CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics Comm 00083866		2 Total pages f	iled: 10		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
OFFICEHOLDER NAME	The Honorable	James			Date Received			
10 001					ELECTRONIC	ALL V EIL ED		
					07/15/2025	ALLI FILLD		
	NICKNAME	LAST		SUFFIX	07/15/2025			
		Montoya						
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked		
OFFICEHOLDER MAILING	3601 Colville Dr.							
ADDRESS					Receipt #	Amount		
Change of Address	El Paso, TX 79928							
	Li 1 430, 17 13320				Date Processed			
					Date Imaged			
F. CAMBAION	MC (MDC (MD	FIDOT						
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI				
NAME		Amanda						
	NICKNAME	LAST		SUFFIX				
		Enriquez						
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE		
TREASURER ADDRESS	5008 Silver Ranch Rd.							
(Residence or Business)	El Paso, TX 79934							
	,							
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION					
TREASURER PHONE	(915) 526-5593							
8 REPORT				_				
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (off	mpaign treasurer		
	X July 15	8th day before	election \square	Exceeded modified	Final Report (Att			
		car day before t		reporting limit		uon oronning		
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	01/01/2025		HROUGH	06/30/202				
	01/01/2023	• • • • • • • • • • • • • • • • • • • •		00/30/202	3			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
LLECTION	Month Day Year	.	rimary	Runoff	Other			
			-					
		∐ ^G	General	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)			
	District Attorney (Multi-co		El Paso,					
	Hudspeth, and Culberso	n						
		60.1	O PAGE 2					
		GOT	O PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	14 Filer ID (E 00083866	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to s candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
	SPECIFIC	COMMITTEE ADDRESS							
	Jacob Selection of the								
	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
	5)	\$ 3,800.00							
EXPENDITURE TOTALS		\$ 0.00							
		\$ 9,871.98							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,455.18					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 75,000.00					
17 AFFIDAVIT	-								
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
	The Honorable James Montoya Signature of Candidate or Officeholder								
AFFIX NOTARY STAMP / SEAL ABOVE									
	, this the	day							
of	, 20, to ce	ertify 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

				3 of 10					
	James (The Honorable)	19 Filer ID 00083866	(Ethics Comm	ission Filers)					
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
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:	S	\$	8,712.54					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,159.44					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10	
2	FILER NAME Montoya, Ja	mes (The Honorable)		3	Filer ID (Ethics Commission 00083866	on Filers)
4	Date 01/15/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
_		El Paso, TX 79907				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s) 		
	Date 05/06/2025	Full name of contributor out-of-state PAC (ID#: Schwartz, Doug Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		El Paso, TX 79922				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#: Schwartz, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79922				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	=				3	Filer ID	(Ethics Commission Filers	s)
_	Sch: 1/5 Rpt: 5/10		- ames (The Honoral	ole)				00083866		-,
4	Date	5 Payee name								
	01/13/2025	Black El Pa	so Democrats							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$265.00	P.O. Box 3	71425							
		El Paso, T	K 79937							
8	PURPOSE		ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			=		de of Texas. Comp		
						Ad for gala	, IX,	officeholder living	expense	
						Au ioi gaia				
9	Complete ONLY if direct	Candidata/Off	iceholder name	Office sou	ıaht			Office he	.ld	
9	expenditure to benefit C/O		icentituel name	Office sou	igni			Office fie	eiu.	
	Date	Payee name								
	03/03/2025	Cindy Hern	andez Campaign							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$500.00	197 Ulshav	v St.							
	·									
		El Paso, T	< 79928							
	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE		ns/Donations Made			=		de of Texas. Comp officeholder living		
		Candidate/	Officeholder/Politica	al Committee		Campaign co			expense	
						oampaign co		ibation		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıaht			Office he	eld	
	expenditure to benefit C/O	4			3					
	Date	Payee name								
	02/07/2025	1	unty Democratic Pa	arty						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$250.00	1401 E. Mo	-	•						
	·	Ste. E								
		El Paso, T	70002							
	DURROSE				4->					
	PURPOSE OF		ee Categories listed at the to		(a)	Description Check if travel (nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		ns/Donations Made Officeholder/Politica					officeholder living		
		our and accor				Cheers to the				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	4								
ı										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- G Committee L	ood/beverage Expense iift/Awards/Memorials Expense egal Services The Instruction Guide explai		nse es/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/5 Rpt: 6/10		mes (The Honorable)				00083866	
4	Date	5 Payee name				_		
	01/06/2025	El Paso Tent	s and Events					
6	Amount (\$)	7 Payee address	s; City; Sta	ate; Zip Code	!			
	\$350.00	4673 Osborn	e Dr.					
