CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00086109	sion Filers)	2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Morgan J.			Date Received	
'"""					ELECTRONICA	N I V EII ED
					01/16/2024	ALLITILLD
	NICKNAME	LAST		SUFFIX	01/10/2024	
		LaMantia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING	1324 E. Madison Ave.					
ADDRESS					Receipt #	Amount
Change of Address	Brownsville, TX 78520					
🖳	2.0				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER		Eduardo R.		IVII		
NAME	Mr.	Eduardo R.				
	NICKNAME	LAST		SUFFIX		
	PeeWee	Rodriguez				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	222 North Expressway 83					
(Residence or Business)	Suite 203					
(Brownsville, TX 78526					
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(956) 574-9333					
8 DEDODT						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
				Tallon	appointment (office	ceholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	ı		12 OFFICE SOUGHT	(if known)	
	State Senator District 27				,	
			-0 D40= 0			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 98

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)		14 Filer ID 00086109	(Ethics Co	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offic	eholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CO	NTRIBUTIONS (OTHER THAI	N PLEDGES, LOANS,		
TOTALS	OR GUARANTE	ES OF LOANS, OR (CONTRIBUTIONS MADE ELEC		\$	0.00
	(OTHER THAN F		OR GUARANTEES OF LOANS	5)	\$	276,666.00
EXPENDITURE TOTALS						
	4. TOTAL POLITIC		\$	245,726.57		
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	173,667.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	5,165,000.00
17 AFFIDAVIT		tı	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.			
			The Honora	ble Morgan J. LaMa	antia	
		_	Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness r	ny hand and seal of office.			
Signature of office	cer administering	Printed name o	f officer administering	Title of office	er administ	ering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

COVERS								
18 FIL Lal		Mergan J. (The Honorable)	19 Filer ID 00086109	(Ethics C	Commission Filers)			
l		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT			
1.	X	\$	276,306.00					
2.	X	\$	360.00					
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE E: LOANS		\$				
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	245,726.57			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS							
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this 1	orm.	1	Total pages Schedule A1: Sch: 1/38 Rpt: 4/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/11/2023	 Full name of contributor out-of-state PAC (ID#:_A&M PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Austin, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	,		
	Date 12/13/2023	Full name of contributor X out-of-state PAC (ID#: Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code	C00040279)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Abbott Park, IL 60064 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_Abbott, Lance Contributor address; City; State; Zip Code McKinney, TX 75069			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions BevCap Management, L		:	
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_Aguirre & Fields LP PAC Contributor address; City; State; Zip Code Sugar Land, TX 77479			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_Albrecht, Zachary Contributor address; City; State; Zip Code Portland, TX 78374			Amount of Contribution (\$)	\$50.00
	Principal occu Turnaround	pation / Job title (See Instructions) Manager	Employer (See Instructions Celanese)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/38 Rpt: 5/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/13/2023	5 Full name of contributor out-of-state PAC (ID#:_ American Pharmacy Inc. GPAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
_		Corpus Christi, TX 78401				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#:_ Ancira Strategic Partners LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Ancira Strategic Partners LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Arenaz, Pablo Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions TAMIU)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Arenaz, Pablo Contributor address; City; State; Zip Code Laredo, TX 78041)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/38 Rpt: 6/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Brownsville, TX 78526 pation / Job title (See Instructions)	Ta	Employer (See Instructions	;) 		
_	Agent	pation / 300 title (See instructions)		State Farm Insurance	•)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: ASSOCIAPAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#: Association of Fire & Casualty Companies of T Contributor address; City; State; Zip Code	exa		•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746	_		_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 10/04/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$5,000.00
	Principal occu President	McAllen, TX 78501 pation / Job title (See Instructions)		Employer (See Instructions University of Texas Rio		ande Valley	
	Date 08/29/2023	Full name of contributor out-of-state PAC (ID#: Ben E. Keith Company Texas PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/38 Rpt: 7/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/13/2023	Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_	Dringing! good	Austin, TX 78701	O Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Blackstone Dilworth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Sandia, TX 78383 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Boone, Charlie Contributor address; City; State; Zip Code Ingleside, TX 78532			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 12/13/2023	Full name of contributor x out-of-state PAC (ID#: G Bristol Myers Squibb Company PAC Contributor address; City; State; Zip Code Washington, DC 20004	· · ·		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#:_ Brown, Laurie Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$2,500.00
	Principal occu Vice Preside	pation / Job title (See Instructions) ent	Employer (See Instructions Brown Distributing)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/38 Rpt: 8/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/29/2023	 Full name of contributor out-of-state PAC (ID#:_Bruni III, Ernest Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Laredo, TX 78045	D. Frankrian (Co. Instructions			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 12/13/2023	Full name of contributor X out-of-state PAC (ID#:_ CVS Health PAC Contributor address; City; State; Zip Code	C00384818)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Cantu, Alonzo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	McAllen, TX 78502 pation / Job title (See Instructions)	Employer (See Instructions)		
	CEO		Cantu Construction			
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#:_ Carona Sr., John Contributor address; City; State; Zip Code Dallas, TX 75205)		Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Associa)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Castillo Reyes & Del Rio Law Group Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 6/38 Rpt: 9/98
2	FILER NAME LaMantia, M	organ J. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00086109
4	Date 12/26/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$) \$2,500.00
_		Houston, TX 77210			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)	
	Date 10/03/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$) \$10,000.00
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 12/05/2023	Full name of contributor out-of-state PAC (II Cigarroa, Alyssa Contributor address; City; State; Zip Code Laredo, TX 78041	D#:)		Amount of Contribution (\$) \$500.00
	Principal occu Founder	pation / Job title (See Instructions)	Employer (See Instructions Cultivarte Laredo	l ns)	
	Date 11/20/2023	Full name of contributor out-of-state PAC (II Cobb Fendley PAC Contributor address; City; State; Zip Code Houston, TX 77040	D#:)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 12/13/2023	Full name of contributor x out-of-state PAC (II Comcast Corporation & NBC Universal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	D#: C00248716)		Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)	
			•		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/38 Rpt: 10/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/20/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Laredo, TX 78043				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Congress Avenue Partners, LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Covarrubias, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78229				
	Owner	pation / Job title (See Instructions)	Employer (See Instructions Structural Engineering A		ociates, Inc.	
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Cravens, Kenneth Contributor address; City; State; Zip Code Spring, TX 77389			Amount of Contribution (\$)	\$2,500.00
	Principal occu Vice Preside	pation / Job title (See Instructions)	Employer (See Instructions Laredo Energy)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Creative Print Ideas LLC Contributor address; City; State; Zip Code Laredo, TX 78040)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/38 Rpt: 11/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/13/2023	5 Full name of contributorCruz, Juan Jose6 Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Laredo, TX 78045					
8	Principal occu Partner	pation / Job title (See Instructions	9	Employer (See Instructions J Cruz & Associates LLO			
	Date 07/21/2023	Full name of contributor Cuevas, Jo Cassandra Contributor address; City; S)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions	5)	Employer (See Instructions	;) 		
	Consultant	panon, ees and (ees mendenen		The De Cuebaz Co.	,		
	Date 12/06/2023	Full name of contributor Czar, Jeffrey Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$200.00
		Laredo, TX 78041					
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Law Office of Jeffrey Cz			
	Date 11/20/2023	Full name of contributor DEC PAC Contributor address; City; S Houston, TX 77046	out-of-state PAC (ID#:tate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>(</u>		
	Date 12/11/2023	Full name of contributor Daley, Thomas Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Business Ov	pation / Job title (See Instructions vner	5)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 9/38 Rpt: 12/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/20/2023	 5 Full name of contributor out-of-st Davenport, Dick 6 Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	9	Employer (See Instructions Self	 i)		
	Date 12/05/2023	Full name of contributor out-of-st De La Garza, Deanna Contributor address; City; State; Zip Cod Pearland, TX 77584	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
			Employer (See Instructions McDonald's	5)			
	Date 12/05/2023	Full name of contributor out-of-st Dobski, Anthony Contributor address; City; State; Zip Cod Fort Worth, TX 76109	tate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Franchise O	pation / Job title (See Instructions)		Employer (See Instructions McDonald's	<u> </u>		
	Date 12/26/2023	Ehmann, Jo Ann	tate PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Mayor	pation / Job title (See Instructions)		Employer (See Instructions City of Ingleside on the		/	
	Date 12/13/2023	Full name of contributor x out-of-st Eli Lilly & Company PAC Contributor address; City; State; Zip Cod Indianapolis, IN 46285	tate PAC (ID#: <u>C00</u>	082792		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		E A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/38 Rpt: 13/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	n Filers)
4	Date 12/11/2023	5 Full name of contributor out-of-state PAC (ID#:_ Esparza, Roman 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Brownsville, TX 78521				
8	Principal occu Partner	pation / Job title (See Instructions)	9 Employer (See Instructions Esparza & Garza LLP)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Farias, Susana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Farias, Susana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Laredo, TX 78041				
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 07/21/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	Not Employed			
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Flores, Hugo Contributor address; City; State; Zip Code Laredo, TX 78045			Amount of Contribution (\$)	\$500.00
	Principal occu Rancher	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/38 Rpt: 14/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/13/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	5 Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Freese & Nichols PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringing occur	Fort Worth, TX 76102	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Friese, Karen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78731				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions K Friese & Associates)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Galo, John Contributor address; City; State; Zip Code Laredo, TX 78041)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Garza, Leo Contributor address; City; State; Zip Code Brownsville, TX 78520)		Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions South Texas Rehabilitat		Hospital	

