01/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Impactive		625 Massachusetts Ave	9.				
			Cambridge, MA 02139					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Text messaging					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid				
	\$50.00	08/01/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	lucus a atticus		625 Massachusetts Ave	2.				
	Impactive							
			Cambridge, MA 02139					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Text messaging					
X Political	Advertising Expense		Text messaging					
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		X, officeholder living expense Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			ffice sought					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.					
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held				
expenditure to benefit C/OH			-					
	1							

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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	Transportation Equipme Travel in District Travel Out of District				
	The Inst	ruction Guide explains h	ow to complete this form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 2/4 Rpt: 10/14	Montoya, James (N	1r.)		00083866				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE					
ISSUER	JP Morg	an Chase	EXPENDITURES CHARGED TO A CRED CARD	ыт <b>\$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$22.17	08/19/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(u) r uyee name		14455 N. Hayden Rd.	Oity,	oluic,			
	GoDaddy.com							
			Scottsdale , AZ 85260					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Website domain renewa	Website domain renewal				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$102.21	09/16/2024						
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
	CoDoddy.com		14455 N. Hayden Rd.					
	GoDaddy.com							
			Scottsdale , AZ 85260					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Website products					
	Advertising Expense	·						
X Political								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T.	TX, officeholder living exp Office held	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenolder	name Of	nice sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$64.94	09/27/2024						
	<i>Q n n n n n n n n n n</i>	00/21/2021						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			345 Park Ave.					
	Adobe							
			San Jose, CA 95110					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Advertising Expense		Design subscription					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Acc Col Col	vertising Expense counting/Banking insulting Expense intributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District THER (enter a catego	ent & Related I	
	The Instruction Guide explains how to complete this form.							
1 Tota	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch	n: 3/4 Rpt: 11/14	Montoya, James (N	1r.)			00083866		
	EDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITE	EMIZED			
ISS	UER	see pi	revious	EXPENDITURES CHARGED TO A CARD	CREDIT	\$		
6 PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid		
		\$31.48	09/14/2024					
7 PA	YEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				11915 Gateway Bl	lvd. Wes	st		
		Krispy Kreme						
				El Paso, TX 79935	5			
	RPOSE OF PENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Food for canvasse	arc			
	Political	Food/Beverage Expen	nse					
	Non-Political		/=	- <b>D</b> al 17		<i>(</i> , ), ), ), ), ), ), ), ), ), ), ), ), ),		
	mplete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	Austin, IX, (	officeholder living exp Office held	pense	
expen	nditure to benefit C/OH		-		-			
PA'	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid		
		\$40.88	07/22/2024					
PA	YEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
		U.S. Postal Service		219 E. Mills Ave.				
		0.0.1 03141 061 1166						
	RPOSE OF	(a) Category		El Paso, TX 79901 (b) Description	<u> </u>			
	PENDITURE	(See Categories listed at the top	of this schedule)	Postage				
	Political	Office Overhead/Rent	tal Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX. (	officeholder living exp	oense	
Con	nplete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought		Office held		
	nditure to benefit C/OH							
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid		
		\$59.53	07/27/2024					
PA	YEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Adobe		345 Park Ave.				
				San 1000 CA 051	10			
PURPOSE OF (a		(a) Category		(b) Description	San Jose, CA 95110 (b) Description			
EXPENDITURE		(See Categories listed at the top of this schedule)		Design subscription				
×		Advertising Expense						
	Non-Political		of Texas. Complete Schedule		Austin, TX, o	officeholder living exp	pense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
expen	nditure to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense rices	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District Fravel Out of District DTHER (enter a category not listed above)	
				now to complete this form.	C Eller ID (Ethics Commission Eilers)	
1	Total pages Schedule F4:		A		3 Filer ID (Ethics Commission Filers)	
_	Sch: 4/4 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	
		\$59.53	08/27/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
				345 Park Ave.		
		Adobe				
				San Jose, CA 95110		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description		
		Advertising Expense	of this schedule)	Design subscription		
	X Political	5				
	Non-Political	I	of Texas. Complete Schedule	e T. Check if Austin, T.	K, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held	
е	expenditure to benefit C/OH					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid	
		\$43.28	09/14/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Taco Cabana		11801 Gateway Blvd. W	est	
		Taco Cabana				
				El Paso , TX 79936		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
		Food/Beverage Expe		Food for canvassers		
	X Political					
	Non-Political		of Texas. Complete Schedule		K, officeholder living expense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held	
e e	expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement     Solicitation/Fundraising Expense       tverhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       /Wages/Contract Labor     OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 1/2 Rpt: 13/14	2 FILER NAME Montoya, James (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083866		
4 Date 08/08/2024	5 Payee name JP Morgan Chase			
6 Amount (\$) \$100.41	7 Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream , IL 60197			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Adobe and USPS charges		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit			
Date 09/05/2024	Payee name JP Morgan Chase			
Amount (\$) \$81.40	Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream , IL 60197			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Adobe and GoDaddy.com charges		
Complete <u>ONLY</u> if direct Candidate/Officeholder name expenditure to benefit C/OH		Office sought Office held		
Date 10/03/2024				
Amount (\$) \$241.91				
Reimbursement from political contributions intended	Carol Stream , IL 60197			
PURPOSE         Category (See Categories listed at the top of this schedule)           OF         EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Adobe, GoDaddy.com, Taco Cabana, and Krispy Kreme charges		
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 FO	DR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement       Solicitation/Fundraising Expense         verhead/Rental Expense       Transportation Equipment & Related Expense         Expense       Travel in District         Expense       Travel Out of District         /Wages/Contract Labor       OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 2/2 Rpt: 14/14	2 FILER NAME       3 Filer ID (Ethics Commission File         Montoya, James (Mr.)       00083866			
4 Date	5 Payee name			
08/21/2024	Security Service Federal Credit Union			
6 Amount (\$) \$350.00 Reimbursement from	7 Payee address; City; State; Zip Code 15000 IH 10 West			
X political contributions intended	San Antonio , TX 78249			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Impactive, Fanatics, and Airport Printing Service charges to credit card		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/20/2024	Security Service Federal Credit Union			
Amount (\$) \$350.00	Payee address; City; State; Zip Code 15000 IH 10 West			
X Reimbursement from political contributions intended	San Antonio , TX 78249			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense Payment for Airport Printing Service charges to credit card		
Complete <u>ONLY</u> if direct Candidate/Officeholder name expenditure to benefit C/OH		Office sought Office held		
Date	Payee name			
07/24/2024 Security Service Federal Credit Union				
Amount (\$) \$350.00				
X         Reimbursement from political contributions intended	San Antonio , TX 78249			
PURPOSE         Category         (See Categories listed at the top of this schedule)           OF         Credit Card Payment		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for Impactive, Fanatics, and Airport Printing Service charges to credit card		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		