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	ssion Filers)	2 Total pages fil	led: 16
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Morgan J.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/12/2024	
		LaMantia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1324 E. Madison Ave.				Receipt #	Amount
l	D					
Change of Address	Brownsville, TX 78520				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Eduardo R.				
	NICKNAME	LAST		SUFFIX		
	PeeWee	Rodriguez		301117		
		rtounguez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	222 North Expressway 83					
	Suite 203					
(Residence or Business)	Brownsville, TX 78526					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(956) 574-9333					
PHONE						
8 REPORT					_	
TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before	election \square	Exceeded modified	Final Report (Atta	
				reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	T⊦	IROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
LO ELECTION	Month Day Year		rimary	Runoff	Other	
				브	Ш очины	
		∐ ^G	eneral	Special		
				•		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Senator District 27					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 116

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)	14 Filer ID (E 00086109	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 174,875.91
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 689,735.20
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,405,666.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 6,915,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
			ıble Morgan J. LaMar	
		Signature of	Candidate or Officehold	ier
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 116
18 FIL	ER NAM	ΛΕ	19 Filer ID	(Ethics Co	mmission Filers)
		Morgan J. (The Honorable)	00086109		
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
147	IIVIE OI				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	170,962.84
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,913.07
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	1,750,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	689,735.20
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 4/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commissi 00086109	on Filers)
4	Date 05/08/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	McAllen, TX 78502 pation / Job title (See Instructions)	Employer (See Instructions	 		
		, ,		_		
	Date 05/08/2024	Full name of contributor)		Amount of Contribution (\$)	\$2,500.00
		Edinburg, TX 78540				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: Aransas-Corpus Christi Pilots PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Corpus Christi, TX 78403				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Aransas-Corpus Christi Pilots PAC Contributor address; City; State; Zip Code Corpus Christi, TX 78403			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Atlas, Hall & Rodriguez, LLP Contributor address; City; State; Zip Code McAllen, TX 78502)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	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: 2/22 Rpt: 5/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 02/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Badiozzamani, Reza Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		McAllen, TX 78501				
	Manager	pation / Job title (See Instructions)	Employer (See Instructions B2Z Engineering)		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:_ Brinkman, Donald Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Lake Charles, LA 70605				
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions CSRS, LLC)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:_ Brownsville Firefighters Association Local 970 P Contributor address; City; State; Zip Code Brownsville, TX 78523			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Bulter, Daniel Yturria Contributor address; City; State; Zip Code Raymondville, TX 78580			Amount of Contribution (\$)	\$1,000.00
	Principal occu Rancher	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 6/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 06/10/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	.)		
_	Pediatric De			Linda T. Burke DDS PA	,		
	Date 05/17/2024	Full name of contributor out-of-state PAC (Cantu, Alonzo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		McAllen, TX 78502					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Cantu Construction	5)		
	Date 01/02/2024	Full name of contributor out-of-state PAC (Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$5,000.00
		Durant, OK 74702					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/10/2024	Full name of contributor out-of-state PAC (Creswell, Carol & Ralston Contributor address; City; State; Zip Code Laguna Vista, TX 78578)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/10/2024	Full name of contributor out-of-state PAC (De Anda, Javier Contributor address; City; State; Zip Code Laredo, TX 78043)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Fast Food R	pation / Job title (See Instructions) estaurant		Employer (See Instructions Popeyes Chicken)		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 7/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 05/16/2024	5 Full name of contributor [De Anda, Nancy N.6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
0	Dringing conu	Laredo, TX 78045 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/		
0	Senior Vice I		9	B.P. Newman Investmen		Company	
	Date 05/29/2024	Full name of contributor De Jesus, Ruben J. Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Edinburg, TX 78541 pation / Job title (See Instructions)		Employer (See Instructions	:) [
	Vice Preside			Melden & Hunt, Inc	')		
	Date 05/17/2024	Full name of contributor Del Angel, Juan Carlos Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Mission, TX 78573 pation / Job title (See Instructions)		Employer (See Instructions	:) [
	Managing Pa			Brownstone Consultants	•		
	Date 06/13/2024	Full name of contributor Del Papa Jr., Lawrence J. Contributor address; City; Sta Texas City, TX 77591	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Del Papa Distributing	5)		
	Date 04/19/2024	Full name of contributor Democracy Engine, LLC Contributor address; City; Sta Washington, DC 20001	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$243.31
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 8/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	n Filers)
4	Date 05/17/2024	5 Full name of contributor out-of-state PAC (ID#:_ Democracy Engine, LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.71
_		Washington, DC 20001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Democracy Engine, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7.96
	Principal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 06/17/2024	Full name of contributor out-of-state PAC (ID#:_ Democracy Engine, LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$42.35
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/17/2024	Full name of contributor out-of-state PAC (ID#:_ Democracy Engine, LLC Contributor address; City; State; Zip Code Washington, DC 20001			Amount of Contribution (\$)	\$96.05
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Democracy Engine, LLC Contributor address; City; State; Zip Code Washington, DC 20001			Amount of Contribution (\$)	\$47.73
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 9/116	
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	n Filers)
4	Date 05/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Democracy Engine, LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$28.70
_		Washington, DC 20001				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ Democracy Engine, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$111.95
	Principal occu	Washington, DC 20001 upation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / Job title (See Instructions)	Employer (See instructions	,		
	Date 06/05/2024	Full name of contributor out-of-state PAC (ID#:_ Diegel, Richard L. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Corpus Christi, TX 78415				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ EBE Investments, Inc Contributor address; City; State; Zip Code Pharr, TX 78577)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/02/2024	Full name of contributor out-of-state PAC (ID#:_ Engage Labs PBC Contributor address; City; State; Zip Code Washington, DC 20003			Amount of Contribution (\$)	\$254.08
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/22 Rpt: 10/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 05/17/2024	Full name of contributor Erickson, Bret D. Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu SVP for Busi	McAllen, TX 78504 pation / Job title (See Instructions) iness Affairs	9	Employer (See Instructions J&D Produce) 5)		
	Date 05/17/2024	Full name of contributor Fuentes, David Lee Contributor address; City; Sta Weslaco, TX 78596	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occupation / Job title (See Instructions) Commissioner Pct 1			Employer (See Instructions Hidalgo County	5)		
	Date 02/27/2024	Full name of contributor GIN PAC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 05/17/2024	Full name of contributor Garza, Jacinto Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$7,500.00
	Principal occu Business Ov	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u>		
	Date 05/20/2024	Full name of contributor Garza, Victor Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions VMK Concrete	<u>.</u> s)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 11/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 03/08/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$3,000.00
8	Principal occu	Brownsville, TX 78520 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Retired	,		Retired	•		
	Date 02/02/2024	Full name of contributor GenenPAC Contributor address; City; Stat	out-of-state PAC (ID#: COI	0199257)		Amount of Contribution (\$)	\$1,000.00
		South San Francisco, CA 9	4080				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 05/15/2024	Full name of contributor Germania Farm Mutual PA Contributor address; City; Stat)		Amount of Contribution (\$)	\$1,000.00
		Brenham, TX 77834					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 05/29/2024	Full name of contributor Green, Dawn Contributor address; City; State San Antonio, TX 78232	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	·	pation / Job title (See Instructions) nt of Business Development		Employer (See Instructions KCI Technologies)		
	Date 06/21/2024	Full name of contributor Guerra, Gabriel Contributor address; City; Stat Corpus Christi, TX 78414	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President &	pation / Job title (See Instructions) CEO		Employer (See Instructions Kleberg Bank	()		
			L				

	MONEI	ARY POLITICAL CONTRIBU	HON	15		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 12/116	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		organ J. (The Honorable)				00086109	
4	Date 05/29/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
•	Principal occu	McAllen, TX 78502 pation / Job title (See Instructions)	la.	Employer (See Instructions			
ō	Attorney	pation / Job title (See Instructions)	la la	Atlas, Hall & Rodriguez)		
				Alias, Hall & Rounguez			
	Date 05/29/2024	Full name of contributor out-of-state PAC (Halff Associates State PAC Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$1,500.00
		Richardson, TX 75081					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/05/2024	Full name of contributor out-of-state PAC (Halff Associates State PAC Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$1,000.00
		Richardson, TX 75081					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (Holguin, Eric Contributor address; City; State; Zip Code Mission, TX 78573	(ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Texas State	pation / Job title (See Instructions) Director		Employer (See Instructions UnidosUS)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536	(ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 13/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 05/22/2024	 Full name of contributor Howard Energy Partners PAC Contributor address; City; State;)	7	Amount of Contribution (\$)	\$5,000.00
Ω	Drincinal occu	San Antonio, TX 78256 pation / Job title (See Instructions)	la l	Employer (See Instructions	\		
	r ilicipai occu	pation 7 300 title (See Instructions)		Employer (See mandenoris	,		
	Date 02/14/2024	Full name of contributor Hunt, Ray L. Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75201					
	Executive Ch	pation / Job title (See Instructions) nairman		Employer (See Instructions Hunt Energy)		
	Date 05/17/2024	Full name of contributor Izaguirre Engineering Group Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
		Mission, TX 78574					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/13/2024	Full name of contributor Jenkins, William G. Contributor address; City; State; Beaumont, TX 77706	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Giglio Distributing Comp		у	
	Date 06/10/2024	Full name of contributor Koym-Garza, Mario Contributor address; City; State; Dallas, TX 75248)		Amount of Contribution (\$)	\$150.00
	Principal occu Data Scientis	pation / Job title (See Instructions)		Employer (See Instructions Precocity LLC)		
			·				