		El Paso, TX	79922					
8	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description			
	OF EXPENDITURE	Event Expen	se		=		ide of Texas. Com	
					Table rentals		, officeholder living	expense
					rable remais	,		
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sough	 †		Office he	ald
_	expenditure to benefit C/OI							
	Date	Payee name						
	06/09/2025	El Paso Your	ng Lawyers Association	1				
	Amount (\$)	Payee address	s; City; Sta	ate; Zip Code	!			
	\$200.00	401 Boston A	Ave.					
		El Paso, TX	79902					
	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description			
	OF EXPENDITURE	Advertising E					ide of Texas. Com	
					Ad for golf to		, officeholder living	expense
					Au for gon to	uiii	ameni	
	Complete ONLY if direct	Candidate/Office	eholder name	Office sough	<u> </u>		Office he	ald
	expenditure to benefit C/O			ooo ooug	•		0000	
	Date	Payee name						
	06/09/2025	Krispy Kreme	9					
	Amount (\$)	Payee address	s; City; Sta	ate; Zip Code	!			
	\$125.92	11915 Gatev	ay Blvd. West					
		El Paso, TX	79936					
	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description			
	OF EXPENDITURE	Food/Bevera	ge Expense				ide of Texas. Com	
					Pastries for o		, officeholder living	expense
						0	-	
	Complete ONLY if direct	Candidate/Office	eholder name	Office sough	t		Office he	eld
	expenditure to benefit C/O			3				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 7/10	Montoya, James (The Honorable) 00083866
4	Date	5 Payee name
	01/03/2025	Litton, Andra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	6427 Navajo Ave.
		El Paso, TX 79925
8	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
		Salary
		Sultry
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2025	Litton, Andra
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	6427 Navajo Ave.
		El Paso, TX 79925
	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
		Salary
		Galary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/01/2025	Pepe's Tamales
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.04	9530 Viscount Blvd.
		Ste. 1F
		El Paso, TX 79925
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for swearing-in event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	•	ete this form.
1	Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)	
	Sch: 4/5 Rpt: 8/10	Montoya, James (The Honorable)		00083866
4	Date	5 Payee name		
	01/01/2025	Sam's Club		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$156.57	7001 Gateway Blvd. West		
		-		
		El Paso, TX 79925		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Food, beverage, and decor for swearing-in event
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	nht.	Office held
9	expenditure to benefit C/OI		JIIL	Office field
_				
	Date	Payee name		
	01/06/2025	Sam's Club		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$137.97	7001 Gateway Blvd. West		
		El Paso, TX 79925		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Food and beverage for swearing-in event
				Took and beverage for swearing in event
	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		J	Since hold
_	Date	Davis name		
	05/28/2025	Payee name Setforth Strategies		
		-		
	Amount (\$)	Payee address; City; State; Zip Coo	ae	
	\$375.00	3748 Sienna Ave.		
		Las Cruces, NM 88012		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Consulting
				Š
Н	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI		-	
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee L	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
				The mistraction Guit	e explains now to co	,iiipi	ete tilis lorili.	-			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/5 Rpt: 9/10	l	Montoya, Ja	mes (The Honor	able)				00083866		
4	Date	5	Payee name								
	01/01/2025	l	Valle, Stepha	anie							
Ļ		┡			0: : 7: 0	_					
6	Amount (\$)	7	Payee addres		State; Zip Co	oae					
	\$176.04	l	8009 Morley	Dr.							
		l									
		l	El Paso, TX	79925							
8	PURPOSE	(a)	Catagony			(h)	Description				
ľ	OF	(۳)		e Categories listed at the		(5)		outsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE	l	соан керау	ment/Reimburse	ment		ш		officeholder living		
		l					Reimburseme				
		l									
_	Complete ONII V if direct	Ц,	Candidata/Offic	oholder neme	Office cou	ı abt			Office h	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	епошег патте	Office sou	ıgnt			Office h	c iu	
	<u>'</u>										
	Date	l	Payee name								
	04/18/2025		YWCA El Pa	ISO							
	Amount (\$)	T	Payee addres	s; City;	State; Zip Co	ode					
	\$1,000.00	l	1600 Brown								
	7-,000	l	Bldg. B								
		l	_	70000							
		L	El Paso, TX	79902							
	PURPOSE	(a)	Category (See	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	l		s/Donations Mad						pplete Schedule T.	
		l	Candidate/O	fficeholder/Polition	cal Committee		ш		officeholder living	g expense	
		l					Annual Wome	ens	s Luncheon		
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	eholder name	Office sou	ıght			Office h	eld	
	experiulture to benefit C/O	П									

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00083866 Sch: 1/1 Rpt: 10/10 Montoya, James (The Honorable) TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 06/30/2025 Airport Printing Service Amount (\$) Payee address; State; Zip Code \$1,159.44 7 Leigh Fisher Blvd. El Paso, TX 79906 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing/mailing for fundraiser invite 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH