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 f	filed: 13
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Mr.	James			Date Received ELECTRONIC	ALLY EILED
					01/15/2025	ALLI FILLD
	NICKNAME	LAST Montoya		SUFFIX	01/13/2023	
4 CANDIDATE /	ADDRESS / PO BOX; APT	Γ/SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3601 Colville Dr.				Receipt #	Amount
Change of Address	El Paso, TX 79928					
Onlinge of Address	EI Faso, 1 × 19920				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_!	
TREASURER NAME		Amanda				
	NICKNAME	LAST		SUFFIX		
	TWOKE WILL	Enriquez		301117		
2 04454104	OTDEET ADDRESS (NO. D.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4.03	. / 0.1.175 // 0.173		710 0005
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 5008 Silver Ranch Rd.) BOX PLEASE);	АРІ	7 SUITE #; CITY	; SI	ATE; ZIP CODE
(Residence or Business)	El Paso, TX 79934					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(915) 526-5593					
8 REPORT TYPE	X January 15	30th day before	election	Runoff 「	15th day after ca	ampaign treasurer
		_		_	appointment (of	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	12/31/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGH	T (if known)	
	District Attorney (Multi-co	unty) District 34t	h			
	1					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Montoya, James (Mr.)	14 Filer ID (00083866	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
46 CONTRIBUTION	1 TOTAL LINUTENA	IZED DOLITICAL CONTRIBUTIONS (OTLIED THAN	NIPLEDOES LOANS	_			
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 9,400.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASTRICT ${\sf CAST}$	AST DAY OF THE	\$ 6,191.68			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 75,000.00			
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 Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subscribed before me, by the said, this the							
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 13
	ER NAN ntoya,	James (Mr.)	19 Filer ID 00083866	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,400.00
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 CONTRIBUTIONS	\$	9,397.95	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	79.94
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	902.94
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDULE A1			
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/13			
2	FILER NAME Montoya, Ja	mes (Mr.)			Filer ID (Ethics Commission 00083866	on Filers)		
4	Date 11/01/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$100.00			
_	Deignigal	El Paso , TX 79912	O Frankrijer (Coo Instruction					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)				
	Date 11/04/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$250.00		
		El Paso , TX 79903						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)				
	Date 12/17/2024	Full name of contributor out-of-state PAC (II Castanon, Feliciano Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1,000.00		
		El Paso, TX 79936						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)				
	Date 11/01/2024	Full name of contributor out-of-state PAC (II Committee to Elect Carlos Leon Contributor address; City; State; Zip Code El Paso, TX 79936	D#:)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)				
	Date 11/01/2024	Full name of contributor out-of-state PAC (II Delgado Acosta PC Contributor address; City; State; Zip Code Dallas, TX 75240	D#:)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)				
			1					

	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: 2/3 Rpt: 5/13	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Montoya, Ja	mes (Mr.)			00083866	
4	Date 10/27/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$350.00
		El Paso, TX 79902				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/20/2024	El Paso Electric Company Employee PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79960				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	11/18/2024	Garcia, Lorena Contributor address; City; State; Zip Code				\$50.00
		El Paso, TX 79924				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/17/2024	Hernandez, Ruben				\$2,500.00
		Contributor address; City; State; Zip Code				
		El Paso , TX 79902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/01/2024	Nava, Alyssa				\$500.00
		Contributor address; City; State; Zip Code				
	Dringing!	El Paso , TX 79912	Employer (Coo Instruction	·/		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13 3 Filer ID (Ethics Commiss 00083866 7 Amount of Contribution (\$) Amount of Contribution (\$)	
2	FILER NAME Montoya, Ja	mes (Mr.)		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13 3 Filer ID (Ethics Commission 00083866 7 Amount of Contribution (\$) ons) Amount of Contribution (\$) Amount of Contribution (\$)	on Filers)	
4	Date 11/29/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
	Deine in all and	El Paso, TX 79934	2. Englished (Carl Instruction	_		
×	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/24/2024	Full name of contributor			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	12/30/2024	Tarango , Rebecca Contributor address; City; State; Zip Code			()	\$400.00
		El Paso, TX 79930				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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 Travel in District

	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: 1/5 Rpt: 7/13	Montoya, James (Mr.) 00083866
4	Date	5 Payee name
	11/04/2024	Abeytia, Maya
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	611 N. Yarbrough Dr.
		El Paso, TX 79915
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Poll watching
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitare to beliefit C/O	
	Date	Payee name
	11/05/2024	Arispe, Devinne
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	9840 Jericho Dr.
		Socorro, TX 79927
	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 expense
		Poll watching
		1 oii watering
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davies same
	11/02/2024	Payee name El Paso County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,700.00	1401 E. Montana Ave.
		Ste. E
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising & Event Expense
		Check if Austin, TX, officeholder living expense
		Text messaging and cost-sharing for Election Nigh Watch Party
_	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	•	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense F		pense ages/	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers)
L	Sch: 2/5 Rpt: 8/13	Montoya, 3	lames (Mr.)						00083866	
4	Date	5 Payee name	e							
	12/26/2024	Legacy Ca	tering and Events							
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Co	de				
	\$880.00	3607 Nehe	emiah Pl.							
		El Paso, T	X 79936							
8	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		rage Expense				=		de of Texas. Comp	
	EXI ENDITORE						—		officeholder living	
							Food/beveraç	je ī	ui Jäii. 1 SW	eanng-m
_	Complete ONLY if direct	Candidata/Of	fioobolder name	04	ion cour	ah+			Office he	Id
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Om	ice souç	yııt			Onice ne	iu
	Date	Payee name	9							
	12/27/2024	Legacy Ca	tering and Events							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Co	de				
	\$1,300.00	3607 Nehe	emiah Pl.							
		El Paso, T	X 79936							
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		rage Expense				ш		de of Texas. Comp	
	_/						_		officeholder living	
							Food/beveraç	je ī	ui Jan. 6 SW	eanny-nn
_	Complete ONLY if direct	Candidata/Of	ficeholder name	Offi	ice souç	aht			Office he	Id
	expenditure to benefit C/O		ncendidei Haille	OIII	เคย อบน์(grit			Office fie	iu
\vdash	Data	Dever								
	Date 11/05/2024	Payee name Loya, Aide								
				C: :	7: 6	-I.				
	Amount (\$)	Payee addre		State;	∠ıp Co	de				
	\$125.00	258 Pasod	ale Ka.							
		El Paso, T	X 79907							
	PURPOSE	(a) Category (s	See Categories listed at the to	on of this schedu	ıle)	(b)	Description			
	OF EXPENDITURE		ages/Contract Labo		-,	•	Check if travel of		de of Texas. Comp	
	LAFLINDITORE						_		officeholder living	expense
							Poll watching			
	Complete ONLY if alice -	Condidate/Of	finahaldar ra	044	ioo carr	ab+			Office I	Id
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Offi	ice souç	ynt			Office he	ıu

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Card Payment	tegal Services Salaries/wages/Contract Labor OTHER (enter a category not The Instruction Guide explains how to complete this form.	isted above)
1 Total pa	ages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
Sch:	3/5 Rpt: 9/13	Montoya, James (Mr.) 00083866	
4 Date		5 Payee name	
11/05/	2024	Loya, Anissa	
6 Amount	t (\$) \$125.00	7 Payee address; City; State; Zip Code 258 Pasodale Rd.	
		El Paso, TX 79907	
	RPOSE OF NDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll watching	е Т.
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date		Payee name	
11/05/	2024	Loya, Larry	
Amoun	t (\$) \$125.00	Payee address; City; State; Zip Code 12479 Glorietta Rd.	
		San Elizario, TX 79849	
	RPOSE OF NDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense Poll watching	е Т.
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date		Payee name	
11/05/	2024	Loya, Michael	
Amoun	t (\$) \$125.00	Payee address; City; State; Zip Code 258 Pasodale Rd.	
		El Paso, TX 79907	
	RPOSE OF NDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll watching	е Т.
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 Travel Out of District