	MONEI	ARY POLITICAL CON		SCHEDUI	E A1		
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 12/38 Rpt: 15/98	
2	FILER NAME	- (=1			3	Filer ID (Ethics Commission	on Filers)
		organ J. (The Honorable)				00086109	
4	Date 12/11/2023	 5 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Brownsville, TX 78520					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Partner			Carr Riggs & Ingram			
	Date	Full name of contributor ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/16/2023	Godines, Viola					\$450.00
		Contributor address; City; State; Z	ip Code				
		, ,,	•				
		Laredo, TX 78041					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Office Manag	ger		Reynaldo Godines MD			
	Date	Full name of contributor	ut-of-state PAC (ID#:	1		Amount of Contribution (\$)	
	12/11/2023	Gonzales, Veronica	or or state 1 AC (15#			ranount of Continuation (4)	\$500.00
	,,	Contributor address; City; State; Z	in Code				4000.00
		Contributor address, City, State, 2	ip Code				
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		ernmental and Community Relation	ıs	University of Texas Rio		ande Valley	
	Date		ut-of-state PAC (ID#: <u>C00</u>	200585		Amount of Contribution (\$)	ф1 E00 00
	12/13/2023	Greenberg Traurig, P.A. PAC					\$1,500.00
		Contributor address; City; State; Z	ip Code				
		Albany, NY 12207					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
	i illicipai occu	panon / 300 title (300 manucions)		Employer (See mandenons	')		
	Date		ut-of-state PAC (ID#:)		Amount of Contribution (\$)	** ***
	12/13/2023	HOMEPAC OF TEXAS, Texas	Assoc. of Builders				\$1,000.00
		Contributor address; City; State; Z	ip Code				
		Augtin TV 70701					
	Dringing	Austin, TX 78701	ı	Employer (Cas Instruct)	Γ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	ı	Total pages Schedule A1: Sch: 13/38 Rpt: 16/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		ı	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 07/21/2023	5 Full name of contributor out-of-state PAC (ID#:_ Hadley, Lauren 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
0	Dringing ogg	Austin, TX 78751	9. Employer (See Instructions	<u>,, </u>		
8	Chief of Staf		9 Employer (See Instructions) Texas House of Represe		atives	
	Date 11/20/2023	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
	Dringing! goog	Richardson, TX 75081	Employer (Co. Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	·)		
	Date 09/26/2023	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75220				
	Principal occu Vice Chairm	pation / Job title (See Instructions) an of Board	Employer (See Instructions) Ben E. Keith Co.	s)		
	Date 09/26/2023	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Vice Preside	pation / Job title (See Instructions) ent	Employer (See Instructions) Ben E. Keith Co.	<u>s)</u>		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_ Hallam, John Contributor address; City; State; Zip Code Dallas, TX 75205			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) Ben E. Keith Co.	s)		

	MONET	ARY POLITICAL (S		SCHEDULE A1			
	The Instruc	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 14/38 Rpt: 17/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)				3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 09/26/2023	5 Full name of contributor Hallam Jr., Robert6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$1,000.00
_		Dallas, TX 75205	· 1-			_		
8	Principal occu President	pation / Job title (See Instructions	5)		Employer (See Instructions Ben E. Keith Co.	5)		
	Date 10/17/2023	Full name of contributor Hammes, Patrick Contributor address; City; S)		Amount of Contribution (\$)	\$1,000.00
	Dringing! goog	Brownsville, TX 78521	5)		Employer (See Instructions	·/		
	Teacher	pation / Job title (See Instructions	5)		Brownsville ISD)		
	Date 12/05/2023	Full name of contributor Haynes, Richard Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
		Laredo, TX 78045						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		
	Date 12/13/2023	Full name of contributor Hillco PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor Hoskins, William Wesley Contributor address; City; S Portland, TX 78374	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions	5)		Employer (See Instructions First Community Bank	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/38 Rpt: 18/98		
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)	
4	Date 11/30/2023	5 Full name of contributor out-of-state PAC (ID#:_ Howard, Mike 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00	
_		San Antonio, TX 78209					
8	CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Howard Energy)			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Huitt-Zollars Inc Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions)			
	-						
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ IBC State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		San Antonio, TX 78205					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ J. Ancira Strategies Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/18/2023	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker LLP PAC Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/38 Rpt: 19/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/05/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$3,000.00
•	Dringing Loggy	San Antonio, TX 78229	• Employer (Coo Instructions			
8		pation / Job title (See Instructions) Advisory Analyst	Employer (See Instructions Houlihan Lokey)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#: Jamco International, Inc. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/21/2023	Full name of contributor out-of-state PAC (ID#: James, Luz Mila Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Corpus Christi, TX 78412				
	Principal occu Senior Clerk	pation / Job title (See Instructions)	Employer (See Instructions Nueces County District (rk	
	Date 07/21/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Garry Contributor address; City; State; Zip Code Fort Worth, TX 76107			Amount of Contribution (\$)	\$250.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector	Employer (See Instructions DFER TX)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ K&L Gates, LLP Contributor address; City; State; Zip Code Dallas, TX 75201)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/38 Rpt: 20/98		
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)	
4	Date 11/20/2023	5 Full name of contributor out-of-state PAC (ID#:_ KCI Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	San Antonio, TX 78248 pation / Job title (See Instructions)	9 Employer (See Instructions				
•	Principal occu	pation / Job title (See Instructions)	S Employer (See Instructions) 			
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Killam Development, Ltd. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Laredo, TX 78042 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Klaes, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		El Paso, TX 79925					
		pation / Job title (See Instructions) Project Manager	Employer (See Instructions Moreno Cardenas Inc.)			
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_Kleberg, Scott Contributor address; City; State; Zip Code Fort Worth , TX 76107)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions CA Partners Holdings)			
	Date 10/30/2023	Full name of contributor X out-of-state PAC (ID#: State) KochPach - Koch Industries Contributor address; City; State; Zip Code Wichita, KS 67220	000236489		Amount of Contribution (\$)	\$3,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL (IS		SCHEDUI	E A1		
	The Instru	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 18/38 Rpt: 21/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)				3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/11/2023	5 Full name of contributor La Fontaine, Javier6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
8	Dringing oggu	Harlingen, TX 78550	o)	_	Employer (See Instructions	<u></u>		
•	Dean Dean	pation / Job title (See Instruction	5)	9	UTRGV School of Podia		c Medicine	
	Date 11/20/2023	Full name of contributor LanPAC Contributor address; City; S					Amount of Contribution (\$)	\$500.00
	Dringing! goog	Houston, TX 77042	2)		Employer (See Instructions	<u></u>		
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	·)		
	Date 12/13/2023	Full name of contributor Lee A Woods PAC Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 08/16/2023	Full name of contributor Legacy 44 Contributor address; City; S Austin, TX 78756	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 11/20/2023	Full name of contributor Lennard, Lee Contributor address; City; S Katy, TX 77450	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu President/CE	pation / Job title (See Instruction EO	s)		Employer (See Instructions BGE, Inc.	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/38 Rpt: 22/98		
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)	
4	Date 12/11/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00	
_	Deinsinal	Austin, TX 78760	O Frankrije (Con lastvartina)				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Lloyd Gosselink Rochelle & Townsend, P.C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Lobo Logistics, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Lopez, Goyo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)			
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Lucio, Erick Contributor address; City; State; Zip Code Rancho Viejo, TX 78575)		Amount of Contribution (\$)	\$250.00	
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Hamilton & Lucio PC)			

	MONET	ARY POLITICAL (ONS		SCHEDU	LE A1	
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/38 Rpt: 23/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/07/2023	5 Full name of contributor Macdonald, Douglas6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
8	Drincinal occu	Laredo, TX 78045 pation / Job title (See Instructions	<u>, </u>	9 Employer (See Instructions	·)		
•	President/CE)	Texas Community Bank			
	Date 12/14/2023	Full name of contributor Management & Training (Contributor address; City; Si		000208322		Amount of Contribution (\$)	\$500.00
	Principal occu	Centerville, UT 84014 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/05/2023	Full name of contributor Marasco III, Michael Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions McDonald's of Laredo	<u>l</u> s)		
	Date 12/11/2023	Full name of contributor Marin, Carlos Contributor address; City; Si Brownsville, TX 78520)		Amount of Contribution (\$)	\$2,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Ambiotec Civil Engineer		g Group, Inc.	
	Date 12/11/2023	Full name of contributor Martinez Tijerina PLLC Contributor address; City; Si Brownsville, TX 78520	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 21/38 Rpt: 24/98	
2	FILER NAME LaMantia, Mo	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 10/17/2023	5 Full name of contributor Maymon, David6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Dallas, TX 75247 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Founder/CE			Sunshine Pediatric Day		nters	
	Date 11/20/2023	Full name of contributor Miller, Jack Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$500.00
	Principal occur	Houston, TX 77077 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Attorney	pation / vob title (Gee motifications)		Self	')		
	Date 11/09/2023	Full name of contributor Morales, Ricardo Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041					
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions Person Mohrer Boddy G		cia & Gutierrez, PLLC	
	Date 07/21/2023	Full name of contributor Morales, Ricardo Contributor address; City; State Laredo, TX 78041	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions Person Mohrer Boddy G		cia & Gutierrez, PLLC	
	Date 09/18/2023	Full name of contributor Morales, Ricardo Contributor address; City; State Laredo, TX 78041	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions Person Mohrer Boddy G		cia & Gutierrez, PLLC	
			<u>'</u>				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 22/38 Rpt: 25/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/26/2023	 Full name of contributor out-of-state out-o			7	Amount of Contribution (\$)	\$25.00
_		Laredo, TX 78041	- Ia	5 1 (0 1 1 1			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Person, Mohrer, Boddy,		arcia & Gutierrez PLLC	
	Date 12/05/2023	Moroch, Thomas				Amount of Contribution (\$)	\$500.00
	Dringinal accu	Dallas, TX 75219 pation / Job title (See Instructions)	-	Employer (See Instructions	·,		
	Chairman	pation / Job title (See Instructions)		Moroch Partners	·)		
	Date 12/11/2023	Full name of contributor	e PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Harlingen, TX 78550					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions MyNuRx Pharmacy	5)		
	Date 12/13/2023	Full name of contributor NACDS PAC Contributor address; City; State; Zip Code Arlington, VA 22209	e PAC (ID#: <u>C00</u>	022368)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2023	Full name of contributor out-of-state NCHA Texas Events PAC Contributor address; City; State; Zip Code Fort Worth, TX 76107	e PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/38 Rpt: 26/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/13/2023	5 Full name of contributor NRG Energy PAC6 Contributor address; City; St	x out-of-state PAC (ID#: Care) ate; Zip Code		7	Amount of Contribution (\$)	\$3,000.00
		Princeton, NJ 08540					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/13/2023	Full name of contributor Nichols, Colby Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Partner	pation 7 300 the (See manuchons)	Ancira Strategic Partner		LC	
	Date 11/30/2023	Full name of contributor Nixon, Dennis Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Laredo, TX 78041					
	Principal occu Banker	pation / Job title (See Instructions)	Employer (See Instructions IBC	s)		
	Date 12/13/2023	Full name of contributor Nyberg, Ann Contributor address; City; St Ingleside, TX 78362)		Amount of Contribution (\$)	\$100.00
	Principal occu Mayor Pro-T	pation / Job title (See Instructions em)	Employer (See Instructions Ingleside on the Bay	s)		
	Date 08/23/2023	Full name of contributor Nye, Patrick Contributor address; City; St Ingleside, TX 78362				Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Nye Exploration & Prod		ion LLC	

	MONET	ARY POLITICAL CONTRIBUT	101	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 24/38 Rpt: 27/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/13/2023	 Full name of contributor	#:		7	Amount of Contribution (\$)	\$500.00
		Ingleside, TX 78362					
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Nye Exploration & Prod		ion LLC	
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID Oncor Texas State PAC Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75202					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/13/2023	Full name of contributor X out-of-state PAC (ID OneOk Employees PAC Contributor address; City; State; Zip Code	#: <u>C0</u>	0215384)		Amount of Contribution (\$)	\$250.00
		Tulsa, OK 74102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID Ortiz, Rolando Contributor address; City; State; Zip Code Laredo, TX 78043)		Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Killam Development	5)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID Ortiz, Rolando Contributor address; City; State; Zip Code Laredo, TX 78043				Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Killam Development	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/38 Rpt: 28/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/26/2023	5 Full name of contributor out-of-state PAC (ID#:_Palacios, Jose 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Daine in all account	Laredo, TX 78041	0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	Principal occu Banker	pation / Job title (See Instructions)	9 Employer (See InstructionsTCB)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Palacios, Rosanne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Employer (See Instructions			
	VP VP	pation 7 oob title (occ instructions)	TX A&M International			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Pape-Dawson Engineers PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78213				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_ Pediatric Dentists PAC Contributor address; City; State; Zip Code Mckinney, TX 75069			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_Peinado, Frank Contributor address; City; State; Zip Code Aubrey, TX 76227			Amount of Contribution (\$)	\$1,000.00
	Principal occu General Cor	pation / Job title (See Instructions) htractor	Employer (See Instructions Self Employed)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/38 Rpt: 29/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/13/2023	5 Full name of contributorPfizer PAC6 Contributor address; City; Sta	x out-of-state PAC (ID#: <u>C</u>	00016683	7	Amount of Contribution (\$)	\$1,000.00
_	<u></u>	New York, NY 10001		2.5.1.(2.1.1.1)			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor Putegnat, Steven Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Rancho Viejo, TX 78575 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	President	,		Titan Fuel	,		
	Date 11/20/2023	Full name of contributor RS&H PAC Texas Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date 12/05/2023	Full name of contributor Ramirez, Ma Minerva Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Laredo College	()		
	Date 12/26/2023	Full name of contributor Reed, Cathy Contributor address; City; Sta				Amount of Contribution (\$)	\$600.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Kevin Reed	()		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/38 Rpt: 30/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 08/16/2023	Full name of contributor		7	Amount of Contribution (\$)	\$450.00
_	<u> </u>	Laredo, TX 78041	10 5 1 10 11			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Angel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		None	,		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Fernando Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Laredo, TX 78045				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions EXL Inc.)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc A Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 07/21/2023	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc A Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/38 Rpt: 31/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 08/16/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$3,000.00
_	Deignigal	Austin, TX 78701	O Frankrige (Cook keets et ander			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/21/2023	Full name of contributor out-of-state PAC (ID#:_Saldana, Amanda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Pharr, TX 78577 pation / Job title (See Instructions)	Employer (See Instructions			
	attorney	pation / 300 title (3ee instructions)	self	<u>, </u>		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Sames, Evelyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Laredo, TX 78041				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Sames Auto Group)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_Schindele, William Contributor address; City; State; Zip Code Silverado, CA 92676			Amount of Contribution (\$)	\$3,000.00
	Principal occu Nursing Hon	pation / Job title (See Instructions) ne Owner	Employer (See Instructions Self)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Sepulveda Jr., Pedro Contributor address; City; State; Zip Code Rancho Viejo, TX 78575			Amount of Contribution (\$)	\$500.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector	Employer (See Instructions Cameron County RMA)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 29/38 Rpt: 32/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3 Filer ID (Ethics Commission 00086109	on Filers)
4	Date 07/21/2023	5 Full name of contributor out-of-state PAC (ID#:_ Shapiro, Florence 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$500.00
_		Austin, TX 78734			
8	Principal occu Lobbyist. Pa	·	9 Employer (See Instructions Shapiro Linn Strategic C		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_Shibuya, Naohiro Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$100.00
	Dringinal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	Employer (See Instructions	2)	
	Podiatrist Podiatrist	pation / 300 title (See Instructions)	UTRGV	5)	
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: Skurow, Catherine Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$100.00
		Portland, TX 78374			
	Principal occu Civil Engine	pation / Job title (See Instructions) er	Employer (See Instructions Texas Molecular	5)	
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Solomon, Christopher Contributor address; City; State; Zip Code Cedar Park, TX 78613)	Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions SAM Companies	5)	
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Speer, Norman Contributor address; City; State; Zip Code Laredo, TX 78045)	Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/38 Rpt: 33/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/20/2023	5 Full name of contributor out-of-state PAC (ID#:_ Spinks, Melvin 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
0	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Senior Vice I		Woolpert)		
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_ Susser, Sam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Deire die alle access	Dallas, TX 75220	Faralassa (Osas kastausti as			
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Susser Holdings II, LP)		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_ TREPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_TSAPAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Texans for Henry Cuellar Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/38 Rpt: 34/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 10/30/2023	5 Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AgFund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Waco, TX 76702 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Food and Fuel Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Homecare & Hospice PAC Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners, LLP Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/38 Rpt: 35/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 07/10/2023	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Austin, TX 78735				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Rural Water PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Surplus Lines Association/PAC Contributor address; City; State; Zip Code Austin, TX 78766)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/38 Rpt: 36/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/26/2023	Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_	Deignaiga I annu	Austin, TX 78701	O Francis var (Cap Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ The American Electric Power Company Texas C Contributor address; City; State; Zip Code	Committee for		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Columbus, OH 43215 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ The Chickasaw Nation Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Ada, OK 74820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Thurber, William Contributor address; City; State; Zip Code Bellaire, TX 77401			Amount of Contribution (\$)	\$500.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Jacobs Engineering Gro		, Inc.	
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Tijerina, Rosaura Contributor address; City; State; Zip Code Laredo, TX 78040)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 34/38 Rpt: 37/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 12/11/2023	5 Full name of contributor Tipton, Nick6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Brownsville, TX 78526 pation / Job title (See Instructions) 9	Employer (See Instructions	(i)		
•	General Mar		,	Tipton Hyundai	,		
	Date 12/11/2023	Full name of contributor Torres, Ruben Contributor address; City; St)		Amount of Contribution (\$)	\$250.00
	Rancho Viejo, TX 78575 Principal occupation / Job title (See Instructions) Employer (See Instructions			<u> </u> ;)			
			Self				
	Date 12/05/2023	Full name of contributor Trautmann Jr., Stephen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Laredo, TX 78045					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Trautmann & Garcia, At		neys at Law PLLC	
	Date 12/05/2023	Full name of contributor Trevino, Guillermo Contributor address; City; St Laredo, TX 78045	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Southern Distributing	5)		
	Date 12/13/2023	Full name of contributor USAA Employees PAC Contributor address; City; St San Antonio, TX 78288	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/38 Rpt: 38/98		
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086109		
4	Date 12/05/2023	Union Pacific Corporation Fund for Effective Government 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,500.00		
		Washington, DC 20005				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_Valdes, Cynthia Contributor address; City; State; Zip Code Ingleside, TX 78362		Amount of Contribution (\$) \$50.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			ns) Coastal Watch Association		
Date 12/13/2023		Full name of contributor out-of-state PAC (ID#: Valenzuela, Joe	Amount of Contribution (\$) \$500.00			
		Contributor address; City; State; Zip Code Round Rock, TX 78665				
	Principal occu Partner	ppation / Job title (See Instructions)	Employer (See Instructions Ancira Strategic Partner			
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_Vallot, Colette Contributor address; City; State; Zip Code Dallas, TX 75219		Amount of Contribution (\$) \$1,000.00		
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Vaquillas Cattle Company, Ltd. Contributor address; City; State; Zip Code Mirando City, TX 78369		Amount of Contribution (\$) \$5,000.00		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/38 Rpt: 39/98	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 11/07/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	President	pation / 300 title (See Instituctions)	About Time Ltd.	,		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Wantman, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Wellington, FL 33414 pation / Job title (See Instructions)	Employer (See Instructions WGI)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of TX PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#:_Wilder, Steve Contributor address; City; State; Zip Code Ingleside, TX 78362)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/38 Rpt: 40/98		
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	on Filers)		
4	Date 11/20/2023	5 Full name of contributor out-of-state PAC (ID#:_ Yanamandala, Raviraj 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
_		Pearland, TX 77584					
8	Principal occu President	pation / Job title (See Instructions)	9 Employer (See Instructions Geotest Engineering Inc				
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Zamir, Asim Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Dringinal occu	Brownsville, TX 78521	Employer (See Instructions	·/			
	Principal occupation / Job title (See Instructions) Employer (See Instruction Physician Brownsville Childrens (
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: Zarrabi, Saam Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Irving, TX 75038					
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions Rodeo Dental	5)			
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_Zayas D.D.S, Joe Contributor address; City; State; Zip Code Ranchero Viejo, TX 78575)		Amount of Contribution (\$)	\$500.00	
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions Self	s)			
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Zepeda, Guadalupe Contributor address; City; State; Zip Code Laredo, TX 78040)		Amount of Contribution (\$)	\$150.00	
	Principal occu Chief of Staf	pation / Job title (See Instructions)	Employer (See Instructions Representative Tracy Ki				

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 38/38 Rpt: 41/98
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086109	
4	Date 11/20/2023	 Full name of contributor	:)	7 Amount of Contribution (\$) \$1,000.00
		Laredo, TX 78041		
8	Principal occu Owner	upation / Job title (See Instructions)	9 Employer (See Instructions Zertuche Construction 1	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 42/98 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LaMantia, Morgan J. (The Honorable) 00086109 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/30/2023 Cavazos, Sergio \$360.00 Table & Chair Rental 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Associate **Greenberg Traurig** 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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

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

	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: 1/56 Rpt: 43/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/26/2023	ActBlue
6	Amount (\$) \$1,726.42	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	Alamo Chamber of Commerce
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 715 US-83 BUS
		Alamo, TX 78516
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 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	Payee name
	08/01/2023	Alcala, Daphne
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1911 San Gabriel Street Apt. 107
		Austin, TX 78705
	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/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 2/56 Rpt: 44/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/29/2023	Alcala, Daphne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1911 San Gabriel Street Apt. 107
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Contract Labor
L		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2023	Alcala, Daphne
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1911 San Gabriel Street Apt. 107
	7200.00	2022 Osar Gasto, Gasto, pa. 20.
		Austin, TX 78705
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/31/2023	Alcala, Daphne
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1911 San Gabriel Street Apt. 107
		Austin, TX 78705
	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
L	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
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: 3/56 Rpt: 45/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/01/2023	Alcala, Daphne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1911 San Gabriel Street Apt. 107
		Austin, TX 78705
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
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/07/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.14	410 Terry Ave. North
		Seattle, WA 98109
	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 Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	v
-	Date	Payee name
	11/06/2023	American Legion Ernest Anderson Post 99
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2502 E Kenedy Ave,
	,	
		Kingsville, TX 78363
	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 Check if Austin, TX, officeholder living expense Sponsorship
		- Οροποσιοτήρ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

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: 4/56 Rpt: 46/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/02/2023	Aransas Pass Chamber of Commerce
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
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2023	Aransas Pass Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	130 W Goodnight Ave #361,
	φοσο.σσ	100 W Gooding W W W W W W W W W W W W W W W W W W W
		Avenue Beer TV 70000
		Aransas Pass, TX 78336
	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
		opensorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	·	
	Date	Payee name
	11/28/2023	Beyond Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	125 Country Club Road
		Brownsville, TX 78520
	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
		Campaign Video
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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	
1	Total pages Schedule F1:	
_	Sch: 5/56 Rpt: 47/98	
_	· .	,
4		5 Payee name
	12/19/2023	BizEgo Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,120.70	222 N Expressway, Ste. 111
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Signs
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/18/2023	Bleu Agave Media Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$60,000.00	2108 Central Blvd

		Brownsville, TX 78520
	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.
		Conculting Expanse
		Consulting Expense
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/18/2023	Breaking Boundaries Dance Art Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1180 Robinhood Street
		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
		Sponsorship
	Operated Other William	Out tile to 10 ff and talk and the second in
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6/56 Rpt: 48/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
L	08/16/2023	Burton McCumber & Longoria, LLP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	205 Pecan Blvd
		McAllen, TX 78501
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
		Schera Consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	08/01/2023	Campos, Brandon
Н	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
		33.11.430.2430.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/29/2023	Campos, Brandon
Н	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
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SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide explair		/ages	/Contract Labor		OTHER (enter a	strict a category not listed ab	oove)
Ļ			<u> </u>	13 110W to Co	ilipic	-	_			
1	Total pages Schedule F1:	2 FILER NA	AME.				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 7/56 Rpt: 49/98	LaManti	a, Morgan J. (The Honorabl	e)				00086109		
4	Date	5 Payee na	me							
	09/26/2023	Campos	, Brandon							
6	Amount (\$)	7 Payee ad	dress; City; Sta	te; Zip Co	de					
	\$500.00	1	onterrey Oaks Blvd Apt. 1606							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		A	TV 70740							
		Austin, i	TX 78749							
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Salaries	/Wages/Contract Labor						plete Schedule T.	
						Contract Labo		officeholder living	g expense	
						Contract Labo	וכ			
_			1000	- "						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sou	ght			Office h	eld	
	Date	Payee na	me							
	10/31/2023	Campos	, Brandon							
	Amount (\$)	Payee ad	dress; City; Sta	te; Zip Co	de					
	\$500.00	4201 Mc	onterrey Oaks Blvd Apt. 1606	i						
			,							
		Δustin 7	X 78749							
_	DUDDOGE				(I-)					
	PURPOSE OF	l	(See Categories listed at the top of this s	schedule)	(a)	Description	outoi	do of Toyon Com	onloto Sabadulo T	
	EXPENDITURE	Salaries	/Wages/Contract Labor			=		officeholder livin	plete Schedule T. g expense	
						Contract Labo			5 - p	
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		omoonola on mario	000 000	9			J	0.0	
H	<u> </u>									
	Date	Payee na								
	12/01/2023	Campos	, Brandon							
	Amount (\$)	Payee ad	•	te; Zip Co	de					
	\$500.00	4201 Mc	onterrey Oaks Blvd Apt. 1606	6						
		Austin, 7	X 78749							
	PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule)	(b)	Description				
	OF		/Wages/Contract Labor	ocricuale)	` ′		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE					Check if Austin,	TX,	officeholder living	g expense	
						Contract Labo	or			
	Complete ONLY if direct		Officeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H								

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		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: 8/56 Rpt: 50/98	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	12/25/2023	Campos, Brandon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606	
		·	
		Austin, TX 78749	
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	
0	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Galaries, Wages, Contract Eabor	TX, officeholder living expense
		Contract Labor	or
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	12/19/2023	Capitol Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.13	1400 N Congress Avenue	
		Austin, TX 78701	
	PURPOSE		
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Christmas Or	naments for Constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/O	'	
	Date	Payee name	
	08/14/2023	Chapa, John	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	8022 St. Laurent Drive	
		Corpus Christi, TX 78414	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	LAFLINDHORL		TX, officeholder living expense
		Internship	
	Orangleta Chilly iii	Open Middle (Office Included as a constant of the constant of	Office hall
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	,		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 9/56 Rpt: 51/98	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
12/13/2023	Chili's Grill & Bar
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$180.18	2750 N Expy
	Brownsville, TX 78526
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Food for Staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/OI	•
Date	Payee name
12/13/2023	City of Brownsville
Amount (\$)	Payee address; City; State; Zip Code
\$63.96	1001 E Elizabeth Street
	Brownsville, TX 78520
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 Overhead
	Office Overflead
Complete ONII V If all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	City of Brownsville
Amount (\$)	Payee address; City; State; Zip Code
\$124.88	1001 E Elizabeth Street
	Brownsville, TX 78520
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 Overhead
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

SCHEDULE F1

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

	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: 10/56 Rpt: 52/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	07/01/2023	City of San Juan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	512 S. Nebraska Ave.
		San Juan , TX 78589
8	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
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/07/2023	Coastal Bend Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	400 Mann Street
		Corpus Christi, TX 78401
	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to beliefit 6/01	
	Date	Payee name
L	07/12/2023	Corpus Christi Police Officer Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$333.34	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
	THE LADITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

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

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: 11/56 Rpt: 53/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/08/2023	Deluxe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$480.20	PO Box 7247
		Philadelphia, PA 19170
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 Checks
		Checks
Ļ	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	12/07/2023	Deluxe
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.41	PO Box 7247
		Philadelphia, PA 19170
	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 Checks
		Checks
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2023	Education is Our Freedom College Scholarship Program
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4009 D Oak Forest Drive
		Corpus Christi, TX 78413
	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
_		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 0/01	•

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 C

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 12/56 Rpt: 54/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	10/10/2023	FGF Catering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,415.33	303 Elmbrook Drive
		Dallas, TX 75247
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	08/01/2023	Flour Bluff Booster Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	PO Box 18002
		Corpus Christi, TX 78480
	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
	10/20/2023	Friendshp of Women Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	95 E Price Rd,
		Brownsville, TX 78521
	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	ר

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

	Credit Card Payment	The Instruction Guide explains how to cor	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/56 Rpt: 55/98	LaMantia, Morgan J. (The Honorable)		00086109
4	Date	5 Payee name		•
	08/22/2023	Funerario Del Angel		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$150.00	125 McDavitt Blvd		
		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.
	LAFLINDITORL	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sour	abt	t Office held
9	expenditure to benefit C/O		gnt	. Office field
_	5.			
	Date	Payee name		
	12/01/2023	Galvan, Grecia		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$500.00	6556 Carolina Pine		
		Brownsville, TX 78526		
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O			
_	Date	Payee name		
	12/11/2023	Ganadera Meat Market		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$37.88	1300 Trenton Rod, Ste 100	uc	
	40.100	2000 1101110011 11001, 010 200		
		McAllen, TX 78504		
	DUDDOCE		/l-\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
				Food for Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	t Office held
	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 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: 14/56 Rpt: 56/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/11/2023	Ganadera Meat Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.66	1300 Trenton Rod, Ste 100
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2023	Gomez, Abelardo
	Amount (\$)	
	\$300.00	835 E. Levee, 2nd Floor
		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
		Cponsoromp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/24/2023	Good Neighbor Settlement House
		-
	Amount (\$)	
	\$1,000.00	1254 E Tyler St
		D
		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
		Sponsorship
		Cponsoron.p
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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
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: 15/56 Rpt: 57/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	07/03/2023	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment for Domain name and emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2023	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		Payment for Domain name and emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/05/2023	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	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
		r dyment for Domain name and emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica 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: 16/56 Rpt: 58/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	10/02/2023	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment for Domain name and emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/02/2023	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Payment for Domain name and emails
		Fayment for Domain name and emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/04/2023	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payment for Domain name and emails
	Commission ONU Wife allows	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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	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: 17/56 Rpt: 59/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	10/31/2023	Graphic Xpressions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,990.92	3706 Martz Lane
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Koozies, Caps, T-Shirts
		πουΣίου, οτίμο, τ' οτίπο
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Para and a second secon
		Payee name
	11/21/2023	Graphic Xpressions
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,990.92	3706 Martz Lane
		McAllen, TX 78501
	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 Koozies, Caps, T-Shirts
		κουζίες, σάμς, 1-3ππς
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Para and a second secon
	Date 12/11/2023	Payee name Greens and Things
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.14	809 Houston St
		Portland, TX 78374
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flower Arrangements
		Tiower Arrangements
	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 Candidate/Officeholder/Poli Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 18/56 Rpt: 60/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	11/06/2023	Gregory-Portland Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	1200 Broadway Blvd
		Portland, TX 78374
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
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/Oi	'
	Date	Payee name
	08/02/2023	Gregory-Portland Wildcat Band Booster
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4601 Wildcat Drive
		Portland, TX 78374
	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/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	12/13/2023	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.98	405 W Hidalgo
		Raymondville, TX 78580
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food for Office Opening
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/56 Rpt: 61/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	11/30/2023	Harlingen Police Education and Community Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1018 Fair Park Blvd
		Harlingen, TX 78550
8	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
		Cponsorsinp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	•	
	Date	Payee name
	10/17/2023	Hidalgo County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	814 Del Oro Ln
		Pharr, TX 78577
	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
		- Ομοτισοίστημ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	12/18/2023	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.95	605 W Morrison Rd
		Brownsville, TX 78520
	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 Z Ties/ T Post for Campaign Signs
		Z Hes/ I Post for Campaign Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

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: 20/56 Rpt: 62/98	LaMantia, Morgan J. (The Honorable) 00086109		
4	Date	5 Payee name		
	10/06/2023	Ingleside Chamber		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$500.00	2809 Main St		
		Ingleside, TX 78362		
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.		
	EXPENDITORE	Candidate/Officeholder/Political Committee		
		Sponsorship		
_	Complete ONLY if alice -t	Condidate/Officeholder name Office cought		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	08/08/2023	Ingleside Independent School District		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$250.00	2664 San Angelo		
		Ingleside, TX 78362		
	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		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
┝	Date	Davido namo		
	Date 08/02/2023	Payee name JDFR		
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1776 Yorktown, Suite 560		
	Φ00.000	1770 TOTALOWII, SUILE 300		
		Houston, TX 77056		
	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 Austin TV, officeholder living expanse.		
		Candidate/Officeholder/Political Committee		
		Cponcorop		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

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	•		/ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
L		The Instruction Guide expl	ains how to co	mplete this form.		
1	Total pages Schedule F1:	FILER NAME		[3	3 Filer ID (Ethics Commission File	ers)
	Sch: 21/56 Rpt: 63/98	LaMantia, Morgan J. (The Honora	ble)		00086109	
4	Date	Payee name				
	08/02/2023	Johnson, Gordon				
6	Amount (\$)	Payee address; City; S	tate; Zip Co	de		
	\$30,000.00	1122 Colorado St Ste 208				
		Austin, TX 78701				
8	PURPOSE	Category (See Categories listed at the top of th	is schedule)	(b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel ou	ıtside of Texas. Complete Schedule T.	
	EXPENDITURE	·			TX, officeholder living expense	
				Apartment in A	Austin	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held	
	expenditure to benefit C/OI					
	Date	Payee name				
	07/31/2023	Johnson, Reed H.E.				
	Amount (\$)	Payee address; City; S	tate; Zip Co	de		
	\$1,000.00	1122 Colorado St Ste 208				
	•					
		Austin, TX 78701				
	PURPOSE) Category (See Categories listed at the top of th	is schedulo)	(b) Description		
	OF	Loan Repayment/Reimbursement	o onicuui c)		itside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, 1	TX, officeholder living expense	
				General Reimb	oursement	
L						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O					
	Date	Payee name				
	07/01/2023	Johnson, Reed H.E.				
	Amount (\$)	Payee address; City; S	tate; Zip Co	de		
	\$1,680.00	1122 Colorado St Ste 208	,,			
	+=,555.00	2 22:2:::::::::::::::::::::::::::::::::				
		Austin, TX 78701				
_	PURPOSE	_	1	(b) Description		
	OF	 Category (See Categories listed at the top of th Loan Repayment/Reimbursement 	s schedule)		ıtside of Texas. Complete Schedule T.	
	EXPENDITURE	Loan Repayment Remibulsement			FX, officeholder living expense	
				General Reimb		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	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

	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: 22/56 Rpt: 64/98	LaMantia, Morgan J. (The Honorable) 00086109		
4	Date	5 Payee name		
	08/01/2023	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.		
	LXI ENDITORE	Check if Austin, TX, officeholder living expense		
		General Consulting		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/Ol			
_	Data			
	Date 08/04/2023	Payee name		
		Johnson, Reed H.E.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$250.00	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		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	1		
	Date	Payee name		
	08/04/2023	Johnson, Reed H.E.		
	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	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		General Reimbursement		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	experientare to benefit 6/01	•		

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 23/56 Rpt: 65/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/21/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	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 Austin, TX, officeholder living expense General Reimbursement
		General Neimbursement
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2023	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	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 Neimbulsement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •
	Date	Payee name
	08/29/2023	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 EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EM LINDITURE	Check if Austin, TX, officeholder living expense
		General Consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Il 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: 24/56 Rpt: 66/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	09/28/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	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
		Ceneral Neimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/11/2023	Johnson, Reed H.E.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	1122 Colorado St Ste 208
	Ψ100.00	1122 001014400 01 010 200
		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 Reimbulsement
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dougo nama
	11/29/2023	Payee name Johnson, Reed H.E.
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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
		Schera Rembulsement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/56 Rpt: 67/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/18/2023	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,200.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Reimbursement
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	09/26/2023	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 EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Consulting
		Control Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/31/2023	Johnson, Reed H.E.
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St Ste 208
	Ψ3,000.00	
		Austin, TX 78701
L	DURDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description 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
L	expenditure to benefit C/OI	1

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 Comm

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: 26/56 Rpt: 68/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	11/21/2023	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 Consuling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	12/25/2023	Johnson, Reed H.E.
H	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 EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Consulting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/28/2023	Kingsville Boxing Club
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	525 S 12th St,
		Kingsville, TX 78363
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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: 27/56 Rpt: 69/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	09/04/2023	Kingsville Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	231 E Kleberg Ave
		Kingsville, TX 78363
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 Check if Austin, TX, officeholder living expense Sponsorship
		Cponsoronip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/01/2023	Kleberg County
_	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	700 E Kleberg Avenue
	,	
		Kingsville, TX 78363
_	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
	Commission ONII V if disease	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
_	Data	
	Date 12/11/2023	Payee name La Floreria
	Amount (\$) \$178.61	Payee address; City; State; Zip Code
	Φ170.01	103 Frontage Road
		Brownsville, TX 78520
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flower Arrangements
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	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

	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: 28/56 Rpt: 70/98	LaMantia, Morgan J. (The Honorable) 00086109			
4	Date	5 Payee name			
	10/10/2023	LaMantia, Morgan			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$334.00	1324 E Madison St			
		Daniel 11 TV 70500			
_		Brownsville, TX 78520			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.			
	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialiture to benefit C/Oi	1			
	Date	Payee name			
	10/11/2023	Lopez Broadcasting			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	PO Box 270547			
		Corpus Christi, TX 78427			
	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			
		Radio Advertising			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	08/16/2023	Lopez, Sara			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$325.00	PO Box 202			
		Robstown, TX 78380			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.			
	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	1			

SCHEDULE F1

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 29/56 Rpt: 71/98	2 FILER NAME LaMantia, Morgan J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086109
4	Date 11/06/2023	5 Payee name Lopez, Sara
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 202 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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/12/2023	Payee name Lowe's
	Amount (\$) \$125.98	Payee address; City; State; Zip Code 525 Ruben Torres Blvd Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Z Tips T Post for Campaign Signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/20/2023	Payee name Lowe's
	Amount (\$) \$1,391.88	Payee address; City; State; Zip Code 525 Ruben Torres Blvd
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Z Ties/ T Post for Campaign Signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Fees Offic
Food/Beverage Expense Polli
Gift/Awards/Memorials Expense Print
Legal Services Sala

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
	Sch: 30/56 Rpt: 72/98	LaMantia, Morgan J. (The Honorable)	00086109		
4	Date	5 Payee name			
Ļ	12/18/2023	Maiz Mexican Cuisine			
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 2370 Frontage Rd #1332			
	Ψ200.00	2370 17611tage 17th #1552			
		Brownsville, TX 78521			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense Food for Staff		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held		
L	expenditure to benefit C/Ol	1			
	Date	Payee name			
L	11/30/2023	Michaels			
l	Amount (\$)	Payee address; City; State; Zip Code			
	\$259.40	571 Morrison Rd			
		Provincyillo TV 79526			
┡	PURPOSE	Brownsville, TX 78526) 5		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	, national Expense	Check if Austin, TX, officeholder living expense		
			Decoations for Parade		
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held		
	expenditure to benefit C/OH				
F	Date	Payee name			
	11/07/2023	Michaels			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$24.88	571 Morrison Rd			
		D			
L		Brownsville, TX 78526			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense		
			Decorations for Parade		
\vdash	Complete ONL V if direct	Candidate/Officeholder name Office sough	t Office held		
	Complete ONLY if direct expenditure to benefit C/O	9	Conice neiu		

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

	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: 31/56 Rpt: 73/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	11/09/2023	Michaels
6	Amount (\$) \$96.02	7 Payee address; City; State; Zip Code 571 Morrison Rd Brownsville, TX 78526
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Decorations for Parade
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2023	Montelango, Jocelyn
	Amount (\$) \$461.23	Payee address; City; State; Zip Code 875 Pine More Drive Brownsville, TX 78526
	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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2023	Nueces County Democratic Party
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 6102 Ayers St #107
		Corpus Christi, TX 78415
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 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/OI	Candidate/Officeholder name Office sought Office held

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

	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	n Filers)
l	Sch: 32/56 Rpt: 74/98	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	07/01/2023	O'Bell, Ruben	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,600.00	4681 Larkspur Drive	
l			
l		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Loan Repayment/Reimbursement	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		General Reimbursement	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		
l	Date	Payee name	
	08/01/2023	O'Bell, Ruben	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	4681 Larkspur Drive	
L		Brownsville, TX 78526	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Contract Labor	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
F	Date	Payee name	
	08/04/2023	O'Bell, Ruben	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$550.00	4681 Larkspur Drive	
l			
		Brownsville, TX 78526	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		General Reimbursement	
dash	Complete CNUV''.	Condidate Office helder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
\vdash			

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

Fees Offin
Food/Beverage Expense Poll
Gift/Awards/Memorials Expense Prin
Legal Services Sale

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: 33/56 Rpt: 75/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/21/2023	O'Bell, Ruben
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$655.12	4681 Larkspur Drive
		Brownsville, TX 78526
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 Neimbulschicht
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	09/05/2023	O'Bell, Ruben
H	Amount (\$)	Payee address; City; State; Zip Code
	\$925.50	4681 Larkspur Drive
	Ψ323.00	4001 Europai Birvo
		Brownsville, TX 78526
	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 Reinbursement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	09/22/2023	O'Bell, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$877.00	4681 Larkspur Drive
	φοττ.00	4001 Larkspul Dilve
		Brownsville, TX 78526
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		General Reimbursement
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
1		
ı		

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/56 Rpt: 76/98	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	•
	08/29/2023	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		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Contract Lal	oor
Ļ	Operation ONE V # discort	Candidate/Officeholder name Office sought	Office hald
9	Complete ONLY if direct expenditure to benefit C/OI		Office held
_		1	
	Date	Payee name	
	10/20/2023	O'Bell, Ruben	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$490.00	4681 Larkspur Drive	
		Brownsville, TX 78526	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Louis Repayment Reliablisation Louis Repayment Repay	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			mbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	11/17/2023	O'Bell, Ruben	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$489.56	4681 Larkspur Drive	
		Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		General Rei	mbursement
L	Complete CNUV''.	Condidate/Officeholders	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	•		

