# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (	Guide explains how to compl	ete this form	1 Filer ID		2 Total pages	filed:
l'''	ie C/OH ilistraction (	Suide explains now to compi	ete tilis lollii.	(Ethics Comm 00086109			50
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
	OFFICEHOLDER NAME	The Honorable	Morgan J.				
	NAIVIE		_			Date Received	
						ELECTRONIC	JALLY FILED
		NICKNAME	LAST		SUFFIX	07/14/2023	
			LaMantia				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER MAILING	1324 E. Madison Ave.					
	ADDRESS					Receipt #	Amount
	Change of Address	Brownsville, TX 78520					
		Brownsville, 17, 70320				Date Processed	
						Date Imaged	
Ļ	CAMPAICN	MC / MDC / MD	FIDOT		N/I		
5	CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
	NAME	Mr.	Eduardo R.				
		NICKNAME	LAST		SUFFIX		
		PeeWee	Rodriguez				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CIT	Y; Sī	TATE; ZIP CODE
	TREASURER ADDRESS	222 North Expressway 83					
	(Residence or Business)	Suite 203					
	(Nesidefice of Edsiriess)	Brownsville, TX 78526					
L							
7	CAMPAIGN TREASURER		NE NUMBER I	EXTENSION			
	PHONE	(956) 574-9333					
Ļ	DEDODE						
8	REPORT TYPE	January 15	30th day before	a election	Runoff	15th day after o	ampaign treasurer
			Sour day belore	election	ranon	appointment (of	fficeholder only)
		X July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
			_		reporting limit		
9	PERIOD	Month Day Year			Month Day	y Year	
	COVERED	01/01/2023	TH	HROUGH	06/30/20	023	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	P	rimary	Runoff	Other	
				Seneral	Special		
					ш.		
11	OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	JT (if known)	
╎	OFFICE	State Senator District 27			TE OFFICE 300GF	TI (II KIIOWII)	
		State Seriator District 21					
L							
			GO 1	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)		14 Filer ID 00086109	(Ethics Co	ommission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	is accepted or political expenditu is may have been made without equired to report this informatio	the candidate's or office	eholder's l	knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
	GENERAL	COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	<b>DNS</b> , OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	ES		\$	228,298.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	121,090.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	5,165,000.00
17 AFFIDAVIT			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Honora	able Morgan J. LaMa	ıntia	
			Signature of	f Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
	cer administering		s my hand and seal of office.	Title of office	r administ	ering oath

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 50 19 Filer ID 18 FILER NAME (Ethics Commission Filers) LaMantia, Morgan J. (The Honorable) 00086109 **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 228,298.58 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

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8.

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12.

TO FILER

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#### 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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Distri OTHER (enter a ca	ct ttegory not listed above)
1	Total pages Schedule F1:								(Ethics Commission Filers)
L	Sch: 1/47 Rpt: 4/50	LaMantia,	Morgan J. (The Honorabl	le)				00086109	
4	Date	5 Payee name	?						
	05/15/2023	7th and Pa	rk						
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Sta	ate; Zip C	ode				
	\$150.47	1554 E 7th	Street						
		Brownsville	e, TX 78520						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made By	soriedale)			outsio	de of Texas. Comple	ete Schedule T.
	EXPENDITORE	Candidate/	Officeholder/Political Con	nmittee		_	, TX,	officeholder living e	xpense
						Sponsorship			
<u> </u>	0 1. 0		c 1 11	0.00	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office held	d
	Date	Payee name	<u> </u>			-			
	03/03/2023	Academy S	Sports & Outdoors						
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip C	ode				
	\$151.47	1800 North	Mason Road						
		Katy, TX 7	7449						
	PURPOSE	-	See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense	soriedale)		_ ·	outsio	de of Texas. Comple	ete Schedule T.
	EXPENDITORE		·					officeholder living e	xpense
						Office Supplie	es		
_	Operation ONE V. C. P	0	C   -   -   -   -   -   -   -   -	O#:				04. 1 .	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office held	1
	Date	Payee name							
	03/03/2023	Academy S	Sports & Outdoors						
	Amount (\$)	Payee addre		ate; Zip C	ode				
	\$454.42	1800 North	Mason Road						
		Katy, TX 7	7449						
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense					de of Texas. Comple	
						Office Supplie		officeholder living e	xpense
						Ome Supplie			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	labt			Office held	1
	expenditure to benefit C/Ol		noonolaci Hailic	Onice SOI	agrit			Onice neit	<b>A</b>

### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to compl	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F						
	Sch: 2/47 Rpt: 5/50	LaMantia, Morgan J. (The Honorable) 00086109						
4	Date	5 Payee name	·					
	03/03/2023	Academy Sports & Outdoors						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$540.98	1800 North Mason Road						
		Katy, TX 77449						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
			Office Supplies					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	02/13/2023	Act Blue						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	14 Arrow Street Suite 11						
		Cambridge, MA 02138						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense  Marketing					
			a.roung					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	01/23/2023	Alcala, Daphne						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	1911 San Gabriel Street Apt. 107						
		Austin, TX 78705						
	PURPOSE OF	,	Description					
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
			Contract Labor					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OH							