	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: 4/5 Rpt: 10/13	Montoya, James (Mr.) 00083866
4	Date	5 Payee name
	10/27/2024	PayPal, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.47	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 Processing fee
		1 Toccssing ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	David and a second a second and
	10/29/2024	Payee name
L		PayPal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.48	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.
		Check if Austin, TX, officeholder living expense Processing fee
		Processing lee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marea
	Date 11/05/2024	Payee name
L		Silva, Roberto
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1350 5th St. NE
		San Elizario, TX 79838
	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 expense Poll watching
		Foil watering
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

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/Politica	/ - Il Co	mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services	e Expense	Polling Expe Printing Expe	nse ense jes/Contract Labo		Travel in District Travel Out of Dis	strict category not listed above)	
	Credit Card Payment			The Instruction Gu	ide explains l	now to com	olete this form	1.			
1	Total pages Schedule F1: Sch: 5/5 Rpt: 11/13	2		E ames (Mr.)				3	Filer ID 00083866	(Ethics Commission Filers)	
┰	Date	5	Payee name								\dashv
	11/05/2024		Zavala, Na								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code)				
	\$375.00		1350 NE 5	th St.							
			Fabens, T	< 79838							
8	PURPOSE	(a	Category (s	See Categories listed at th	e top of this sch	edule) (I) Descriptio	n			
	OF EXPENDITURE			ages/Contract La		,			ide of Texas. Com		
	EXPENDITORE								, officeholder living	expense	
							Poll watc	ching			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	C	Office sough	it		Office he	eld	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Politica	al Committee Legal Serv	rices Sal	nting Expense aries/Wages/Con	tract Labor OT	avel Out of District THER (enter a category	/ not listed at	oove)
		ruction Guide explains how	to complete ti	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 1/1 Rpt: 12/13	Montoya, James (M	1r.)			00083866		
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED			
ISSUER	JP Morg		DITURES ED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	: Paid		
	\$64.94	10/27/2024					
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Adobe		345 Park	Ave.			
	7.0000		0 1	04.05110			
8 PURPOSE OF	(a) Category		(b) Descript	, CA 95110			
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' ' '	ıbscription			
X Political	Advertising Expense		Doolgiroo				
Non-Political	(a) Charle if the soul autoids	of Towns Committee Calcadula T	<u> </u>	Observation TV	-#		
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u>L</u> e sought	Check if Austin, TX,	officeholder living expe	ense	
expenditure to benefit C/OH		Tiamo.	Jought		Omoo noid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$15.00	11/09/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Comus LIC Inc	3212 E. C	esar Chavez St.				
	Canva US, Inc.	Building 1, Suite 1300					
			Austin, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
l <u> </u>	Advertising Expense	or the concadio,	Design su	ıbscription			
X Political			<u></u>				
Non-Political	_ `	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	<u> </u>						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Expense //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: 1/1 Rpt: 13/13	-	Montoya, James (Mr.)		ľ	00083866	
4	Date	5	Payee name				
	11/25/2024		JP Morgan Chase				
6	6 Amount (\$) 7 Payee address; City; State; Zip Code						
	\$79.94		P.O. Box 6294				
	Reimbursement from political contributions						
	intended		Carol Stream , IL 60197				
8	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 Credit Card Payment		Check if Austin, TX, officeholder living expense Payment for Adobe and Canva charges				
				Payment for Ado	ре	and Canva charges	
9	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH			-			
	C/OH						
	Date		Payee name				
	12/23/2024		Security Service Federal Credit Union				
Amount (\$)			Payee address; City; State; Zip Code				
\$450.00		15000 IH 10 West					
Reimbursement from							
	X 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 Airp	ort	Printing Service charges to credit	
	· —	Car	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
_	Data						
	Date		Payee name				
			Security Service Federal Credit Union				
Amount (\$) Payee address; City; State; Zip Code							
	\$373.00		15000 IH 10 West				
	Reimbursement from political contributions intended		San Antonio , TX 78249				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card Payment			check if Austin, TX, officeholder living expense	
	_,, _,,_,,			Payment for Airp card	ort	Printing Service charges to credit	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	Office sought		Office held	