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/22 Rpt: 14/116			
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)		
4	Date 05/17/2024	 Full name of contributor out-of-state PAC (ID#:_Law Offices of Ezequiel Reyna, Jr. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00		
		Weslaco, TX 78599						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Lewis, Brian Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
	Dringing Logg	McAllen, TX 78504	Employer (Co.) Instructions					
	Principal occu Producer	pation / Job title (See Instructions)	Employer (See Instructions Higginbotham)				
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Longbow Consulting Partners LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_Marmol, Guillermol Contributor address; City; State; Zip Code Dallas, TX 75225			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions Porosome Therapeutics)				
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_McDonnell, Patrick Contributor address; City; State; Zip Code Harlingen, TX 78552			Amount of Contribution (\$)	\$1,500.00		
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions VTX1 Internet)				

	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: 12/22 Rpt: 15/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 01/02/2024	 Full name of contributor McGuireWoods Federal P Contributor address; City; St 		000225342)	7	Amount of Contribution (\$)	\$750.00
		Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 05/07/2024	Full name of contributor Mission Fire Fighters Com Contributor address; City; St Mission, TX 78572		le Government	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date 02/23/2024	Full name of contributor Morales, Ricardo Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041			<u> </u>		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Person, Mohrer, Boddy,	-	arcia & Gutierrez PLLC	
	Date 03/22/2024	Full name of contributor Morales, Ricardo Contributor address; City; St Laredo, TX 78041				Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Person, Mohrer, Boddy,		arcia & Gutierrez PLLC	
	Date 04/16/2024	Full name of contributor Morales, Ricardo Contributor address; City; St Laredo, TX 78041	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Person, Mohrer, Boddy,		arcia & Gutierrez PLLC	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3 Filer ID (Ethics Commission 00086109	n Filers)
4	Date 05/07/2024	5 Full name of contributor Morales, Ricardo6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041				
8	Principal occu Attorney	pation / Job title (See Instructions) 9	Employer (See Instructions Person, Mohrer, Boddy,	s) , Garcia & Gutierrez PLLC	
	Date 06/17/2024	Full name of contributor Morales, Ricardo Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	5)	
	Attorney	pation 7 dob title (See Motivetions	,		, Garcia & Gutierrez PLLC	
	Date 01/16/2024	Full name of contributor Morales, Ricardo Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041				
	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instructions Person, Mohrer, Boddy,	s) , Garcia & Gutierrez PLLC	
	Date 01/16/2024	Full name of contributor Morales, Ricardo Contributor address; City; State of the contributor address of the contributor addres	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instructions Person, Mohrer, Boddy,	s) Garcia & Gutierrez PLLC	
	Date 04/08/2024	Full name of contributor Moss, Kathlyn Contributor address; City; Standard Contributor Address; City; City; Standard Contributor Address; City; City	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions ed		Employer (See Instructions Not Employed	5)	

	MONET	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 17/116			
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)		
4	Date 05/17/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00		
_	Deine in all a serv	Houston, TX 77002	D. Faralassa (Garalassa Sarahasi					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_PAC of the Independent Insurance Agents of Te Contributor address; City; State; Zip Code Austin, TX 78768			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Palma, Andres Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Edinburg, TX 78542						
	Principal occu President	ipation / Job title (See Instructions)	Employer (See Instructions Millennium Engineers G		р			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_Peckham, George Contributor address; City; State; Zip Code Spring , TX 77379)		Amount of Contribution (\$)	\$500.00		
	Principal occu Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions None)				
	Date 01/02/2024	Full name of contributor out-of-state PAC (ID#:_ Pritchard, James C. Contributor address; City; State; Zip Code Dallas, TX 75214)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu President	ipation / Job title (See Instructions)	Employer (See Instructions Pritchard Associates)				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 18/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 05/20/2024	Ramirez, Rene	rt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$1,500.00
_	<u> </u>	Edinburg, TX 78539	- Ia				
8	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 05/08/2024	Ramsey, Thomas C. Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$750.00
	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)		Employer (See Instructions)		
	Director			Element Fuels			
	Date 02/27/2024	Full name of contributor ou Resnick, Stewart A. Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$1,000.00
		Los Angeles, CA 90064					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions The Wonderful Compan	•		
	Date 04/16/2024	Full name of contributor ou Rhodes, Michael B. Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Co-Founder	pation / Job title (See Instructions)		Employer (See Instructions Rhodes Enterprises)		
	Date 05/13/2024	Full name of contributor ou Rural Friends of Electric Coope Contributor address; City; State; Zi Austin, TX 78701				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 19/116			
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)		
4	Date 05/17/2024	5 Full name of contributor out-of-state PAC (ID#:_ S.T.A.R. Chiropractic PC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00		
_	Deinainal agai	McAllen, TX 78501	O Francis var (Cap Instructions					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 05/17/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	Mission, TX 78574 upation / Job title (See Instructions)	Employer (See Instructions)				
		,	. , (
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Salkinder, Sonia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7,000.00		
		Edinburg, TX 78541						
	Principal occu General Par	ipation / Job title (See Instructions) tner	Employer (See Instructions Salkinder Family Partne		ip, Ltd			
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_Santa Cruz Properties, LTD Contributor address; City; State; Zip Code Edinburg, TX 78541)		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_Sarosdy, Randall Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$25.00		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)				

	MONET	ARY POLITICAL COI	NTRIBUTION	S	SCHED	ULE A1
	The Instru	ction Guide explains how to	complete this forn	1.	1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3 Filer ID (Ethics Commis 00086109	sion Filers)
4	Date 02/23/2024	Serafy, Nicholas	out-of-state PAC (ID#: Zip Code		7 Amount of Contribution (\$	\$1,000.00
		Brownsville, TX 78520				
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Proficiency Testing Serv		
	Date 03/08/2024	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$	\$1,000.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Executive Di			Texas Academy of Phys		
	Date 05/29/2024	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$	\$300.00
		Weslaco, TX 78596				
	Principal occu Vice Preside	pation / Job title (See Instructions) nt		Employer (See Instructions Davis Equity Realty	5)	
	Date 06/17/2024	Susser, Sam L.	out-of-state PAC (ID#: Zip Code		Amount of Contribution (\$	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Susser Bank	5)	
	Date 06/26/2024	Full name of contributor Sysco Corp. Good Governmer Contributor address; City; State; 2 Houston, TX 77077)	Amount of Contribution (\$	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
			l			

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/22 Rpt: 21/116	
2	FILER NAME LaMantia, M	organ J. (The Honorable)			3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date 05/03/2024	5 Full name of contributor TABA PAC Fund6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Plano, TX 75093 pation / Job title (See Instructions	s)	Employer (See Instructions)		
	Date 05/29/2024	Full name of contributor TXCPA PAC Contributor address; City; S Addison, TX 75001	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Date 05/13/2024	Full name of contributor Tailored Hospitality Advis Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00
	Principal occu	New Orleans, LA 70115 pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Date 03/22/2024	Full name of contributor Texas AFL-CIO Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Date 03/08/2024	Full name of contributor Texas AFT Contributor address; City; S Austin, TX 78704	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/22 Rpt: 22/116		
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)	
4	Date 03/22/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00	
_		Austin, TX 78701					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 Ipation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairyman PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions				
	r inicipal occu	pation / 300 title (See instructions)	Employer (See Instructions	,			
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 20/22 Rpt: 23/116		
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)	
4	Date 02/08/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$2,000.00	
Ω	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	9 Employer (See Instructions	e)			
_	i illicipai occu	oduon 7 300 title (See instructions)	2 Employer (See Instructions	3)			
	Date 05/17/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 05/03/2024	Full name of contributor out-of-state PAC (In The American Electric Power Company-Text Contributor address; City; State; Zip Code Washington, DC 20004	as-Committee for		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)			
	Date 01/02/2024	Full name of contributor X out-of-state PAC (I The Cigna Group Employee PAC Contributor address; City; State; Zip Code Philadelphia, PA 19192	D#: C00085316)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 02/23/2024	Full name of contributor out-of-state PAC (I Tower, John Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)			

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/22 Rpt: 24/116			
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)		
4	Date 01/24/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$400.00		
_		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_Vela, Manuel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
	Dringing! goog	Harlingen, TX 78550	Employer (Co.) Instructions					
	Vp/COO	pation / Job title (See Instructions)	Employer (See Instructions) Texas A&M)				
	Date 02/08/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78754						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_Villarreal, Rigoberto Contributor address; City; State; Zip Code Mission, TX 78504)		Amount of Contribution (\$)	\$500.00		
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Ares Services, Inc.)				
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wadhwani, Sunil Contributor address; City; State; Zip Code Edinburg, TX 78539			Amount of Contribution (\$)	\$1,500.00		
	Principal occu Self Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Hotelier)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 22/22 Rpt: 25/116				
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)		
4	Date 01/02/2024	 Full name of contributor	#: <u>C00160770</u>)	7	Amount of Contribution (\$)	\$250.00		
_	Dringing! goog	Washington, DC 20005	0 Employer/Coo Instructional					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)				
	Date 01/08/2024				Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
Self Attorney			Attorney					
	Date 05/29/2024				Amount of Contribution (\$)	\$5,000.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date 03/22/2024				Amount of Contribution (\$)	\$2,500.00		
			Employer (See Instructions	s)				
	Date 06/21/2024				Amount of Contribution (\$)	\$500.00		
	Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Retired			s)				