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 Credit Card Payment			ng Expensies/Wages	se s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
	oroan oara'r aymone	The Instru	uction Guide explains how to	o compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 3/47 Rpt: 6/50	LaMantia, Morgan J	. (The Honorable)			00086109	
4	Date	5 Payee name					
	02/23/2023	Alcala, Daphne					
6	Amount (\$)	7 Payee address; Ci	ty; State; Zip	Code			
	\$100.00	1911 San Gabriel St	reet Apt. 107				
			•				
		Austin, TX 78705					
8	PURPOSE			(b)	Description		
ľ	OF	(a) Category (See Categorie Salaries/Wages/Cor		(5)	_	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaries/Wayes/Cor	itiact Laboi		=	X, officeholder living	
					Contract Labor		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office he	eld
	expenditure to benefit C/OI	ł					
	Date	Payee name					
	04/01/2023	Alcala, Daphne					
	Amount (\$)	Payee address; C	ty; State; Zip	Code			
	\$100.00	1911 San Gabriel St	reet Apt. 107				
			•				
		Austin, TX 78705					
	PURPOSE			(h)	Description		
	OF	(a) Category (See Categorie		(6)	Description  Check if travel out	side of Texas. Com	nlete Schedule T
	EXPENDITURE	Salaries/Wages/Cor	iliaci Laboi			X, officeholder living	
					Contract Labor		
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office he	eld
	expenditure to benefit C/OI	1					
	Date	Payee name					
	05/22/2023	Alcala, Daphne					
	Amount (\$)	Payee address; Ci	ty; State; Zip	Code			
	\$100.00	1911 San Gabriel St	reet Apt. 107				
			•				
		Austin, TX 78705					
	PURPOSE			(h)	Description		
	OF	(a) Category (See Categorie Salaries/Wages/Cor	·	(6)	Description  Check if travel out	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Jaianes/Wages/Coi	illact Labor			X, officeholder living	
					Contract Labor		
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office he	eld
	expenditure to benefit C/OH						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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			_egal Services			s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		,	The Instruction Gu	ide explains how to	compl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 4/47 Rpt: 7/50		LaMantia, M	organ J. (The I	Honorable)				00086109		
4	Date	5	Payee name								
	06/27/2023		Alcala, Daph	ine							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip (	Code					
	\$100.00	:	1911 San Ga	abriel Street Ap	t. 107						
				•							
		Ι,	Austin, TX 7	8705							
8	PURPOSE	-				(h)	Description				
0	OF			e Categories listed at th ges/Contract La	ne top of this schedule)	(0)	Description  Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	`	Salalies/ Wa	ges/Contract La	aboi		=		, officeholder living		
							Contract Lab	or			
9	Complete ONLY if direct		andidate/Offic	eholder name	Office so	ought			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/03/2023	,	Amazon								
	Amount (\$)		Payee addres	s; City;	State; Zip (	Code					
	\$58.25	4	410 Terry Av	e. North							
		;	Seattle, WA	98109							
	PURPOSE	_			ne top of this schedule)	(h)	Description				
	OF			e Categories listed at tr lead/Rental Exp		(~)	_ `	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	`	Omoc Overn	icaa/rentai Exp	701130		Check if Austin	, TX	, officeholder living	g expense	
							Office Supplie	es			
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Office so	ought			Office he	eld	
	expenditure to benefit C/Oi	П									
	Date	ı	Payee name								
	02/08/2023	/	Aransas Pas	s Chamber							
	Amount (\$)	ı	Payee addres	s; City;	State; Zip (	Code					
	\$310.00	] :	130 W Good	Inight Ave #361							
		,	Aransas Pas	s, TX 78336							
	PURPOSE	(a) (	Category (See	e Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma				outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE	(	Candidate/C	fficeholder/Poli	tical Committee			ı, TX,	, officeholder living	g expense	
							Sponsorship				
	0 1 0 0 0 0 0	Ļ	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>			0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Office so	ought			Office he	eia	

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/47 Rpt: 8/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/01/2023	Aransas Pass Chamber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	130 W Goodnight Ave #361
		Aransas Pass, TX 78336
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		C porisors in p
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/05/2023	Bee County Chamber
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1705 N Saint Marys Street
		Beeville, TX 78102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Gp3.133.6111p
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D-t-	T _
	Date	Payee name
	02/08/2023	Bee County Chamber
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1705 N Saint Marys Street
		Beeville, TX 78102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beriefit C/Or	