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	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: 35/56 Rpt: 77/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	09/26/2023	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/31/2023	O'Bell, Ruben
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4681 Larkspur Drive
		Brownsville, TX 78526
	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/01/2023	O'Bell, Ruben
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4681 Larkspur Drive
		Brownsville, TX 78526
T	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers) 00086109
_	Sch: 36/56 Rpt: 78/98	LaMantia, Morgan J. (The Honorable)	00086109
4	Date 12/25/2023	5 Payee name O'Bell, Ruben	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4681 Larkspur Drive	
		Brownsville, TX 78526	
8	PURPOSE OF EXPENDITURE	Galaries/Wages/Contract Eabor	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	12/15/2023	O'Bell, Ruben	
	Amount (\$) \$501.48	Payee address; City; State; Zip Code 4681 Larkspur Drive	
		Brownsville, TX 78526	
	PURPOSE OF EXPENDITURE	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense I Reimbursement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date 07/01/2023	Payee name Order of the Alhambra	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 225 Ocean View Pl	
		Corpus Christi, TX 78411	
	PURPOSE OF EXPENDITURE	Continuations/Donations Made By	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	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: 37/56 Rpt: 79/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/01/2023	Pereida, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	3725 Amanda Lane
		Robstown, TX 78380
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_	Dete	
	Date	Payee name
	08/16/2023	Pereida, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$667.00	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
		Scheral Neimburschient
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	08/29/2023	Pereida, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	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
	Complete ONLY if direct expenditure to benefit C/OI	

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	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: 38/56 Rpt: 80/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	09/26/2023	Pereida, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	3725 Amanda Lane
		Robstown, TX 78380
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Easter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
F	Date	Payee name
	11/06/2023	Pereida, Jose
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3725 Amanda Lane
	φ400.00	3723 Allianda Lane
L		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
		Schera Kembursement
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		_
l	Date	Payee name
	11/21/2023	Pereida, Jose
	Amount (\$)	Payee address; City; State; Zip Code
l	\$480.00	3725 Amanda Lane
l		Robstown, TX 78380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Reimbursement
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•
<u> </u>		

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

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

	Candidate/Officeholder/Political Committee L			Legal Services	Awards/Memorials Expense Printing Expense Fraction of District al Services Salaries/Wages/Contract Labor OTHER (enter a category not list							
	Credit Card Payment			The Instruction	Guide exp	lains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 39/56 Rpt: 81/98		LaMantia, M	lorgan J. (Th	e Honora	able)				00086109		
4	Date	5	Payee name					•	_			_
	10/31/2023		Pereida, Jos	se								
6	Amount (\$)	7	Payee addres	ss; City;		State; Zip Co	ode					_
	\$1,200.00		3725 Amano	da Lane		•						
			Robstown, 1	TX 78380								
8	PURPOSE	⊢					(h)	Description				_
ľ	OF	(۳)		e Categories listed ges/Contract		his schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		odianoo, iva	.900/00/11/401	Labor			Check if Austin,	, TX,	officeholder living	g expense	
								Contract Laborate	or			
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	н										
	Date		Payee name									
	12/01/2023		Pereida, Jos	se								
	Amount (\$)		Payee addres	ss; City;	Ş	State; Zip Co	ode					
	\$1,200.00		3725 Amano	da Lane								
			Robstown, 1	TX 78380								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of t	his schedule)	(b)	Description				_
OF EXPENDITURE				ges/Contract		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
LAFENDITORE								ш		officeholder living	g expense	
								Contract Labo	OI			
	Complete ONL V if direct	<u> </u>	Condidate/Offic	a halder name		Office cou	ıabt			Office he	ald	_
	Complete ONLY if direct expenditure to benefit C/O		zanuluate/Onic	ceholder name		Office sou	ıgnı			Office fie	eiu	
_		_										_
	Date		Payee name									
	12/25/2023		Pereida, Jos									
	Amount (\$)		Payee addres			State; Zip Co	ode					
	\$1,200.00		3725 Amano	da Lane								
			Robstown, 1	TX 78380								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	.ges/Contract	Labor						plete Schedule T.	
								Contract Laboration		officeholder living	j expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ıght			Office he	eld	-
	expenditure to benefit C/O					200 300	5			200 110		
-												_
l												

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Poll pense Prin	ing Expensiting Expen			Travel in Distric	
	Credit Card Payment		The Instruction Guide	e explains how	to comp	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 40/56 Rpt: 82/98	LaMantia,	Morgan J. (The Ho	norable)				00086109	
4	Date	5 Payee name	<u> </u>						
	08/02/2023	l	. hamber of Commer	ce					
-					o Codo				
6	Amount (\$) \$350.00	7 Payee addre		State; Zi	Coue				
	\$350.00	1211 US H	wy 181						
		Portland, T	X 78374						
8	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made			=			mplete Schedule T.
		Candidate/	Officeholder/Politic	al Committee	9	Sponsorship		, officeholder livir	ng expense
						Sporisorship			
_	0 1: 0.11.7.7.1.	0 111 (0)	r	0,00				0	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office h	eld
	Date	Payee name)						
	11/06/2023	Portland C	hamber of Commer	ce					
	Amount (\$)	Payee addre	ess; City;	State; Zij	Code				
	\$750.00	1211 US Hwy 181							
	*******		,						
		Dortland T	V 70274						
		Portland, T							
	PURPOSE OF		See Categories listed at the to		(b)	Description			
	EXPENDITURE		ns/Donations Made	,		=		ide of Texas. Coi , officeholder livir	mplete Schedule T.
		Candidate/	Officeholder/Politic	ai Committee	•	Sponsorship	1, 17,	, officeriolaer livii	ig expense
						Ороноотон			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office h	nold
	expenditure to benefit C/OI		ncenoluei name	Office	Sougri			Office i	leiu
	Date	Payee name	9						
	10/12/2023	Posh Cout	ure Rentals						
	Amount (\$)	Payee addre	ess; City;	State; Zij	Code				
	\$524.86	101 Cole S	Street						
		Dallas, TX	75207						
	PURPOSE				(h)	Description			
	OF	l	See Categories listed at the to	op of this schedule)	(0)	Description Check if travel	outsi	ide of Texas, Cor	mplete Schedule T.
	EXPENDITURE	Event Expe	ense					, officeholder livir	•
						Event Expen			
						•			
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office	sought			Office h	neld
	expenditure to benefit C/OI			200	g. n			2001	
\vdash									
F	rme provided by Tayas E	thine Commice	ion	v othice state	tv. 110				\/arcian \/2 5 1 f1h8c2f

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 41/56 Rpt: 83/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
L	12/08/2023	QR IO Generator
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	3900 Via Ora Avenue
		Long Beach, CA 90810
8	PURPOSE	
١	OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		QR Code
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/15/2023	Raymondville Chamber of Commerce
_		1
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	700 FM 3168
		Raymondville, TX 78580
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Membership Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		·
	Date	Payee name
	10/05/2023	Ready-Tee LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3709 Arroyo Vista Ct
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
_	Sch: 42/56 Rpt: 84/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	07/01/2023	Rio Grande Valley Hispanic Genealogical Society
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2425 Boxwood St,
		Harlingen, TX 78550
8	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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2023	Ritz Culinary Creations LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,100.00	2630 DATE PALM DR
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Food Expense
		Food Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Data	
	Date 08/02/2023	Payee name Riviera ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	203 Seahawk Drive
		Riviera, TX 78379
	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	•

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:				
L	Sch: 43/56 Rpt: 85/98	LaMantia, Morgan J. (The Honorable) 00086109			
4	Date	5 Payee name			
	09/06/2023	Riviera ISD			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$240.00	203 Seahawk Drive			
		Riviera, TX 78379			
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			
		Sponsorship			
_	Complete ONE V. St. alian	Condidate/Officebalder name			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	08/16/2023	Robstown Education Foundation			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	701 North First Street			
		Robstown, TX 78380			
	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.			
	EXI ENDITORE	Candidate/Officeholder/Political Committee			
		Sponsorship			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
\vdash	Data				
	Date	Payee name Pohstown Little League			
	08/16/2023	Robstown Little League			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	528 Huisache St.			
		Robstown, TX 78380			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		Sponsorship			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experiorare to benefit C/Of				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Mem Legal Services	•		Wages	s/Contract Labor		Travel Out of OTHER (ent		rict ategory not listed above)
	can a caymont	_		The Instruction	n Guide expla	ins how to co	ompl	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)
	Sch: 44/56 Rpt: 86/98			organ J. (T	he Honoral	ole)				0008610)9	
4	Date	5	Payee name									
	12/11/2023		Rosales, Ar	iana								
6	Amount (\$)	7	Payee addre	ss; City;	St	tate; Zip Co	ode					
	\$1,000.00		910 Duncai	n Lane Apt 1	3							
			Austin, TX	78705								
8	PURPOSE	(a)	Category (S	ee Categories liste	ed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE			ages/Contra		,		:	outsi	ide of Texas. (Compl	lete Schedule T.
	EXI ENDITORE							Check if Austin	ı, TX	, officeholder I	iving e	expense
								Internship				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder nam	е	Office sou	ught			Office	e hel	d
L												
	Date		Payee name									
	08/02/2023		San Juan P	olice Athleti	c League							
	Amount (\$)		Payee addre	ss; City;	St	tate; Zip Co	ode					
	\$300.00		2301 N RA	JL LONGOF	RIA RD							
			San Juan,	X 78589								
	PURPOSE OF	(a)	Category (S			s schedule)	(b)	Description				
	EXPENDITURE			ns/Donations	•	mmitte -		=				lete Schedule T.
			Candidate/0	Officeholder/	Political Co	ııımıttee		Check if Austin		, omcendaer I	ivirig 6	capelise
								Sporisorsinp				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder nam	Α	Office sou	laht			Office	a hol	d
	expenditure to benefit C/O		Januluale/OIII	conduct ridiii		Omce 300	agrit			Onice	, HE	u
-	Data	_	Daylog man-									
	Date 11/06/2023		Payee name	Economia	Developmo	nt Corporat	ion					
				Economic								
	Amount (\$)		Payee addre		St	tate; Zip Co	ode					
	\$800.00		801 Broadv	ay Blvd								
L		L	Portland, T	X 78374								
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE			ns/Donations								lete Schedule T.
			Candidate/	Officeholder/	Political Co	mmittee		Check if Austin				
								Shorisorsillh	ΑΠ	nuai Dalli	quel	
	Complete ONLY if direct	Ц	Candidate/Off	ceholdor nom	Α	Office sou	lap+			Office	a hal	d
	expenditure to benefit C/O		Janunuate/Uπ	cenoluer nam	C	Onice sol	ıyılı			OIIIC	e nel	u

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 45/56 Rpt: 87/98	2 FILER NAME LaMantia, Morgan J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086109
4	Date 08/01/2023	5 Payee name Sanchez, Romo
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 673 Webb St
		Mercedes, TX 78570
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 Contract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/04/2023	Payee name Sanchez, Romo
	Amount (\$) \$1,176.86	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) 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
	Date 08/31/2023	Payee name Sanchez, Romo
	Amount (\$) \$1,548.76	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) 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

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

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

	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: 46/56 Rpt: 88/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/29/2023	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) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
_	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	10/05/2023	Sanchez, Romo
	Amount (\$)	Payee address; City; State; Zip Code
	\$830.00	673 Webb St
		Mercedes, TX 78570
	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/02/2023	Sanchez, Romo
	Amount (\$)	Payee address; City; State; Zip Code
	\$973.38	673 Webb St
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Reimbursement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

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		
Ļ			4
1	Total pages Schedule F1:		
	Sch: 47/56 Rpt: 89/98	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
L	09/25/2023	Sanchez, Romo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	ļ
		Mercedes, TX 78570	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF	Salaries/Wages/Contract Labor	Į
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Contract Labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
	expenditure to benefit C/OI	H	
F	Date	Payee name	i
	10/31/2023	Sanchez, Romo	
	Amount (\$)	Payee address; City; State; Zip Code	1
	\$2,500.00	673 Webb St	
	•		
		Mercedes, TX 78570	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	- A LINDII OILL	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	
	experientare to benefit 6/01	•	_
	Date	Payee name	
L	12/01/2023	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) Description	7
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Contract Labor	
			_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiorale to belief C/Of		
			- 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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
Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 48/56 Rpt: 90/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/25/2023	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) 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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	07/01/2023	Saucedo, Lucero
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2822 Clifford Street
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Internship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	12/04/2023	Spaw Senate Accounts
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1100 Congress Avenue
		Austin, TX 78701
	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 - Senate Christmas Party
		Sponsorship Schale Christinas Faity
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	l 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: 49/56 Rpt: 91/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	08/16/2023	TM Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$333.33	9760 LaBranch
		Corpus Christi, TX 78410
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
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2023	TMHS Cheer
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	9760 LaBranch
		Corpus Christi, TX 78410
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/11/2023	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.46	4227 N Expressway
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Staff
	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/Political	Committee Legal Services Salaries/Wa The Instruction Guide explains how to com	ges/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)
Sch: 50/56 Rpt: 92/98	LaMantia, Morgan J. (The Honorable)		00086109
4 Date	5 Payee name		
08/23/2023	Target		
6 Amount (\$) \$97.02	7 Payee address; City; State; Zip Coo 10107 Research Blvd Austin, TX 78759	e	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	ш	utside of Texas. Complete Schedule T. TX, officeholder living expense IS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held
Date	Payee name		
11/01/2023	Target		
Amount (\$) \$111.01	Payee address; City; State; Zip Coc 10107 Research Blvd Austin, TX 78759	е	
PURPOSE		h) D	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held
Date	Payee name		
11/20/2023	Target		
Amount (\$) \$52.89	Payee address; City; State; Zip Coo 10107 Research Blvd	е	
	Austin, TX 78759		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	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: 51/56 Rpt: 93/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/04/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.65	10107 Research Blvd
		Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Materials
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2023	Tejano Democrats Golf Tournament
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2790
		O - 1 TV 70500
		San Juan , TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	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
	07/12/2023	Texas A&M University - Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$333.34	6300 Ocean Dr.,
		Corpus Christi, TX 78412
	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/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 52/56 Rpt: 94/98	LaMantia, Morgan J. (The Honorable)	00086109		
4	Date	5 Payee name			
	11/13/2023	Texas Democratic Party			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,250.00	PO Box 15707			
		Austin, TX 78761			
8	PURPOSE OF	`	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense		
			Filing Fees		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experialture to beriefit C/O	1			
	Date	Payee name			
	09/22/2023	Texas Democratic Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4,000.00	PO Box 15707			
		Austin, TX 78761			
	PURPOSE OF	,	Description		
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			Van Database Access		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/25/2023	Texas Farm Bureau Insurance			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$46.50	7420 Fish Pond Road			
		Waco, TX 76710			
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense		
			Membership Fee		
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
L					

SCHEDULE F1

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

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

	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: 53/56 Rpt: 95/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	10/06/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$345.00	1200 Congress Ave
		Austin, TX 78701
8	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
		Flags
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/06/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	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 Austin, TX, officeholder living expense Gavels
		Gaveis
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 11/30/2023	Payee name Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.00	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
		Flags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Candidate/Officenoider/Politica 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: 54/56 Rpt: 96/98	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	12/05/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$517.50	1200 Congress Ave
		Austin, TX 78701
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
		Flags
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	08/09/2023	Texas Southmost College
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	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 Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Power name
	07/01/2023	Payee name United Chamber of Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$416.67	602 N Staples St STE 150,
	ψ120101	002 11 Otapido 01 0 12 100;
		Corpus Christi, TX 78401
	PURPOSE	To.
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
ᆫ		The Instruction Guide explains how to complete this form.	_					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 55/56 Rpt: 97/98	LaMantia, Morgan J. (The Honorable) 00086109						
4	Date	5 Payee name						
	10/06/2023	Vasquez, Rene						
6	Amount (\$)	7 Payee address; City; State; Zip Code	_					
ľ	\$1,000.00	841 Martinez Street						
	Ψ1,000.00	041 Martinez Street						
		Robstown, TX 78380						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
		Check if Austin, TX, officeholder living expense						
		Advertising						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	7						
	Date	Payee name						
	10/25/2023	West Brownsville Lions Club						
	Amount (\$)	Payee address; City; State; Zip Code	_					
	\$150.00	263 Creekbend Drive						
		Brownsville, TX 78521						
L	PURPOSE	Tu.	_					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T						
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	ravel outside of Texas. Complete Schedule T.					
		Sponsorship						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
expenditure to benefit C/OH								
⊨	Data	Davies same	_					
	Date	Payee name						
07/01/2023 Westside Business Association								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	2501 S Padre Island Dr						
		Corpus Christi, TX 78415						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
	LAPENDITORE	Candidate/Officeholder/Political Committee						
		Sponsorship						
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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		Expense Wages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)			
1	Total pages Schedule F1:	1				3	Filer ID	(Ethics Commission Filers)			
	Sch: 56/56 Rpt: 98/98	LaMantia, Morgan J. (The Honorable)					00086109				
4	Date	5 Payee name									
	11/30/2023	Whitworth Cigarroa PLLC									
6 Amount (\$) 7 Payee address; City; State; Zip Code											
	\$8,328.78	602 E Calt	ton Road P.O. Box 6668								
		Laredo, T>	X 78042								
8	PURPOSE OF		See Categories listed at the top of th	is schedule)	(b) Description						
	EXPENDITURE	Legal Serv	vices				ide of Texas. Com , officeholder living				
					General Leg			СХРСПОС			
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught		Office he	eld			