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: 26/116 3 Filer ID (Ethics Commission Filers) FILER NAME LaMantia, Morgan J. (The Honorable) 00086109 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 01/01/2024 Graydon Strama Lucio \$3,700.821 Reception Expenses 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 05/07/2024 Hance Scarborough, LLP \$212.25 I Office supplies Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS							SCHEDULE E	
	The Instruction	n Guide explains ho	w to c	omplete this f	orm.	1		ges Schedule E: 5 Rpt: 27/116	
2	FILER NAME LaMantia, Morga	an J. (The Honorable)				1	Filer ID 000861	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS				<u> </u>		\$	
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
	02/14/2024	LaMantia, Anthony						\$100,000.00	
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate	
	No	McAllen, TX 78501						11 Maturity Date	
12	Principal occupation Owner	on / Job title (See Instructio	ns)		13 Employer (See Instructions L & F Distributors, LLC	s)			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20 Principal occupation 21 En				21 Employer (See Instructions	s)		I		
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	
	06/28/2024	LaMantia, Anthony						\$250,000.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	McAllen, TX 78501						Maturity Date	
	Principal occupation	on / Job title (See Instructio	ns)		Employer (See Instructions	s)			
	Owner				L & F Distributors, LLC				
Description of Collateral X None			Check if personal funds were deposited into political account (See Instructions)						
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
Principal occupation			Employer (See Instructions)						

	LOANS							SCHEDULE E	
	The Instruction	n Guide explains ho	w to co	omplete this f	orm.	1	•	ges Schedule E: 5 Rpt: 28/116	
2	FILER NAME LaMantia, Morga	an J. (The Honorable)				ı	Filer ID 000861	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS						\$	
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
	02/14/2024	LaMantia, Greg						\$100,000.00	
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate 11 Maturity Date	
	No	McAllen, TX 78501						II Maturity Date	
12	Principal occupation	on / Job title (See Instruction	ns)		13 Employer (See Instructions L & F Distributors, LLC	S)			
14	Description of Coll	ateral			15 Check if personal funds we	ere d	eposited	into political account	
	X None							(See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20 Principal occupation 21 En				21 Employer (See Instructions	5)		<u> </u>		
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	
	06/28/2024	LaMantia, Greg						\$250,000.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	McAllen, TX 78501						Maturity Date	
	Principal occupation	l on / Job title (See Instructio	ns)		Employer (See Instructions	S)			
	Owner				L & F Distributors, LLC				
Description of Collateral X None			Check if personal funds were deposited into political account (See Instructions)						
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
Principal occupation			Employer (See Instructions)						

	LOANS					SCHEDULE E		
	The Instruction	on Guide explains how to	complete this f	form.	1	ges Schedule E: 5 Rpt: 29/116		
2	FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS			1	\$		
5	Date of loan 02/14/2024	7 Name of lender LaMantia III, Joseph	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$100,000.00		
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate		
	No	McAllen, TX 78501				11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)			
	Owner			L & F Distributors, LLC				
14	Description of Coll X None	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address; City;	State;	Zip Code				
20 Principal occupation 21				21 Employer (See Instruction	s)			
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)		
	06/28/2024	LaMantia III, Joseph				\$250,000.00		
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate		
	No	McAllen, TX 78501				Maturity Date		
	Principal occupation	on / Job title (See Instructions)		Employer (See Instruction	s)	•		
	Owner			L & F Distributors, LLC				
Description of Collateral X None			Check if personal funds were deposited into political account (See Instructions)					
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
	X not applicable	Guarantor address; City;	State;	Zip Code				
	Principal occupation	on		Employer (See Instructions)				
	_		_					

	LOANS					SCHEDULE E		
	The Instruction	on Guide explains how to con	nplete this f	orm.		ges Schedule E: 5 Rpt: 30/116		
2	FILER NAME LaMantia, Morga	an J. (The Honorable)				(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS				\$		
5	Date of loan 02/14/2024	7 Name of lender LaMantia, Stephen L.	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$100,000.00		
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate		
	No	McAllen, TX 78501				11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	s)			
	Owner			L & F Distributors, LLC				
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	I into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation) on	21 Employer (See Instructions	5)				
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)		
	06/28/2024	LaMantia, Stephen L.	_			\$250,000.00		
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate		
	No	McAllen, TX 78501				Maturity Date		
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	5)			
	Owner			L & F Distributors, LLC				
Description of Collateral X None			Check if personal funds we	I into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
	X not applicable	Guarantor address; City;	State;	Zip Code				
	Principal occupation	on		Employer (See Instructions)				

	LOANS				SCHEDULE E	
	The Instruction	on Guide explains how to complete this f	orm.	1	ges Schedule E: 5 Rpt: 31/116	
2	FILER NAME LaMantia, Morga	an J. (The Honorable)			(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			\$	
5	Date of loan 02/14/2024	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$100,000.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	McAllen, TX 78501			11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions	s)		
	Owner		L & F Distributors, LLC			
14	Description of Coll X None	lateral	15 Check if personal funds we	ere deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address; City; State;	Zip Code			
20 Principal occupation 21 Employer (See Instructions)						
	Date of loan	Name of lender out-of-state PA	C (ID#:)	Loan Amount (\$)	
	06/28/2024	LaMantia, Verna A.		\$250,000.00		
	Is lender a financial institution?	Lender address; City; State;	Zip Code		Interest Rate	
	No	McAllen, TX 78501			Maturity Date	
	Principal occupation Owner	on / Job title (See Instructions)	Employer (See Instructions) L & F Distributors, LLC			
	Description of Coll	lateral	Check if personal funds were deposited into political account			
	X None				(See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
	X not applicable	Guarantor address; City; State;	Zip Code			
	Principal occupation	on	Employer (See Instructions)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense

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

	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: 1/85 Rpt: 32/116	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/27/2024	364 Sports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	12527 Country Road 1272
		Sinton, TX 78387
8	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
		S. Pirate Baseball / Softball Ads
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	05/07/2024	Academy Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$443.63	4305 Old Hwy 77
		Brownsville, TX 78520
	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
		Campaign Materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/02/2024	ActBlue
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 366 Summer Street
	\$150.00	300 Summer Street
		Somerville, MA 02144
	DUDDOS-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel 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		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Evi Accounting/Banking Fer Consulting Expense For Contributions/ Donations Made By - Gif

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

	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: 2/85 Rpt: 33/116	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/03/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	366 Summer Street
		Somerville, MA 02144
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/12/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		C porisors in p
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	2 .	
	Date	Payee name
	06/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$366.59	366 Summer Street
		Somerville, MA 02144
	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 Online Contribution Processing Fees
		Online Contribution Processing Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/85 Rpt: 34/116	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/04/2024	Adamolekun, Nathaniel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2706 Lakehurst Road
		Austin, TX 78669
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Internship
		internation p
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	03/25/2024	Alcala, Daphne
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1911 San Gabriel Street Apt. 107
		Austin, TX 78705
	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.
		Contract Labor
		Contract Labor
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2024	Alcala, Daphne
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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
		Contract Labor
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
Gitl/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

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

	Candidate/Officeholder/Politica	nmittee Legal Services	Salaries/Wag	nse es/Contract Labor		OTHER (enter a	strict i category not listed above)	
	Credit Card Payment	The Instruction Guide explains	how to comp	lete this form.				
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/85 Rpt: 35/116	LaMantia, Morgan J. (The Honorable)				00086109		
4	Date	Payee name		I				
	05/01/2024	Alcala, Daphne						
6	Amount (\$)	Payee address; City; State;	; Zip Code					
٠	\$1,000.00	1911 San Gabriel Street Apt. 107	, 21p 0000					
	Ψ1,000.00	1011 Gail Gabrier Girect / pt. 107						
		Austin TV 7070F						
		Austin, TX 78705						
8	PURPOSE OF	Category (See Categories listed at the top of this sch	edule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor				ide of Texas. Com , officeholder living	plete Schedule T.	
				Contract Labo		, cincentitudi nimi	g expense	
9	Complete ONLY if direct	Candidate/Officeholder name C	I Office sough	t		Office h	eld	
-	expenditure to benefit C/O		- · · · · · · · · · · · · · · · · · · ·	-				
	Date	Davies warms						
	05/10/2024	Payee name Amazon						
			7:- 01-					
	Amount (\$)		; Zip Code	!				
	\$213.14	410 Terry Ave North						
		Seattle, WA 98109						
	PURPOSE OF	Category (See Categories listed at the top of this sch	edule) (b	Description				
	EXPENDITURE	Office Overhead/Rental Expense		=		ide of Texas. Com , officeholder living	plete Schedule T.	
				Office Materia		, onicendaei iivini	g expense	
	Complete ONLY if direct	Candidate/Officeholder name C	I Office sough	t		Office h	eld	
	expenditure to benefit C/O		- · · · · · · · · · · · · · · · · · · ·					
	Date	Davies name						
	03/01/2024	Payee name American GI Forum						
			7:- 01-					
	Amount (\$)	•	; Zip Code	!				
	\$333.33	611 N Flores STE 200						
		San Antonio, TX 78205						
	PURPOSE OF	Category (See Categories listed at the top of this sch	edule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comm	vittoo	=		ide of Texas. Com , officeholder living	nplete Schedule T.	
		Candidate/Officeriolder/Political Comm	iillee	Sponsorship	17,	, omeendaer nam	g expense	
				-p				
	Complete ONLY if direct	Candidate/Officeholder name C	 Office sough	t		Office h	eld	
	expenditure to benefit C/O	- Landard Company (Company)	Jougii	-		211100 11		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	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:					
	Sch: 5/85 Rpt: 36/116	, ,				
4	Date	5 Payee name				
	01/26/2024	Aransas Pass Chamber of Commerce				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,250.00	130 W Goodnight Ave #361				
		Aransas Pass, TX 78336				
Ļ						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	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				
		- Spoilsoisilip				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialture to benefit C/Oi					
	Date	Payee name				
	02/21/2024	Arnie's Winghouse				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,130.87	812 S Arroyo Blvd				
	Φ1,130.07	612 S Alloyo Bivu				
		Los Fresnos, TX 78566				
	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 Meals				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	03/21/2024	Bee County Chamber Of Commerce				
		·				
	Amount (\$)					
	\$20.95	1705 N Saint Marys Street				
		Beeville, TX 78102				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	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/OH					

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
	Sch: 6/85 Rpt: 37/116	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/21/2024	Bee County Chamber Of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1705 N Saint Marys Street
		Beeville, TX 78102
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.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	02/22/2024	Big Daddys
	Amount (\$)	Payee address; City; State; Zip Code
	\$249.96	500 E Morrison Rd
		Brownsville, TX 78526
	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 Meals
		Sponsorally wears
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	5.	_
	Date	Payee name
	01/24/2024	BizEgo Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,482.31	222 N Expressway, Ste. 111
		Brownsville, TX 78521
	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 Materials
		- Campaign Materials
	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 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: 7/85 Rpt: 38/116	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/06/2024	BizEgo Consulting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,178.46	222 N Expressway, Ste. 111
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Materials
		Campaigh Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/05/2024	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.
		Check if Austin, TX, officeholder living expense Professional Canvassing
		Fiolessional Carivassing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/10/2024	Blue Compass Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	2010 Massachusetts Ave NW #200
		Wasingtron, DC 20036
	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
		General Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/85 Rpt: 39/116	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
04/18/2024	Brownsville Beerfest
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	501 E Ringgold Street
	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.
	Candidate/Officeholder/Political Committee
	- Οροποσιατήρ
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/05/2024	Brownsville City Cruisers
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	107 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
	Candidate/Officeholder/Political Committee
	C porisors in p
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
01/29/2024	Brownsville Crime Stoppers Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	600 E Jackson St
	Brownsville, TX 78520
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Sponsorship
Complete ONLY if direct	Candidata/Officeholder name Office acusts
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/85 Rpt: 40/116	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
01/08/2024	Burton McCumber & Longoria, LLP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	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.
	Concard Concarding expense
	General Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to beliefit 6/01	
Date	Payee name
01/15/2024	Burton McCumber & Longoria, LLP
Amount (\$)	Payee address; City; State; Zip Code
\$6,688.00	205 Pecan Blvd
	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	General Consulting
0 1: 5::::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
03/19/2024	Burton McCumber & Longoria, LLP
Amount (\$)	Payee address; City; State; Zip Code
\$570.00	205 Pecan Blvd
	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
Di Libilone	Check if Austin, TX, officeholder living expense
	General Consulting
Complete CAU V & dist	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/12/2024	Burton McCumber & Longoria, LLP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,211.00	205 Pecan Blvd
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		General Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	01/11/2024	CACCWC
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2220 S Haine Dr Suite #38
		Harlingen, TX 78550
	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/O	H
	Date	Payee name
	04/19/2024	CCA Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	6919 Portwest Dr. Ste 100
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Gponsorsinp
	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 Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/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:	· · · · · · · · · · · · · · · · · · ·	_
_	Sch: 11/85 Rpt:	LaMantia, Morgan J. (The Honorable)	
_	Date	<u> </u>	_
4	04/05/2024	5 Payee name CCCAC	
			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 4916	
		Corpus Christi, TX 78469	
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	
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	·		_
	Date	Payee name	
	05/01/2024	Calk Wilson Elementary School	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	3925 Ft Worth St	
		Corpus Christi, TX 78411	
	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.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Sponsorship	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/31/2024	Campos, Brandon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606	
		Austin, TX 78749	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Contract Labor	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Onditale to belief Of Of		

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	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: 12/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/01/2024	Campos, Brandon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
_	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	04/01/2024	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
		Contract Labor
_	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
	03/25/2024	Campos, Brandon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4201 Monterrey Oaks Blvd Apt. 1606
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

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		
Ŀ			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
L	Sch: 13/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	05/01/2024	Campos, Brandon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	4201 Monterrey Oaks Blvd Apt. 1606	
		·	
		Austin, TX 78749	
Ļ	DUDDOG	<u> </u>	
8	PURPOSE OF		Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
⊨			
	Date	Payee name	
	05/31/2024	Campos, Brandon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	4201 Monterrey Oaks Blvd Apt. 1606	
		Austin, TX 78749	
H	PURPOSE		Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		C	Contract Labor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
F	Date	Payee name	
	02/26/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$149.90	200 E 6th St	
	Ψ1+3.30	200 2 011 31	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Graphic Design Platform Expense
			Stapino Design Flattorni Experise
\vdash	Complete ONLY if direct	Candidate/Officeholder name	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office field
$ldsymbol{ldsymbol{ldsymbol{eta}}}$			

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	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: 14/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/25/2024	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$190.00	200 E 6th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graphic Design Platform Expense
		Graphic Boorgin Tationin Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/03/2024	Carisma Print & Design
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	2100 Central Blvd
		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 Push Cards
		T don cardo
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/06/2024	Carrera, Mike
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	135 Paseo Del Prado
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		General Consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	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: 15/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/23/2024	Celina Lopez Leon - Women of Impact American Heart Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	500 N Shoreline Blvd #203
		Corpus Christi, TX 78401
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
	01/30/2024	Charro Days Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	455 E. Elizabeth St.
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee 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
	02/12/2024	Cinco De Mayo
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3457 Old Hwy 77 Suite 100
		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
		Sponsorship
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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:		lers)
	Sch: 16/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	04/29/2024	City of Brownsville	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	1001 E Elizabeth Street	
		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.	
	LAFENDITURE	Candidate/Officeholder/Political Committee	
		Sponsorship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	лп 	
	Date	Payee name	
	01/25/2024	City of Donna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	307 S 12th St	
		Donna, TX 78537	
_	DIIDDOSE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Category Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Political Sign Registration	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	04/29/2024	Compete Digital, LLC	
	Amount (\$)	· · ·	
	` '		
	\$100,000.00	1317 Potomac Ave SE	
		Washington, DC 20003	
	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 Digital Ads	
		Digital Aus	
	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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/17/2024	Corpus Chrisit Fraternal Order of Police
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	3236 Reid Dr B
		Corpus Christi, TX 78404
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Сропостир
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/29/2024	Creative People
		·
	Amount (\$)	Payee address; City; State; Zip Code 148 Kirk Place
	\$750.00	148 KIRK Place
		San Antonio, TX 78225
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Videographer Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/01/2024	Daniella Lopez Valdez Campaign Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1900 E Price Rd #307
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		- Οροποσιατήρ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/85 Rpt:	LaMantia, Morgan J. (The Honorable)
4 Date	5 Payee name
04/11/2024	Darling - Mouser Funeral Home
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$126.61	945 Palm 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
EXPENDITORE	Candidate/Officeholder/Political Committee
	Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
06/05/2024	Dick's Sporting Goods
Amount (\$)	Payee address; City; State; Zip Code
\$17.51	2370 N Expressway, Bldg F
	Brownsville, TX 78521
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Materials
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies name
03/01/2024	Payee name Dr Hector P. Garcia Sponsorship
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2014 Encino Vista
	San Antonio, TX 78259
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 CAU V & dia+	Condidate/Officeholder name Office country
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

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	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 19/85 Rpt:	2 FILER NAME LaMantia, Morgan J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086109
4	Date	5 Payee name
•	03/01/2024	Ducks Unlimited
6	Amount (\$) \$609.90	7 Payee address; City; State; Zip Code 915 Front Street
	φουσ.συ	515 From Street
_		Richmond, TX 77469
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2024	El Mante Restaurante
	Amount (\$)	Payee address; City; State; Zip Code
	\$494.05	1651 W US Hwy 77
	Ψ-10-1.00	1001 W 00 HWy 77
		San Benito, TX 78586
	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 Meals
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2024	Eric Vasquez Media
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$800.00	212 West Maple Avenue
		Madler, TV 70504
		McAllen, TX 78501
	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
		Photographer Payment
L		
	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 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/29/2024	Eric Vasquez Media
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	212 West Maple Avenue
		McAllen, TX 78501
8	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 Photographer Payment
		γ ποιο <u></u> σταρποι τ αγπιστιά
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	05/22/2024	Eric Vasquez Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	212 West Maple Avenue
		McAllen, TX 78501
	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
		Photographer Payment
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/21/2024	Espinoza, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1570 Alta Mesa Blvd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Internship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/24/2024	Espinoza, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1570 Alta Mesa Blvd
		Brownsville, TX 78520
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
		Internship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/14/2024	Families Especial Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	217 E Bandera Road #2
		Boerne, TX 78006
	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 TX officeholder living expenses.
		Candidate/Officeholder/Political Committee
		Cponsors.iip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/27/2024	Fiesta Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$460.06	205 Paredes Line Rd
	Ψ400.00	200 Faleues Line Nu
1		Drougerille, TV 70531
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(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
	OF	(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
	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 Embroidery Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Embroidery Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Embroidery Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
04/17/2024	Flour Bluff High School
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2505 Waldron Road
	Corpus Christi, TX 78418
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
05/29/2024	Friends of the Mercedes Library
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	400 South Ohio
	Mercedes, TX 78570
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Commission ONLY if dispose	Condidate/Office helder no rec
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/03/2024	Galvan, Grecia
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6556 Carolina Pine
	Brownsville, TX 78526
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 CAU V if direct	Condidate/Officeholder name Office equality
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

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

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

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: 23/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/01/2024	Galvan, Grecia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6556 Carolina Pine
		Brownsville, TX 78526
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
_	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
	03/25/2024	Galvan, Grecia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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
		33.11.433.2433.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	05/21/2024	Galvan, Grecia
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	6556 Carolina Pine
		Brownsville, TX 78526
	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
_	Operation ONE V. C. F.	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- p	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 24/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
05/31/2024	Galvan, Grecia
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1 Harlingen, TX 78551
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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2024	Gamez, Francisco
Amount (\$)	Payee address; City; State; Zip Code
\$1,580.00	2515 Leopard Street
	Corpus Christi, TX 78408
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
05/08/2024	Gannett Media
Amount (\$)	Payee address; City; State; Zip Code
\$1.07	7950 Jones Branch Drive STE 100
	McLean, VA 22102
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 Ad Boosting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/01/2024	Givebutter
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$257.78	2810 N Church Street
		Wilmington, DE 19802
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 Check if Austin, TX, officeholder living expense
		Sponsorship
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2024	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 Domain and Email Hosting
		Domain and Email Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Daniel and a second a second and a second an
	Date 02/02/2024	Payee name Google Gsuite
		<u> </u>
	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
		Domain and Email Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 26/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	03/04/2024	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	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Domain and Email Hosting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Date	T 5	
	04/02/2024	Payee name Google Gsuite	
_		<u> </u>	
	Amount (\$) \$66.02	Payee address; City; State; Zip Code	
	\$00.02	1600 Amphitheatre Parkway	
		Mountain View CA 04042	
		Mountain View, CA 94043	
	PURPOSE 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	
		Domain and Email Hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	н	
	Date	Payee name	
	05/01/2024	Google Gsuite	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.75	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 Austin, TX, officeholder living expense Domain and Email Hosting	
		Domain and Email Hosting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/03/2024	Google Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
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
		Domain and Email Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/29/2024	Gregory-Portland Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	1200 Broadway Blvd
	Ψ1,130.00	1200 Bloddwdy Blyd
		Portland, TX 78374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Computate ONLY if divert	Condidate/Officeholder name Office angels
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.89	405 W Hidalgo
		Raymondville, TX 78580
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chook if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Materials
	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 28/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/09/2024	Harlingen Sunburst Rotary
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 534074 Harlingen, TX 78553
8	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
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/10/2024	Home Depot
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$84.00	605 W Morrison Rd
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	03/19/2024	Howell, Skyler
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1516 Washington Drive
		Donna, TX 78537
	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 Internship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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		_
1	Total pages Schedule F1: Sch: 29/85 Rpt:	2 FILER NAME LaMantia, Morgan J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086109
_	Data	E D
4	Date	5 Payee name
	04/22/2024	Howell, Skyler
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1516 Washington Drive
	, ,	3
		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	06/13/2024	Howell, Skyler
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1516 Washington Drive
	, ,	3
		Donna, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Internship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
H	Date	Daysa nama
		Payee name
	02/08/2024	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.41	1600 Ruben Torres Sr. Blvd
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Foreign ATM Transaction Fee
	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 -

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/08/2024	IBC Bank
6	Amount (\$) \$0.41	7 Payee address; City; State; Zip Code 1600 Ruben Torres Sr. Blvd
_		Brownsville, TX 78520
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Foreign ATM Transaction Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2024	IBC Bank
	Amount (\$) \$0.41	Payee address; City; State; Zip Code 1600 Ruben Torres Sr. Blvd Brownsville, TX 78520
	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 Foreign ATM Transaction Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2024	IBC Bank
	Amount (\$) \$0.41	Payee address; City; State; Zip Code 1600 Ruben Torres Sr. Blvd
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Foreign ATM Transaction Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 31/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/28/2024	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	1600 Ruben Torres Sr. Blvd
		Brownsville, TX 78520
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 Charge Back Fee
		Charge Back i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
L		
	Date	Payee name
	06/10/2024	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.41	1600 Ruben Torres Sr. Blvd
		Brownsville, TX 78520
	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 Foreign ATM Transaction Fee
		Toroign / Thailisaddon / Co
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
	Date	Payee name
	03/28/2024	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1600 Ruben Torres Sr. Blvd
		Brownsville, TX 78520
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fees
$ldsymbol{ld}}}}}}$		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portantare to borront 0/01	

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 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: 32/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/29/2024	IBIS Financial Group Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	29 Hacienda Drive
		Laguna Vista, TX 78578
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
		Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davos nama
	06/17/2024	Payee name International Relief Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	122 E 42nd Street
		New York, NY 10168
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	01/02/2024	Payee name Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Reimbursement
		Scheral remisuration.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 33/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/03/2024	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		General Reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/16/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,200.00	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/OI	-
	Date	Payee name
	01/19/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	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
		School Rembulsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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		d above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)
_	Sch: 34/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	,
4	Date	5 Payee name	
	01/24/2024	Johnson, Reed H.E.	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1122 Colorado St Ste 208	
		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General Reimbursement	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	-
	01/31/2024	Johnson, Reed H.E.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	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	
		General Kelinbursement	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	02/05/2024	Johnson, Reed H.E.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	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	
		General Kembarsement	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	U	
H			
l			

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	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: 35/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	02/27/2024	Johnson, Reed H.E.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10,268.38	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 Reimbursement	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	Dete	<u> </u>	
	Date	Payee name	
	01/31/2024	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	
		Scheral Consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	02/05/2024	Payee name Johnson, Reed H.E.	
		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,500.00	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 Kombuschien	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 36/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
03/01/2024	Johnson, Reed H.E.
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2024	Johnson, Reed H.E.
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	1122 Colorado St Ste 208
	Austin, TX 78701
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/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/15/2024	Johnson, Reed H.E.
Amount (\$)	Payee address; City; State; Zip Code
\$3,678.64	1122 Colorado St Ste 208
	Austin, TX 78701
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/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/29/2024	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,135.00	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 Reimbulsement
<u>_</u>	Operation Objects "	On this to 10 ff a shall do no new 20 ff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St Ste 208
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		General Consulting
		Scheral Consularity
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davies name
	Date	Payee name
	05/01/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St Ste 208
L		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Concret Consulting
		General Consulting
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/20/2024	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$937.56	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Reimbursement
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	05/21/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,456.00	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/31/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1122 Colorado St Ste 208
	·	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

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/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: 39/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/03/2024	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,762.00	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
		Schera Komburschich
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/13/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$783.00	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
		Soliofal Folimbalosimonia
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	06/24/2024	Johnson, Reed H.E.
	Amount (\$)	Payee address; City; State; Zip Code
	\$816.00	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 Reimbursement
	Operation ONLY if allowed	Our distance (Office health annuary Control health
	Complete ONLY if direct expenditure to benefit C/OH	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 -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

	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: 40/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/26/2024	Karla's Katering
6	Amount (\$)	7 Payee address; City; State; Zip Code
٠	\$1,169.55	3311 Padre Blvd
	Ψ1,103.33	SSIIT date biva
		Coults Dodge Joleand TV 70570
		South Padre Island, TX 78579
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 Mixer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/21/2024	Kingsville Chamber of Commerce
	Amount (\$) \$850.00	Payee address; City; State; Zip Code
	Φ050.00	231 E Kleberg Ave
		V'
		Kingsville, TX 78363
	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
	02/28/2024	Kleberg County Attorney's Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1411
		Kingsville, TX 78364
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 41/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/01/2024	Kleberg County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	700 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
		Candidate/Officeholder/Political Committee
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2024	Kleberg County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	700 E Kleberg Avenue
	Ψ1,000.00	700 E Nieberg Averlue
		Kingsville, TX 78363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	D-t-	
	Date	Payee name
	03/01/2024	LULAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7019 W Village Blvd STE 205
		Laredo, TX 78041
	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
	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 Contributions/ Donations Made By

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

1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
02/20/2024	La Villa ISD Education Foundation
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 9 La Villa, TX 78562
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/13/2024	Legion Post 99
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	2502 E Kenedy Ave
	Kingsville, TX 78363
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/06/2024	London ISD
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1356 FM 43
	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/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 43/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/06/2024	Los Fresnos Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	520 E Ocean Blvd
		Los Fresnos, TX 78566
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
		Сропоотопр
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
L	01/10/2024	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,285.95	525 Ruben Torres Blvd
L		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Materials
		Cinic Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		_
	Date	Payee name
	01/11/2024	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$537.57	525 Ruben Torres Blvd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Office Materials
\vdash	Complete ONE V if direct	Condidate/Officeholder name Office cought
I	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
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 for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	•
	01/19/2024	Lowe's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,729.73	525 Ruben Torres Blvd	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF	Office Overhead/Rental Expense	f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check i	f Austin, TX, officeholder living expense
		Office M	laterials
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/24/2024	Lowe's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$598.10	525 Ruben Torres Blvd	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE		f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Office M	
			iatoriaio
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/26/2024	Lowe's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$872.43	525 Ruben Torres Blvd	
	70.2		
		Brownsville, TX 78520	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	orr f travel outside of Texas. Complete Schedule T.
	EXPENDITURE		f Austin, TX, officeholder living expense
		Office M	laterials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft 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

xpense Travel in xpense Travel O Vages/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/30/2024	Lowe's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$827.03	525 Ruben Torres Blvd
		Brownsville, TX 78520
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
		Office Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davies name
	02/08/2024	Payee name
L		ME-QR
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.50	7 Bell Yard
		London Greater London WC2A 2JR United Kingdom
	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 QR Codes
		QIV Codes
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨	Date	Davis same
	03/08/2024	Payee name ME-OR
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.50	7 Bell Yard
L		London Greater London WC2A 2JR United Kingdom
	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 QR Codes
		Qn Codes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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/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: 46/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/08/2024	ME-QR
6	Amount (\$) \$13.50	7 Payee address; City; State; Zip Code 7 Bell Yard London Greater London WC2A 2JR United Kingdom
8	PURPOSE	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense QR Codes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2024	ME-QR
	Amount (\$) \$13.50	Payee address; City; State; Zip Code 7 Bell Yard
		London Greater London WC2A 2JR United Kingdom
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense QR Codes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2024	ME-QR
	Amount (\$) \$13.50	Payee address; City; State; Zip Code 7 Bell Yard
		London Greater London WC2A 2JR United Kingdom
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense QR Codes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 47/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
06/05/2024	MailChimp
6 Amount (\$) \$277.16	7 Payee address; City; State; Zip Code 405 N Angier Ave NE Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Newsletter Service
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/20/2024	Marine Military Academy
Amount (\$) \$650.00	Payee address; City; State; Zip Code 320 lwo Jima Blvd
	Harlingen, TX 78550
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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 02/14/2024	Payee name Michaels
Amount (\$) \$52.98	Payee address; City; State; Zip Code 571 Morrison Rd
	Brownsville, TX 78526
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Materials
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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		
_		<u> </u>	
1	Total pages Schedule F1:		'
	Sch: 48/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	02/15/2024	Michaels	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$18.39	571 Morrison Rd	
	Ф10.39	571 WOTISOT RU	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office Materials	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Data		_
	Date	Payee name	
	02/16/2024	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.07 571 Morrison Rd		
		Brownsville, TX 78526	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Materials	
		Office Waterials	
	0 1: 01 1/4 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	exponentare to benefit eye.		
	Date	Payee name	
	02/16/2024	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$151.73	571 Morrison Rd	
	Ψ101.10	or a monitori riu	
		Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense	
		Office Materials	
	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 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 o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 49/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4 Date	5 Payee name	
03/04/2024	Michaels	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$35.68	571 Morrison Rd	
,,,,,,		
	Brownsville, TX 78526	
		Lax
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Office Materials
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
04/11/2024	Michaels	
Amount (\$)	Payee address; City; State; Zip C	`nda
\$53.56	571 Morrison Rd	
Ψ33.30	37 I WOMSON NU	
	Provincially TV 7052C	
	Brownsville, TX 78526	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Materials
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
05/16/2024	Michaels	
Amount (\$)	Payee address; City; State; Zip C	Code
\$89.26	571 Morrison Rd	
733.23		
	Brownsville, TX 78526	
		Las
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	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Office Materials
Complete ONLY if direct	Candidate/Officeholder name Office so	pught Office held
expenditure to benefit C/O	Н	
		V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:		
	Sch: 50/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	06/20/2024	Michaels	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$87.56	571 Morrison Rd	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Office Materials	
Ļ			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		···	
	Date	Payee name	
	06/26/2024	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.47	571 Morrison Rd	
		Brownsville, TX 78526	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office Materials	
		Office waterials	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
\vdash	Date	Payon name	-
	04/19/2024	Payee name My Little Carousel Foundation	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	212 S 49th St	
		McAllen, TX 78501	
	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	
_	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 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		
		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		
	Sch: 51/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109	
4	Date	5 Payee name	
	02/16/2024	North Brownsville Rotary Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 8632	
		Brownsville, TX 78526	
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	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit or of		
	Date	Payee name	
	02/08/2024	O'Bell, Ruben	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$648.57	4681 Larkspur Drive	
		Brownsville, TX 78526	
	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		
H	Date	Payee name	
	01/31/2024	O'Bell, Ruben	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4681 Larkspur Drive	
	Ψ500.00	4001 Lakspul Dilve	
		Provincy illo TV 70526	
		Brownsville, TX 78526	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 52/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
03/01/2024	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.
	Contract Labor
	Contract Labor
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
04/01/2024	O'Bell, Ruben
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
	Contract Labor
	Contract Labor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/25/2024	O'Bell, Ruben
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4681 Larkspur Drive
	Brownsville, TX 78526
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Contract Labor
	Contract Labor
Complete CAU V if all a - 4	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> 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

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: 53/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	06/14/2024	O'Bell, Ruben	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$140.00	4681 Larkspur Drive	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		General Rein	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	+	
	Date	Payee name	
	06/14/2024	O'Bell, Ruben	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$255.00	4681 Larkspur Drive	
	!		
	!	Brownsville, TX 78526	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	outside of Texas. Complete Schedule T.
	· · · · · · · · · · · · · · · · · · ·	Check if Austin, General Rein	nhursement
	!	33	ibulsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	05/01/2024	O'Bell, Ruben	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	4681 Larkspur Drive	
	l	Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
		Check if Austin, Contract Lab	, TX, officeholder living expense
		Contract Labo	JI .
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cinice Held

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

Candidate/Officeholder/Political Comn Credit Card Payment		to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 F	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 54/85 Rpt: L	_aMantia, Morgan J. (The Honorable)		00086109
4 Date 5 F	Payee name		
05/23/2024 C	O'Bell, Ruben		
6 Amount (\$) 7 F	Payee address; City; State; Zi	Code	
\$307.25 4	4681 Larkspur Drive		
	Brownsville, TX 78526		
1 05 1	Category (See Categories listed at the top of this schedule		
EXPENDITURE L	oan Repayment/Reimbursement	_ <u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		General Reir	
9 Complete ONLY if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office	sought	Office held
Date P	Payee name		
	D'Bell, Ruben		
Amount (\$)	Payee address; City; State; Zi	Code	
\$1,000.00	1681 Larkspur Drive		
. ,	·		
E	Brownsville, TX 78526		
I 0E I	Category (See Categories listed at the top of this schedule		
EXPENDITURE S	Salaries/Wages/Contract Labor	_ _	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Contract Lab	
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office	sought	Office held
Date F	Payee name		
03/29/2024	D'Bell, Ruben		
Amount (\$)	Payee address; City; State; Zi	Code	
l '' l	1681 Larkspur Drive		
·	·		
E	Brownsville, TX 78526		
PURPOSE (a) (Category (See Categories listed at the top of this schedule		
OF EXPENDITURE	oan Repayment/Reimbursement	_	outside of Texas. Complete Schedule T.
		General Reir	n, TX, officeholder living expense
		General Kell	Hoursement
Complete ONLY if direct Ca	andidate/Officeholder name Office	sought	Office held
expenditure to benefit C/OH	Andread Cincendide Hame Cince	, sougiii	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 55/85 Rpt: LaMantia, Morgan J. (The Honorable) 00086109 4 Date Payee name 02/16/2024 Office Depot 6 Amount (\$) Payee address; State; Zip Code \$35.64 816 Tirado Street Austin, TX 78752 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Materials Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2024 Ortega, Larry Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1110 S 6th Street Kingsville, TX 78363 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2024 Pan American Golf Association Amount (\$) Payee address: City; State; Zip Code \$150.00 2300 Avenue B San Antonio, TX 78215 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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	
-	Total pages Schedule F1:	
L	Sch: 56/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/31/2024	Pereida, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,200.00	3725 Amanda Lane
l	, ,	
l		Debetour TV 70200
L		Robstown, TX 78380
8	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.
l		Contract Labor
l		Contract Labor
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
Г	Date	Payee name
l	03/01/2024	Pereida, Jose
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,200.00	3725 Amanda Lane
	\$1,200.00	3723 Amanda Lane
l		Robstown, TX 78380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
l		Contract Labor
L		
l	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
F	Date	Payee name
l	04/01/2024	Pereida, Jose
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,200.00	3725 Amanda Lane
l	Ψ1,200.00	3723 Amanda Lane
l		Robstown, TX 78380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
l		Contract Labor
L		
	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 Contributions/ Donations Made 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	
_	T. 1 01 11 F4	
1	Total pages Schedule F1:	
	Sch: 57/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/01/2024	Pereida, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	3725 Amanda Lane
		Robstown, TX 78380
8	DUDDOCE	
o	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
		33.11.444.24331
<u>_</u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	05/20/2024	Pereida, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,337.58	3725 Amanda Lane
		Robstown, TX 78380
	DUDDOCE	
	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
		Constant to module of the
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	05/31/2024	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	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	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: 58/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/05/2024	Pizza Hut
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.36	501 E Hidalgo Ave
		Raymondville, TX 78580
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sportsorship Medis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	David views
	01/09/2024	Payee name Portland Texas Chamber Of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1211 US Hwy 181
		Portland, TX 78374
	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 Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	04/24/2024	Portland Texas Chamber Of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	1211 US Hwy 181
	¥=2.0000	
		Portland, TX 78374
	PURPOSE	
	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
		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 -

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	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: 59/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/24/2024	Portland Texas Chamber Of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1211 US Hwy 181
		Portland, TX 78374
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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 Sponsorship
		Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	01/02/2024	Prism Solutions Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$22,407.75	3106 Sapphire Court
		Brownsville, TX 78521
	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 Vinyl & Yard Signs
		Viriyi & Faid Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/08/2024	QR IO Generator
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	3900 Via Ora Avenue
		Long Beach, CA 90810
	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 OR Codes
		QR Codes
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/12/2024	RGSC Citizen's Volunteer Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 451
		Harlingen, TX 78551
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2024	RGV Humane Society
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2729 N Expressway 77
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2024	RGV Livestock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1000 North Texas Ave
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		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/Political Committee Credit Card Payment			ood/Beverage Expense sift/Awards/Memorials Expense egal Services The Instruction Guide explains		ense ges/Contract Labor	Travel in Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 61/85 Rpt:	LaMantia, Mo	organ J. (The Honorable))		00086109	
4	Date	5 Payee name				I	
	03/12/2024	Rangel, Jesu	IS				
6	Amount (\$)	7 Payee address	s; City; State	e; Zip Cod	e		
	\$475.00	•	a Madre Drive	., <u>-</u>			
	·	J					
		Brownsville,	TX 78526				
8	PURPOSE	(a) Category (See	e Categories listed at the top of this sc	hedule) (b) Description		
	OF EXPENDITURE		s/Donations Made By	:44		outside of Texas. Con	
		Candidate/O	fficeholder/Political Comr	ıııuee	Sponsorship	ı, TX, officeholder livin	A evhelise
					- ₁		
9	Complete ONLY if direct	Candidate/Office	eholder name	Office soug	ht	Office h	eld
	expenditure to benefit C/OI	ł					
	Date	Payee name					
	04/01/2024	Raymondville	e High School				
	Amount (\$)	Payee address	s; City; State	e; Zip Cod	е		
	\$150.00	601 FM 3168	3				
		Raymondville	e, TX 78580				
	PURPOSE		Categories listed at the top of this sc	hedule) (b) Description		
	OF EXPENDITURE		s/Donations Made By	nitte a	ш	outside of Texas. Con	
		Candidate/O	fficeholder/Political Comr	nittee	Sponsorship	ı, TX, officeholder livin	a cyhelise
					5-0110010111p		
\vdash	Complete ONLY if direct	Candidate/Office	eholder name	Office soug	ht	Office h	eld
	expenditure to benefit C/O	I		3			
	Date	Payee name					
	02/13/2024	Revival of Cu	ultural Arts				
	Amount (\$)	Payee address		e; Zip Cod	<u> </u>		
	\$500.00	1452 E Madi	•	,			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Brownsville,	TX 78520				
	PURPOSE	(a) Category (See	Categories listed at the top of this sc	hedule) (b) Description		
	OF EXPENDITURE		s/Donations Made By	:	ш	outside of Texas. Con	
		Candidate/O	fficeholder/Political Comr	ıııttee	Sponsorship	ı, TX, officeholder livin	y expense
					Sportoororinp		
	Complete ONLY if direct	Candidate/Office	eholder name	Office soug	ht	Office h	eld
	expenditure to benefit C/OI			2 2 2 3 9			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed abov	e)
	Credit Card Payment		The	Instruction Gui	de explains ho	ow to cor	nple	ete this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 62/85 Rpt:	LaN	⁄lantia, Morg	an J. (The F	lonorable)					00086109		
4	Date	5 Pay	ee name									
	03/08/2024	Rio	Grande Val	ley Associate	ed General C	Contrac	tors	of America				
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Co	de					
	\$300.00	691	.8 West Expi	ressway 83								
		Har	lingen, TX 7	8552								
8	PURPOSE	(a) Cate	egory (See Cat	egories listed at the	e top of this sched	lule)	(b)	Description				
	OF EXPENDITURE	Cor	ntributions/D	onations Mad	de By			=			plete Schedule T.	
	LA LIBITORE	Car	ndidate/Offic	eholder/Polit	ical Commit	tee		_	, TX,	officeholder livin	g expense	
								Sponsorship				
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeho	lder name	Off	fice sou(ght			Office h	eld	
	Date	Pay	ee name									
	06/06/2024	Rob	oledo, Mike									
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
	\$7,000.00	650	8 N. 26th St									
		McA	Allen, TX 78!	504								
	PURPOSE	(a) Cate	egory (See Cat	egories listed at the	e top of this sched	lule)	(b)	Description				
	OF EXPENDITURE	Cor	nsulting Expe	ense				-			plete Schedule T.	
								_		officeholder livin	g expense	
								General Cons	Suit	irig		
	Complete ONLY if direct	Cond	idata/Officaba	lder neme	O#	fice soud	nh+			Office b	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		idate/Officeho	nuer name	Oli	lice sou	JIII			Office h	eiu	
	· 											
	Date	1	ee name									
	04/09/2024	Ror	nald McDona	ald House Ch	arities Sout	h Texas	S					
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
	\$2,500.00	340	2 Fort Worth	n St								
		Cor	pus Christi,	TX 78411								
	PURPOSE	(a) Cate	egory (See Cat	egories listed at the	e top of this sched	lule)	(b)	Description				
	OF EXPENDITURE			onations Ma				=			plete Schedule T.	
	LXI LINDITORL	Car	ndidate/Offic	eholder/Polit	ical Commit	tee		_	, TX,	officeholder livin	g expense	
								Sponsorship				
_	0 1. 0											
	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeho	lider name	Off	fice sou	ght			Office h	eia	
	parametric so sonom or or											

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/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: 63/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/27/2024	SQ Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$568.32	2205 Mirasol St
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Shirts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
_	Date	Payee name
	05/23/2024	Saenz, Mario
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	P.O. Box 1634
	Ψ1,200.00	1.0. Box 100+
		Elsa, TX 78543
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/07/2024	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.73	3570 W Alton Gloor Bvld
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 64/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	01/31/2024	Sanchez, Romo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
		Mercedes, TX 78570	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Contract Lab	or
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
H	Date	Payee name	
	03/01/2024	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	
	OF EXPENDITURE	Julianes/Wages/Contract Eabor	outside of Texas. Complete Schedule T.
		Contract Lab	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	04/01/2024	Sanchez, Romo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	673 Webb St	
		M	
		Mercedes, TX 78570	
	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	Jaianes/Wages/Contract Eabor	n, TX, officeholder living expense
		Contract Lab	or
	Complete ONLY if allow	Condidate/Office helder no rec	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 65/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/01/2024	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
		Contract Labor
		Contract Labor
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/03/2024	Sanchez, Romo
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,518.00	673 Webb St
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Reimbursement
		General Neimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	05/31/2024	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
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Contract Labor
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
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
Loan Repayment/Reimbursement
Polling Expense
Salaries/Wanes/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a confidence of the c	,
1	Total pages Schedule F1:	
	Sch: 66/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	04/10/2024	Santa Maria ISD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	11119 Military Road
		Santa Maria, TX 78592
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	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
		Gpontonoup
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	01/26/2024	Sea Turtle Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6617 Padre Blvd
		South Padre Island, TX 78597
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee 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/OI	v
	Data	
	Date	Payee name
	03/28/2024	Shipt
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.79	420 20th Street N #100
		Birmingham, AL 35203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Shipping Expense
L		
	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

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: 67/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
03/28/2024	Shipt
6 Amount (\$) \$275.86	7 Payee address; City; State; Zip Code 420 20th Street N #100 Birmingham, AL 35203
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/25/2024	Shipt
Amount (\$) \$199.97	Payee address; City; State; Zip Code 420 20th Street N #100
	Birmingham, AL 35203
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping Expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Spectrum
Amount (\$) \$400.32	Payee address; City; State; Zip Code 400 Washington Blvd
	Stamford, CT 06902
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 68/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	·
	04/09/2024	Spectrum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$372.91	400 Washington Blvd	
		Ctomford CT 00000	
Ļ	PURPOSE	Stamford, CT 06902	N -
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Omee Overricaa/Nemai Expense	Check if Austin, TX, officeholder living expense
			Internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		d Office field
H	Date	Payee name	
	05/15/2024	Spectrum	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.65	400 Washington Blvd	
		Stamford, CT 06902	
	PURPOSE OF	c , (eee emagement and top or time entrement)) Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
L	experiental to belief to 701	<u>'</u>	
	Date	Payee name	
	06/12/2024	Spectrum Power address: City State: 7ip Code	
	Amount (\$) \$125.65	Payee address; City; State; Zip Code 400 Washington Blvd	
	Ψ120.00	100 Washington Biva	
		Stamford, CT 06902	
	PURPOSE	<u> </u>) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense Internet
			monot
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 69/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/09/2024	Staples Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.94	2436 Pablo Kisel Blvd
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Materials
		Cinco matoriale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	David warms
	Date 04/26/2024	Payee name
		Sunshine Haven Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	7105 W Lakeside Blvd
		Olmito, TX 78575
	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.
	— /4: ————	Candidate/Officeholder/Political Committee
		- ομυτουτοιτήμ - ομυτουτοιτήμ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/29/2024	Tacos De Marcelo
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,077.60	4214 Southmost Road
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship Meals
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO SOTIONE OF CI	

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	
_		
1	Total pages Schedule F1:	
	Sch: 70/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/08/2024	Taft ISD Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	` '	
	\$350.00	P.O. Box 628
		Taft, TX 78390
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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	Davies same
	Date	Payee name
	01/29/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.86	10107 Research Blvd
		Austin, TX 78759
_	PURPOSE	
	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
		Office Materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	· 	
	Date	Payee name
	02/02/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.29	10107 Research Blvd
		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Materials
		Office Materials
L	Complete ONLY if direct	Condidate/Officeholder name Office cought
	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: 71/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	02/02/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.89	10107 Research Blvd
		Austin, TX 78759
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
		Office Materials
		Cinic materials
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
┡		
	Date	Payee name
	02/06/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.49	10107 Research Blvd
		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Materials
		Office Materials
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
⊨		
	Date	Payee name
L	02/27/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	10107 Research Blvd
l		
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Office Materials
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritation to beliefft 6/01	·

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

l	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 72/85 Rpt:	LaMantia, Morgan J. (The Honorable)		00086109
4	Date	5 Payee name		-
	02/27/2024	Target		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$212.28	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		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Office Materials
				Office Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/OI		giit	Office field
H	Date	Payee name		
	02/29/2024	Target		
┝	Amount (\$)	Payee address; City; State; Zip Coo	da	
l	\$22.73	10107 Research Blvd	ue	
	ΨΖΖ.13	10107 Research blvd		
		Auctin TV 70750		
L	DUDD 005	Austin, TX 78759	<i>a</i> >	
l	PURPOSE OF	5 ((a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Office Materials
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L	experialiture to benefit C/Oi	1		
	Date	Payee name		
	05/17/2024	Target		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$27.05	10107 Research Blvd		
l		Austin, TX 78759		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Office Materials
				Cino materials
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		. ·	
\vdash				

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: 73/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/07/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.79	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
_	Date	Payee name
	02/13/2024	TargetSmart Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$35,200.00	P.O. Box 719441
		Philadelphia, PA 19171
	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 Polls
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
_	Date	Payee name
	05/02/2024	TargetSmart Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$33,000.00	P.O. Box 719441
		Philadelphia, PA 19171
	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 Focus Groups
		Γοίτας Θτομρό
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al 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: 74/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/31/2024	TargetSmart Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22,600.00	P.O. Box 719441
		Philadelphia, PA 19171
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 Polls
		I Olio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/30/2024	Teddi Stuart Media Partners
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$14,647.05	511 Washburn St
	Ψ14,047.03	JII Washballi St
		Taylor, TX 76574
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TV Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experionality to benefit C/O	
	Date	Payee name
	05/01/2024	Teddi Stuart Media Partners
	Amount (\$)	Payee address; City; State; Zip Code
	\$182,671.00	511 Washburn St
		Taylor, TX 76574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense TV Ads
		I V Aus
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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: 75/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/14/2024	Texas Department of Criminal Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.50	P.O. Box 99
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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
	experialiture to benefit C/OI	<u> </u>
	Date	Payee name
	01/03/2024	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	1200 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Gavel
	Commission ONII V if disposit	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/11/2024	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	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
		Calendars
		Salondaro
\vdash	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 complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 76/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	02/09/2024	Texas Senate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$431.25	1200 Congress Ave	
	l		
	!	Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	OF EXPENDITURE	onice evenicae/rental Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
	l		ik ii Austin, 17, onicerolaer living expense
	l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
	Date	Payee name	
	05/13/2024	Texas Senate	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$325.00	1200 Congress Ave	
	!		
	!	Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Office Overficad/Nertial Expense	ck if travel outside of Texas. Complete Schedule T.
	l	│	ck if Austin, TX, officeholder living expense
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
	Date	Payee name	
	06/10/2024	Texas Senate	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	1200 Congress Ave	
	l		
	!	Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Office Overficad/Nertial Expense	ck if travel outside of Texas. Complete Schedule T.
		Gavel	ck if Austin, TX, officeholder living expense
	l	Caver	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
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 Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 77/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
L	01/22/2024	Texas Silver-Haired Legislative Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	7000 N MoPac Expressway STE 200
		A TV 70704
8	PURPOSE	Austin, TX 78731 (a) Cotagony (b) Description
ľ	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
_	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2024	Texas Southmost College
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	80 Ft Brown St
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee 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/O	1
	Date	Payee name
L	02/05/2024	The Junior League of Harlingen
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1726
		Harlingen, TX 78551
	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	1

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: 78/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	06/04/2024	The Kingsville Record
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.00	P.O. Box 951
		Kingsville, TX 78364
8	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
		Advertisement Sponsorship
		, lavoritos ment operios, emp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/13/2024	Tony's Bar and Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.40	1901 Club de Amistad
		Weslaco, TX 78596
	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/24/2024	United Corpus Christi Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	602 N Staples St Ste 150
		Corpus Christi, TX 78401
	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
		- Ορυπουτοπήμ
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
H		
Ī		

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		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: 79/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	
	02/10/2024	VFW Post 12160	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$600.00	313 N Rachal St	
		Sinton, TX 78387	
8	PURPOSE		
ľ	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Bonations water By	, TX, officeholder living expense
		Sponsorship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	05/31/2024	VFW Post 12160	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	313 N Rachal St	
		Sinton, TX 78387	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	l —	outside of Texas. Complete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	, TX, officeholder living expense
		Sponsorship	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/OI		
	Date	Payee name	
	05/28/2024	Valley Initiative for Development & Advancements	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	417 S Ohio Ave	
		Mercedes, TX 78570	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1	outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		Sponsorship	
_	Complete ONII V if allows:	Condidate/Officeholder north	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

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	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: 80/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	03/27/2024	Vasquez, Rene
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	841 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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Radio Ads
		radio / as
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/29/2024	Vincent, Jennifer
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	18045 Wigeon Trail Dr
		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		C por isoro imp
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Dato	Dougo nama
	Date 03/13/2024	Payee name Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$238.74	406 S Walton Blvd
L		Bentonville, AR 72712
	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
		Office Materials
_	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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	Tatalana O. I. I. T.	<u> </u>
1	Total pages Schedule F1:	
	Sch: 81/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/07/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.34	411 S Broadway St
		Elsa, TX 78543
8	PURPOSE	
ľ	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Materials
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	· 	
	Date	Payee name
	05/07/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.67	2812 South Expressway 281
		Edinburg, TX 78542
-	PURPOSE	
	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
		Office Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	05/07/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.89	2812 South Expressway 281
		Edinburg, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Materials
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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 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: 82/85 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109				
4	Date	5 Payee name				
	05/07/2024	Walmart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$45.34	2721 Boca Chica Blvd				
		Brownsville, TX 78521				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office Materials				
		Cinice Materials				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
H	Date	Payee name				
	05/07/2024	Walmart				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$83.11	2721 Boca Chica Blvd				
	400.111	2121 Book Gillou Billu				
		Brownsville, TX 78521				
	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				
		Since machaic				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI					
F	Date	Payee name				
	05/07/2024	Walmart				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$90.67	2721 Boca Chica Blvd				
		Brownsville, TX 78521				
	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				
		Office Materials				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
\vdash						
ı						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 comp	plete	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 83/85 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109			
4	Date	5 Payee name		'		
	05/07/2024	Walmart				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$60.45	1421 E Frontage Rd				
		Alamo, TX 78516				
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.		
	EXI ENDITORE		Ĺ	Check if Austin, TX, officeholder living expense Office Materials		
				Jince Materials		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held		
	expenditure to benefit C/OI		ıı	Office field		
-	Date	Dougo name				
	05/07/2024	Payee name Walmart				
_						
	Amount (\$) \$45.34	Payee address; City; State; Zip Code 1310 Texas Blvd N	е			
	φ45.54	1310 Texas Bivu IV				
		Weeless TV 70500				
		Weslaco, TX 78599				
	PURPOSE OF	, ,	b) [Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense	F	Check if Austin, TX, officeholder living expense		
			Ċ	Office Materials		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held		
	expenditure to benefit C/OI	Н				
	Date	Payee name				
	05/07/2024	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$22.67	1200 E Jackson Ave				
		McAllen, TX 78503				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
			L	Check if Austin, TX, officeholder living expense Office Materials		
			•	omee materials		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held		
	expenditure to benefit C/OI		••	555 .		

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

Candidate/Officeholder/Political Committee Credit Card Payment		s/Wages/Contract Labor complete this form.	OTHER (enter a category not listed above)					
1 Total pages Schedule F1: 2 FILER NAM	E		3 Filer ID (Ethics Commission Fi	ilers)				
·	Morgan J. (The Honorable)		00086109					
4 Date 5 Payee nam	e							
05/07/2024 Walmart								
6 Amount (\$) 7 Payee addr	ess; City; State; Zip	Code						
\$60.45 1126 US-7	7							
	o, TX 78586							
I OE I	See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE Office Ove	rhead/Rental Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
		Office Materia						
Complete ONLY if direct Candidate/Orexpenditure to benefit C/OH	ficeholder name Office s	ought	Office held					
Date Payee nam	2							
05/07/2024 Walmart								
Amount (\$) Payee addr	ess; City; State; Zip	Code						
\$52.89 1004 W O								
,,,,,,,								
Los Fresn	os, TX 78566							
PURPOSE (a) Category (See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE Office Over	rhead/Rental Expense	I =	outside of Texas. Complete Schedule T. I, TX, officeholder living expense					
		Office Materia						
	Office Materials							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
experiental to belief 6/611								
Date Payee nam	e							
05/10/2024 Walmart								
Amount (\$) Payee addr	ess; City; State; Zip	Code						
\$205.51 2721 Boca	Chica Blvd							
Brownsvill	e, TX 78521							
I 0F I	See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE Office Ove	rhead/Rental Expense		outside of Texas. Complete Schedule T. I, TX, officeholder living expense					
		Office Materia						
		Sinos Materi						
Complete ONLY if direct Candidate/O	ficeholder name Office s		Office held					
expenditure to benefit C/OH	Mooning Office 3	oagni	Office field					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I		ages	es/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 85/85 Rpt:	ı	FILER NAME LaMantia, Morgan J. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00086109	
4	Date 03/16/2024	ı	Payee name Wearner of Love				
6	Amount (\$) \$1,290.00		Payee address; City; State; 702 East Lee Kingsville, TX 78636	; Zip Co	de		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Contributions/Donations Made By Candidate/Officeholder/Political Comm	,	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship	
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeholder name C	Office sou	ght	t Office held	
	Date 04/09/2024	ı	Payee name Woman's Club of Aransas Pass				
	Amount (\$) \$400.00		Payee address; City; State; P.O. Box 501 Aransas Pass, TX 78335	; Zip Co	de		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Contributions/Donations Made By Candidate/Officeholder/Political Comm	,	(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		andidate/Officeholder name C	Office souç	ght	t Office held	