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 6/47 Rpt: 9/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/19/2023	Brownsville Crime Stoppers Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	600 E Jackson St
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship
		Сропоотопір
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/16/2023	Brownsville Police Department
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	600 E Jackson St
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Gps.1887.61.np
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/10/2023	Burton McCumber & Longoria, LLP
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	205 Pecan Blvd
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Concret Consulting
		General Consulting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Pollin pense Printi Salar	Overhea g Expens ng Expens es/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Cabadula F1:	2 FUEDA					12	Filer ID	(Ethios Commission Filors)
_	Total pages Schedule F1: Sch: 7/47 Rpt: 10/50		iame iia, Morgan J. (The Ho	onorable)			3	Filer ID 00086109	(Ethics Commission Filers)
4	Date	<b>5</b> Payee n	ame				_		
	06/20/2023		McCumber & Longoria	a, LLP					
6	Amount (\$) \$1,235.00	205 Pe	Payee address; City; State; Zip Code  205 Pecan Blvd  McAllen, TX 78501						
8	PURPOSE OF EXPENDITURE		(b) Description  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General Consulting						
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						eld		
	Date	Payee n	ame						
	03/09/2023	Burton	McCumber & Longoria	a, LLP					
Amount (\$) Payee address; City; State; Zip Code									
	\$5,895.00	\$5,895.00 205 Pecan Blvd							
		McAller	n, TX 78501						
	PURPOSE OF EXPENDITURE		y (See Categories listed at the ting Expense	top of this schedule)	(b)		, TX,	de of Texas. Com officeholder living ing	
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office	sought			Office he	eld
	Date 02/21/2023	Payee n CCA Te							
	Amount (\$) \$1,500.00		ddress; City; ortwest Dr. Ste 100 n, TX 77024	State; Zip	Code				
_	PURPOSE				/h\	Dogoristics			
	OF EXPENDITURE	Contrib	Y (See Categories listed at the utions/Donations Madate/Officeholder/Politic	е Ву	(D)			de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office	sought			Office he	eld

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Overh
Food/Beverage Expense Polling Expe
Gift/Awards/Memorials Expense Printing Expe
Legal Services Salaries/Wat

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

	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: 8/47 Rpt: 11/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/21/2023	Calk Wilson Elementary School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3925 Ft Worth St
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Data	
	Date	Payee name
L	01/23/2023	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
	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
		Contract Labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/23/2023	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
	,	
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	¬

#### 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/47 Rpt: 12/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/01/2023	Campos, Brandon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Contract Labor
	Computate ONLY if direct	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2023	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	•	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Officeholder/Delitical Committee

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

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

	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: 10/47 Rpt: 13/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/12/2023	Campos, Brandon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		General Reimbursement
		Contract Contract Contract
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	06/27/2023	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
	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
		Contract Labor
		Goniado Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/06/2023	City of Elsa
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	102 Diana St
	φοσο.σσ	102 Blank Ot
		Elsa, TX 78543
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## 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

	Candidate/Officeholder/Politica		
L	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
L	Sch: 11/47 Rpt: 14/50	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	04/14/2023	Clayton Spangler Photographic Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,322.00	823 Quarrier Street	
		Charleston, WV 25301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Panoramic Photos of 87th Texas Senate	
		Tanorame Photos of Oral Texas Schale	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
T	Date	Payee name	_
	04/28/2023	Coastal Bend Council of Government - Hurricane Conference	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	2910 Leopard St	
		Corpus Christi, TX 78408	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Sponsorship	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/21/2023	Contessa Gallery and Frame Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$187.27	3705 Kerbey Ln	
		Austin, TX 78731	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense  Frame for Map in Capitol Office	
		Traine for Map in Suprior Since	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/OI		
			$\exists$
	me provided by Tayas F	thics Commission Wass athics state type Version V2.5.1.a18ea2	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 12/47 Rpt: 15/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/13/2023	Copy Zone
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$100.07	3701 N Bicentennial Blvd Ste 100
l		
l		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Office Supplies
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
l	Date	Payee name
L	04/23/2023	Corpus Christi Black Chamber of Commerce
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$200.00	5350 S Staples St Ste 333C
l		
		Corpus Christi, TX 78411
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Candidate/Officeholder/Political Committee
		- Factorian P
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	01/09/2023	Deluxe
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$363.46	801 S Marquette Ave
l		
l		Minneapolis , MN 55402
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the second st	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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	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: 13/47 Rpt: 16/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/17/2023	Ducks Unlimited
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,209.90	915 Front Street
		Richmond, TX 77469
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/01/2023	Gonzalez, Gilbert
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	645 S 10th Street
		Raymondville, TX 78580
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		C por isoro imp
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/02/2023	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.43	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for Domain name and emails
		Payment for Domain name and emails
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
_		

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

Mount of the Control of the Control

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/47 Rpt: 17/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/01/2023	Google Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Payment for Domain name and emails
		rayment for Domain name and emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	
	04/04/2023	Payee name Graphic Xpression
	Amount (\$)	Payee address; City; State; Zip Code
	\$866.32	3706 Martz Ln
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2023	Gregory Portland ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1200 Broadway Blvd.
		Portland, TX 78374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
	OF	Contributions/Donations Made by
	OF EXPENDITURE	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Sponsorship
	OF	Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense Sponsorship  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense Sponsorship  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense Sponsorship  Candidate/Officeholder name  Office sought  Office held

#### 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				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 15/47 Rpt: 18/50	LaMantia, Morgan J. (The Honorable) 00086109			
4	Date	5 Payee name			
	03/27/2023	Hidalgo County Democrats			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$500.00	814 Del Oro Ln			
		Pharr, TX 78577			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Contributions/Donations Made By			
	EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
		Sponsorship			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/O				
	Date	Payee name			
	03/07/2023	In Brand Boosters			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$833.53	3607 S L Ln			
		McAllen, TX 78503			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Marketing			
		Watkering			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·			
<b>-</b>	Date	Payee name	_		
	02/06/2023	Incarnate Word Academy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$85.00	244 Resaca Blvd			
	<del>+23.00</del>				
		Brownsville, TX 78520			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

#### 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

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services	s expense	Salaries/W		se s/Contract Labor		OTHER (enter a	category not listed above	)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 16/47 Rpt: 19/50		LaMantia, M	organ J. (The	Honorable)					00086109		
4	Date	5	Payee name									
	02/08/2023	ı	Ingleside Ch	amber								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$137.50	ı	2809 Main S	-		•						
			Ingleside, TX	< 78362								
8	PURPOSE	⊢					(h)	Description				
ľ	OF			e Categories listed at S/Donations M		iedule)	(D)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			officeholder/Po		nittee				officeholder living	•	
								Sponsorship				
9	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/30/2023		Innovation &	Technology (	Caucus							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$100.00		1108 Lavaca	Street. Ste 1	10-701							
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF	` `	Fees	o dategories iisted at	the top of this son	icuaic)		_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_	, TX,	officeholder living	expense	
								Dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(	Office sou	ght			Office he	eld	
		_										
	Date	ı	Payee name									
	05/22/2023		Instituto de (	Cultura Hispan	ica							
	Amount (\$)	ı	Payee addres		State	; Zip Co	de					
	\$400.00		1617 N Cha <sub>l</sub>	parral St								
			Corpus Chris	sti, TX 78401								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M						de of Texas. Com		
			Candidate/O	fficeholder/Po	litical Comm	nittee		Sponsorship	, IX,	officeholder living	expense	
								Sporisorsinp				
_	Complete ONLY if direct	Щ	Candidate/Offic	eholder name	(	Office sou	aht			Office he	-jų	
	expenditure to benefit C/OI		Janualui O III C	Cholact Hame		J.1100 30U	9,11			Cince the	,, <u>,</u>	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/47 Rpt: 20/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/15/2023	J. Michael Design and Construction
6	Amount (\$) \$5,425.00	7 Payee address; City; State; Zip Code 400 Austin Ave #103
		Waco, TX 76701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Johnson, Reed H.E.
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1324 E Madison St
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General Consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Johnson, Reed H.E.
	Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 1324 E Madison St
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  General Reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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 Committee

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: 18/47 Rpt: 21/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/23/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Consulting
		Scheral Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Power name
	01/23/2023	Payee name
		Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,380.64	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		General Neimbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/10/2023	Payee name Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		General Kelitibulsettietik
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/47 Rpt: 22/50 LaMantia, Morgan J. (The Honorable) 00086109 4 Date Payee name 02/23/2023 Johnson, Reed H.E. 6 Amount (\$) Payee address; State; Zip Code \$5,000.00 1122 Colorado St Ste 208 Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense General Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2023 Johnson, Reed H.E. Amount (\$) Payee address; City; State; Zip Code \$5,000.00 1122 Colorado St Ste 208 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense General Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/03/2023 Johnson, Reed H.E. Amount (\$) Payee address: City; State; Zip Code \$5,000.00 1122 Colorado St Ste 208 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **General Consulting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20/47 Rpt: 23/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/22/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Consulting
		Scheral Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Payee name
	06/08/2023	Johnson, Reed H.E.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		Schera Normburschien
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	06/21/2023	Payee name Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		General Neimbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

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

	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/47 Rpt: 24/50	LaMantia, Morgan J. (The Honorable)		00086109
4	Date	5 Payee name		<b>'</b>
	06/27/2023	Johnson, Reed H.E.		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$5,000.00	1122 Colorado St Ste 208		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense General Consulting
				Contral Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O		3	
	Date	Payee name		
	03/10/2023	Johnson, Reed H.E.		
	Amount (\$)	Payee address; City; State; Zip 0	code	
	\$1,830.00	1122 Colorado St Ste 208		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				General Reimbursement
-	Complete ONLY if direct	Candidate/Officeholder name Office so	luaht	Office held
	expenditure to benefit C/O		.ag	Cines near
-	Date	Payee name		
	04/05/2023	Johnson, Reed H.E.		
	Amount (\$)	Payee address; City; State; Zip (	ode	
	\$1,200.00	1122 Colorado St Ste 208		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				General Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office so	l labt	Office held
	expenditure to benefit C/Ol		,ugrit	Office Held
H				

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Codif. Card Bourgout

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 22/47 Rpt: 25/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/21/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,070.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		General Reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/28/2023	Johnson, Reed H.E.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		Contra remindration
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/05/2023	Johnson, Reed H.E.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$510.00	1122 Colorado St Ste 208
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		General Reimbursement
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 23/47 Rpt: 26/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
L	05/09/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$650.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		Scheral Neimburschicht
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/23/2023	Johnson, Reed H.E.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		General Reimbursement
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/25/2023	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$670.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense  General Reimbursement
		General Reinibulsement
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Candidate/Officeholder/Politica			vards/Memorials i Services		Printing Ex Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
	Credit Card Payment		The I	nstruction Gu	ide explains ho	w to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILEI	R NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 24/47 Rpt: 27/50	LaM	antia, Morga	an J. (The H	Honorable)					00086109		
4	Date	<b>5</b> Paye	e name						_			
	06/05/2023		ison, Reed I	H.E.								
6	Amount (\$)	<b>7</b> Paye	e address;	City;	State;	Zip Co	de					
	\$275.00	1122	Colorado S	St Ste 208								
		Aust	in, TX 7870:	1								
8	PURPOSE				e top of this sched	ula)	(b)	Description				
	OF		Repaymen			uie)	(~)	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder living	g expense	
								General Rein	nbu	irsement		
9	Complete ONLY if direct expenditure to benefit C/OH		date/Officehol	der name	Off	fice sou	ght			Office h	eld	
	experientare to benefit 6/01											
	Date	Paye	e name									
	04/21/2023	King	sville Cham	ber of Comr	nerce							
	Amount (\$)	Paye	e address;	City;	State;	Zip Co	de					
	\$600.00	231	E Kleberg A	ve								
		King	sville, TX 78	3363								
	PURPOSE	(a) Cate	gory (See Cate	gories listed at th	e top of this sched	ule)	(b)	Description				
	OF EXPENDITURE	Cont	ributions/Do	nations Ma	de By			<b>=</b>			plete Schedule T.	
	EXI ENDITORE	Can	didate/Office	holder/Polit	ical Commit	tee		_	, TX,	officeholder living	g expense	
								Sponsorship				
	Complete ONLY if direct	Candio	date/Officehol	der name	Off	fice sou	aht			Office h	eld	
	expenditure to benefit C/O		ate/Onicerior	dei name	Oil	nce sou	giit			Office II	eiu	
_	Date											
	Date 05/12/2023	,	e name cvillo ISD Ev	ducation Fo	undation							
			sville ISD E									
	Amount (\$)		e address;	City;	State;	Zip Co	de					
	\$500.00	207	N 3rd St									
		King	sville, TX 78	3363								
	PURPOSE OF		•	-	e top of this sched	ule)	(b)	Description	oto:	do of Toyon Com	volete Cebedule T	
	EXPENDITURE		ributions/Do		de By ical Commit	tee		<b>=</b>		officeholder living	plete Schedule T. g expense	
		Ouri	and actor Office	7110100171 0111	ioai Commi			Sponsorship			,	
	Complete ONLY if direct		date/Officehol	der name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	4										
ı												

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 25/47 Rpt: 28/50	LaMantia, Morgan J. (The Honorable)			00086109	
4	Date	5 Payee name				
	02/07/2023	Kleberg County Attorney Extravaganza				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	700 E Kleberg Avenue				
		Kingsville, TX 78363				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By				nplete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee	ш	, TX,	, officeholder living	g expense
			Sponsorship			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	ald
Ĭ	expenditure to benefit C/O				Office II	Ciu
H	Date	Davis vers				
	06/05/2023	Payee name Kleberg County				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	700 E Kleberg Avenue				
	Ψ1,000.00	700 L Nieberg Avenue				
		Kingsville, TX 78363				
	PURPOSE		Description			
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Description  Check if travel of	outsi	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee			, officeholder livin	
			Sponsorship			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/Ol	<u> </u>				
	Date	Payee name				
	01/18/2023	LaMantia, Morgan				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$525.89	1324 E Madison St				
		Brownsville, TX 78520				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement	ш			nplete Schedule T.
	EXI ENDITORE		ш		, officeholder livin	g expense
			General Reim	IDL	ırsement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	old
	expenditure to benefit C/O				Office II	ciu

#### SCHEDULE F1

**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

	Candidate/Officeholder/Politica Credit Card Payment		gal Services	Salaries/W		Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment	Th	e Instruction Guide explains	how to cor	nplet	e this form.				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	)
	Sch: 26/47 Rpt: 29/50	LaMantia, Mor	gan J. (The Honorable)	)				00086109		
4	Date	5 Payee name				•				
	02/03/2023	LaMantia, Mor	gan							
6	Amount (\$)	7 Payee address;	City; State	e; Zip Coo	de					
	\$900.00	1324 E Madiso	on St							
		Brownsville, T	X 78520							
8	PURPOSE				(h)	Donovintion				
°	OF		categories listed at the top of this scl	hedule)	(u) 1	Description  Check if travel of	nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	соан керауш	ent/Reimbursement		İ	_		officeholder living	•	
						<b></b> General Reim	ıbu	rsement		
9	Complete ONLY if direct	Candidate/Officel	nolder name	Office souç	ght			Office he	eld	
	expenditure to benefit C/OI	ł								
	Date	Payee name								_
	06/29/2023	Livaudais, Chr	ristopher							
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de					
	\$500.00	11623 Q Rand		, ,						
	+333.33									
		Austin, TX 787	750							
	DUDDOCE				(h)					
	PURPOSE OF		categories listed at the top of this scl	hedule)	(a) 1	Description  Check if travel of	nutsii	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Salaries/wage	es/Contract Labor		i	_		officeholder living		
						 End of Sessic	on E	Bonus		
	Complete ONLY if direct	Candidate/Officel	nolder name	Office souç	ght			Office he	eld	
	expenditure to benefit C/O	ł								
	Date	Payee name								_
	03/01/2023	MAP Political	Communications							
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de					
	\$5,090.00	2400 S 4th St.	•							
		Austin, TX 787	704							
	PURPOSE				(h)	Description				
	OF	Advertising Ex	categories listed at the top of this scl	nedule)	(D) 		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Advertising Ex	pense		į	Check if Austin,	TX,	officeholder living	expense	
						Advertising				
	Complete ONLY if direct	Candidate/Office	nolder name	Office sou	ght			Office he	eld	
L	expenditure to benefit C/O	1 								

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/47 Rpt: 30/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/01/2023	MAP Political Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54,285.37	2400 S 4th St.
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	02/28/2023	Madrid, Rudy
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	700 E Kleberg Avenue
		Kingsville, TX 78363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Сропоотопір
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	03/22/2023	Marine Military Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	320 lwo Jima Blvd
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	п

#### 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

	Contributions/ Donations Made By 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: 28/47 Rpt: 31/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/29/2023	Monklongo, Jocelyse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	875 PineMore Drive
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		End of Session Bonus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2023	Nueces County Sheriff Officers' Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3122 Leopard St
		Corpus Christi, TX 78408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Sponsorship
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2023	O'Bell, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	4681 Larkspur Drive
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

### SCHEDULE F1

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

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 Salaries (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 29/47 Rpt: 32/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/23/2023	O'Bell, Ruben
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4681 Larkspur Drive
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
H	Date	Davisa nama
	04/01/2023	Payee name O'Bell, Ruben
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4681 Larkspur Drive
	φ300.00	4001 Laikspui Diive
		Drougestille TV 70526
		Brownsville, TX 78526
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2023	O'Bell, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4681 Larkspur Drive
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>y</b>

#### 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

	Candidate/Officeholder/Politica		nmittee Legal Services Salaries/Wages/Contract	ct Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to complete this	s form.				
1	Total pages Schedule F1:	2	FILER NAME	3	}	Filer ID	(Ethics Commission F	-ilers)
	Sch: 30/47 Rpt: 33/50		LaMantia, Morgan J. (The Honorable)			00086109		
4	Date	5	Payee name	<u> </u>				
	05/22/2023		O'Bell, Ruben					
_	Amount (\$)	-	Payee address; City; State; Zip Code					
Ü	\$500.00	ľ	4681 Larkspur Drive					
	φ300.00		4001 LaikSpui Diive					
			Brownsville, TX 78526					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Descri	•				
	OF EXPENDITURE		Galaries/Wages/Contract Easor				plete Schedule T.	
			H	reck if Austin, 17		officeholder living	expense	
			Conti	ii aci Laboi				
_	0 1: 0 1: 0	_				0,1,1		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought			Office he	eld	
	Date		Payee name					
	02/10/2023		O'Bell, Ruben					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$1,426.70		4681 Larkspur Drive					
			Brownsville, TX 78526					
	PURPOSE	(2)		rintion				
	OF	(۵)	Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description	•	tsid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE		Loui Repayment Reimbarsement			officeholder living		
			Gene	eral Reimb	uı	rsement		
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	02/24/2023		O'Bell, Ruben					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$420.43		4681 Larkspur Drive					
	Ψ+20.40		4001 Landpur Diffe					
			Drawnarilla TV 70520					
			Brownsville, TX 78526					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Descri			<b></b>		
	EXPENDITURE		Loan Repayment Reimbarsement			e of Texas. Com officeholder living	plete Schedule T.	
				eral Reimb			схрепас	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought			Office he	eld .	
	expenditure to benefit C/OI		Since Sought			Cilioc III		

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By - Gift/Awards/Memor

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 31/47 Rpt: 34/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/27/2023	O'Bell, Ruben
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4681 Larkspur Drive
		Brownsville, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	01/23/2023	Pereida, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3725 Amanda Lane
	, ,	
		Robstown, TX 78380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	02/23/2023	Pereida, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3725 Amanda Lane
		Robstown, TX 78380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### 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 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 32/47 Rpt: 35/50	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
Ļ	04/01/2023	Pereida, Jose	
6	Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3725 Amanda Lane	
	Ψ100.00	orza / whataa zana	
		Robstown, TX 78380	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	LA LIBROIL	Contract Lab	n, TX, officeholder living expense
		Somutor East	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	04/03/2023	Pereida, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3725 Amanda Lane	
		Robstown, TX 78380	
	PURPOSE OF	(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 T.
	EXPENDITURE	Jaianes/Wages/Contract Eabor	n, TX, officeholder living expense
		Contract Lab	or
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
_	Date	Payee name	
	05/22/2023	Pereida, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3725 Amanda Lane	
		Robstown, TX 78380	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Austriale of Tours Countries Cale dale T
	EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Contract Lab	oor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	onpolicitate to beliefit 6/01		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
	Sch: 33/47 Rpt: 36/50	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	06/23/2023	Pereida, Jose	
6	Amount (\$) \$987.20	7 Payee address; City; State; Zip Code 3725 Amanda Lane	
		Robstown, TX 78380	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		General Reimbursement	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	06/22/2023	Pereida, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	3725 Amanda Lane	
		Robstown, TX 78380	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		General Reimbursement	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to beliefit C/O		
	Date	Payee name	
	06/27/2023	Pereida, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3725 Amanda Lane	
		Robstown, TX 78380	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		General Reimbursement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	7	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 34/47 Rpt: 37/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/14/2023	Pereida, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$645.13	3725 Amanda Lane
		Robstown, TX 78380
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Reimbursement
		Scheral Neimburschicht
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
F	Date	Payee name
	02/09/2023	Portland Chamber of Commerce
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1211 US Hwy 181
		Portland, TX 78374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Cponsoromp
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/17/2023	RGV Humane Society
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1106 Markowsky Ave
		Harligen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sponsorship
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/47 Rpt: 38/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/09/2023	Raymondville Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	700 FM 3168
		Raymondville, TX 78580
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/08/2023	Regulus Real Estate Holdings, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$329.87	3705 Cottontail
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Rental Expense
		Kental Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/28/2023	Rio Grande Valley Live Stock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1000 N Texas Ave
		Mercedes , TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office equality
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 36/47 Rpt: 39/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/29/2023	Rodriguez, Erika
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2464 Firenze Street
		Brownsville, TX 78520
8	PURPOSE OF EXPENDITURE	(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 T.  Check if Austin, TX, officeholder living expense  End of Session Bonus
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/08/2023	SJA Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,250.00	1212 N Tancahua
		Corpus Christi, TX 78401
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Equipment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Sanchez, Romo
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 673 Webb St
		Mercedes, TX 78570
	PURPOSE OF EXPENDITURE	(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 T.  Check if Austin, TX, officeholder living expense  Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 37/47 Rpt: 40/50	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
_	01/23/2023	Sanchez, Romo	
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 673 Webb St	
	Ψ2,000.00	ord Webb Ct	
		Mercedes, TX 78570	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	-	Contract Lab	n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	02/23/2023	Sanchez, Romo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
		Marandan TV 70570	
	PURPOSE	Mercedes, TX 78570	
	OF	(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 T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Contract Lab	or
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	04/01/2023	Sanchez, Romo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
		Mercedes, TX 78570	
	PURPOSE OF	(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 T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Contract Lab	oor
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH		Office field
I			

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/47 Rpt: 41/50	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	- 1
	04/03/2023	Sanchez, Romo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
		Mercedes, TX 78570	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Salaries/Wages/Contract Labor	if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	I — I — I	if Austin, TX, officeholder living expense
		Contrac	t Labor
_	Commists ONII V if direct	Condidate/Officeholder neget	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/22/2023	Sanchez, Romo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
		Mercedes, TX 78570	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripting	
	OF EXPENDITURE	Julianes/Wages/Contract Eabor	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		Contrac	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<del>-</del>	
	Date	Payee name	
	06/27/2023	Sanchez, Romo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
	, ,		
		Mercedes, TX 78570	
	PURPOSE		-
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Descripti	OTI if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/Contract Eabor	if Austin, TX, officeholder living expense
		Contrac	t Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_			

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

L Cr	edit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1 Tot	tal pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sc	h: 39/47 Rpt: 42/50	LaMantia, Morgan J. (The Honorable)			00086109	
4 Dat	te	5 Payee name		<u> </u>		
05/	/16/2023	Sanchez, Romo				
6 Am	nount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$500.00	673 Webb St				
		Mercedes, TX 78570				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E,	OF XPENDITURE	Loan Repayment/Reimbursement		Check if travel outsid		
L	KFENDITOKE			Check if Austin, TX, o		g expense
				General Reimbur	sement	
0 00	mplete ONL V if direct	Condidate/Officeholder name Office equ	l abt		Office be	-1d
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt		Office he	eid
Dat		Payee name				
	/05/2023	Sanchez, Romo				
Am	nount (\$)	Payee address; City; State; Zip Co	ode			
	\$431.88	673 Webb St				
		Mercedes, TX 78570				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E	XPENDITURE	Loan Repayment/Reimbursement		Check if travel outsid		
				General Reimbur		у схропос
Co	mplete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight		Office he	eld
exp	penditure to benefit C/O	4				
Dat	te	Payee name				
02/	/24/2023	South Padre Island Fire Fighters				
Am	nount (\$)	Payee address; City; State; Zip Co	ode			
	\$95.00	106 W Retama Street				
		South Padre Island, TX 78597				
	PURPOSE		(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	(5)	Description  Check if travel outsid	e of Texas. Com	plete Schedule T.
E	XPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX,	officeholder living	g expense
				Sponsorship		
	mplete ONLY if direct	Candidate/Officeholder name Office sou	ight		Office he	eld
ехр	penditure to benefit C/O	¬				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 40/47 Rpt: 43/50	2 FILER NAME LaMantia, Morgan J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086109
4	Date 01/13/2023	5 Payee name Spawn Senate Account
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1200 Congress Ave
8	PURPOSE OF EXPENDITURE	Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/09/2023	Payee name State Preservation Board
	Amount (\$) \$195.00	Payee address; City; State; Zip Code 201 E 14th St #950  Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Installation of TV's in Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/03/2023	Payee name Swartz, Emily
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code  1019 E Leggett Rd
		Harlingen, TX 78550
	PURPOSE OF EXPENDITURE	(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 T.  Check if Austin, TX, officeholder living expense  Social Media Managing Expense
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Gard Layment	The Instruction Guide explains how to complete this t	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/47 Rpt: 44/50	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	01/23/2023	Swartz, Emily	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	1019 E Leggett Rd	
		Harlingen, TX 78550	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	•
	EXPENDITURE	Galaries/Wages/Contract Easter	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		I — I —	Il Media Managing Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/23/2023	Swartz, Emily	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1019 E Leggett Rd	
		Harlingen, TX 78550	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	•
	EXPENDITURE	Salaries/ Wages/Cortifact Eabor	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		I — I — I	act Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	04/01/2023	Swartz, Emily	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1019 E Leggett Rd	
		Harlingen, TX 78550	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	Salaries/Wages/Contract Labor	eck if travel outside of Texas. Complete Schedule T.
		,	eck if Austin, TX, officeholder living expense act Labor
		Contra	act Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

## SCHEDULE F1

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

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

Candidate/Officeholder/Politi Credit Card Payment	Cal 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: 42/47 Rpt: 45/50	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
04/03/2023	Swartz, Emily
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	1019 E Leggett Rd
	Harlingen, TX 78550
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
	Contract Labor
	Contract Educati
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	
Data	
Date	Payee name
05/22/2023	Swartz, Emily
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1019 E Leggett Rd
	Harlingen, TX 78550
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Contract Labor
	Contract Edibor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	
Date	Payee name
01/04/2023	Target
Amount (\$)	Payee address; City; State; Zip Code
\$342.50	10107 Research Blvd
	Austin, TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies
0	Our did to 10% as hald as a supply
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholder name Office sought Office held  OH
,	

### SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 43/47 Rpt: 46/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/11/2023	Texas Senate Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1200 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dues
9	Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/06/2023	Texas Senate
H	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1200 Congress Ave
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
		Cinico Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
F	Date	Payee name
	06/12/2023	Texas Senate
H	Amount (\$)	Payee address; City; State; Zip Code
	\$172.50	1200 Congress Ave
	Ψ172.50	1200 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### 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			
	Credit Card F dyment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 44/47 Rpt: 47/50	LaMantia, Morgan J. (The Honorable) 00086109		
4	Date	5 Payee name		
	02/09/2023	Texas Senate		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$25.00	1200 Congress Ave		
		Austin, TX 78701		
8	PURPOSE			
Ü	OF	l		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Gavel		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	<del>-</del>		
	Date	Payee name		
	02/16/2023	Texas Senate		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$172.50			
	\$172.50	1200 Congress Ave		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Purchase for Media Services in Capitol Office		
	Commiste ONII V if diseast	Condidate/Officeholder name Office country		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	02/27/2023	Texas Senate		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$80.00	1200 Congress Ave		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Gavel Purchase for Constituent		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	onponditure to benefit or other			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 45/47 Rpt: 48/50	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/15/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1200 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gavel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/01/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1200 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gavel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	04/10/2023	Texas Southmost College
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	80 Ft Brown St
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		- Ορυπουτοπήρ
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### 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											
1	Total pages Schedule F1:											
	Sch: 46/47 Rpt: 49/50	LaMantia, Morgan J. (The Honorable) 00086109										
4	Date	5 Payee name										
	04/28/2023	United Corpus Christi Chamber of Commerce										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$417.00	602 N Staples St Ste 150										
		Corpus Christi, TX 78401										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Contributions/Donations Made By										
		Candidate/Officeholder/Political Committee										
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held										
_	Date	Davida marra										
	02/08/2023	Payee name United Corpus Christi Chamber of Commerce										
_	Amount (\$)	Payee address; City; State; Zip Code										
	\$525.00	602 N Staples St Ste 150										
	, == :/6	,										
		Corpus Christi, TX 78401										
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description										
EXPENDITURE		Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense										
Sponsorship												
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held										
-	Date	Pavee name										
	01/18/2023	Whitworth Cigarroa PLLC										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$28,040.94	602 E Calton Road P.O. Box 6668										
		Laredo, TX 78042										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.										
	-	Check if Austin, TX, officeholder living expense  General Legal Services										
		25.1.5.a. 25gai 25.1.000										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/O											

### 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	/ - al Co	mmittee	Gift/Awards Legal Servi				kpens /ages	e Contract Labor <b>te this form.</b>		Travel in Distric Travel Out of Di OTHER (enter a	strict	listed above)
1	Total pages Schedule F1:	2	FILER NAM	Ē						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 47/47 Rpt: 50/50		LaMantia,	Morgan J	I. (The H	onorable)					00086109		
4	Date	5	Payee name										
	05/31/2023		Wild Pitch	Baseball	League								
6	Amount (\$)	7	Payee addre	ess; C	ity;	State;	Zip Co	de					
	\$250.00		2500 Price	Rd Suite	200								
			Brownsville	e, TX 785	21								
8	PURPOSE	(a)	Category (S	ee Categorie	s listed at the	top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE		Contributio	ns/Donat	tions Mad	е Ву			<u> </u>		de of Texas. Con		е Т.
l	LXI LINDITORL		Candidate/	Officehol	der/Politi	cal Comm	ittee		_		officeholder livin	gexpense	
l									Sponsorship	)			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	iceholder	name	C	Office sou	ght			Office h	eld	