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 Commi 00086109		2 Total pages	filed: 141
3 CANDIDATE /	MS / MRS / MR	FIRST	00000200	MI		
OFFICEHOLDER	The Honorable				OFFICE	USE ONLY
NAME		Morgan J.			Date Received	
					ELECTRONI	CALLY FILED
		L A OT			10/07/2024	
	NICKNAME	LAST		SUFFIX	10/07/2024	
		LaMantia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #: CI	ΓY:	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER	1324 E. Madison Ave.	,	,			
MAILING					Receipt #	Amount
ADDRESS						
Change of Address	Brownsville, TX 78520				Data Drassand	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Eduardo R.				
	NICKNAME	LAST		SUFFIX		
	PeeWee			50111X		
	Peevvee	Rodriguez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	222 North Expressway 83					
ADDITESS	Suite 203					
(Residence or Business)						
	Brownsville, TX 78526					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(956) 574-9333					
8 REPORT		_	_		_	
TYPE	January 15	30th day befor	e election	Runoff		campaign treasurer officeholder only)
				E construction and the second second	-	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	09/26/2024	1	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Senator District 27			State Senator Dis	strict 27	
		GO ⁻	TO PAGE 2			
Forme provided by Te	was Ethics Commission	1474544	thice state ty	6	1/2	r_{1}
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	5	vei	rsion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 141

I

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)	14 Filer ID 00086109	(Ethics Co	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	ceholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas REALTORS Political Action Committee	e (TREPAC)		
		COMMITTEE ADDRESS			
	SPECIFIC SPECIFIC	1115 San Jacinto Blvd., STE 200			
		Austin, TX 78701			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Cantu, Leslie			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
		P.O. Box 2246			
		Austin, TX 78768			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	302,936.93
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	2,903,150.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$	1,274,389.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	9,415,000.00
17 AFFIDAVIT	-				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Honora	ıble Morgan J. LaM	lantia	
			f Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AE	OVE			
Sworn to and subs	cribed before me, by the	said	this the		day
		ertify which, witness my hand and seal of office.	, and the		uuy
Signature of offic	cer administering	Printed name of officer administering	Title of office	er administ	ering oath
Forms provided by Te	xas Ethics Commissio	n www.ethics.state.tx.us		Version	V4.1.0.48da51f7

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 141 19 Filer ID 18 FILER NAME (Ethics Commission Filers) LaMantia, Morgan J. (The Honorable) 00086109 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 295,507.93 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 7,429.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 2,500,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,903,150.57 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/33 Rpt: 4/141	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		lorgan J. (The Honorable)				00086109	, , . , . , . , . , . , . , .
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/28/2024	ACT For Texas Classroon					\$2,000.00
		6 Contributor address; City; St	tate; Zip Code				
		Austin, TX 78767					
8	Principal occu	upation / Job title (See Instructions	<i>i</i>)	9 Employer (See Instructions)	;)		
				<u> </u>	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/01/2024	AT&T Texas PAC					\$2,500.00
		Contributor address; City; St					
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	<u></u>	Employer (See Instructions)	<u>ال</u>		
			,		' '		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Ahuja, Avinash C.					\$1,000.00
			tate; Zip Code				
			-				
		Corpus Christi, TX 78401]			
		upation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions)			
	President &	1		Magnum Producing, LP	—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/18/2024						\$1,000.00
		Contributor address; City; St					
		Corpus Christi, TX 78412	-				
⊢	Principal occu	I upation / Job title (See Instructions		Employer (See Instructions	L;)		
	Attorney		<i>,</i> , , , , , , , , , , , , , , , , , ,	Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/28/2024	Ancira Strategic Partners					\$1,000.00
		Contributor address; City; St	tate; Zip Code				
		Austin, TX 78701	-		Ļ		
	Principal occu	upation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions)	;)		
				<u> </u>			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/33 Rpt: 5/141	
2 FILER NAME LaMantia, M	organ J. (The Honorable)		3 Filer ID (Ethics Commission 00086109	on Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/21/2024	Apache Corporation PAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77056			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/28/2024	Associated Builders & Contractors of Texas PAC	C		\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78767	Employer (Soo Instructions	\	
Principai occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/27/2024	Associated General Contractors of Texas PAC			\$2,500.00
Principal accu	Contributor address; City; State; Zip Code Austin, TX 78768	Employer (See Instructions	N	
	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/08/2024	Association of Fire & Casualty Companies of Tex			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	Association of Texas Professional Educators PA	۱C		\$6,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78752			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/33 Rpt: 6/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	LaMantia, M	organ J. (The Honorable)			00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/18/2024	Austin, Stephanie				\$41.67
	I	6 Contributor address; City; State; Zip Code				
	l					
	l	1				
	I	Haiku, HI 96708				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Not Employe	:d	Not Employed			
—	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Babberney, Cameron	,			\$50.00
	00,10,21	Contributor address; City; State; Zip Code				400.00
	l	Continuation address, City, State, Lip Code				
	I	1				
	I	Austin, TX 78756				
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
	Massage Th		Self Employed	''		
-		·		_	the state of the s	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±1 000 00
	09/18/2024	Barrera, Jose	ļ			\$1,000.00
	I	Contributor address; City; State; Zip Code				
	l	1				
	l					
L		Corpus Christi, TX 78414				
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
L	Lawyer		J. Barrera Law			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2024	Beecroft, Samuel Nixon				\$250.00
l	I	Contributor address; City; State; Zip Code				
	I	1				
	I	1				
		Corpus Christi, TX 78411				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Chairman	,	Beecroft Construction			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Ben E. Keith Company Texas PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	1				
	I	Fort Worth, TX 76102				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L;)		
	· · · · · · · · · · · · · · · · · · ·			,		
⊢			<u> </u>			

	The Instru	ction Guide explains how t	o complete this f	orm.	1	Total pages Schedule A1: Sch: 4/33 Rpt: 7/141	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		organ J. (The Honorable)				00086109	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/10/2024	Berlanga, Hugo					\$500.00
		6 Contributor address; City; Stat	e; Zip Code				
		Corpus Christi, TX 78404					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Lobbyist			Self-Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2024	Berlanga, Omar					\$500.00
		Contributor address; City; Stat	e; Zip Code				
		Auctin TX 79750					
_	Dringing agou	Austin, TX 78759		Employer (See Instructions	<u> </u>		
	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
╘		_					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# F 000 00
	08/28/2024	Blackridge					\$5,000.00
		Contributor address; City; Stat	e; Zip Code				
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
		· · · · · · · · · · · · · · · · · · ·			,		
╞─	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2024	Blackstone Dilworth		/			\$5,000.00
		Contributor address; City; Stat	e: Zip Code				
			-, I				
		Sandia, TX 78383					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	Blanco, Cesar J.					\$5,000.00
		Contributor address; City; Stat	e; Zip Code				
		El Paso, TX 79926					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senator			Texas State Senate			

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/33 Rpt: 8/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		lorgan J. (The Honorable)			00086109	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	09/26/2024	Bonilla Investments				\$1,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		Commerciality 70465				
Ļ	Dringing occu	Corpus Christi, TX 78465	a Employer (See Instructions	<u> </u>		
ð	Phincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	08/08/2024	Book, Robert				\$250.00
	l	Contributor address; City; State; Zip Code		1		
┝	Dringing oog	Dallas, TX 75240				
	Not Employe	ipation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
╞						
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	ቀ1 000 00
	08/05/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78504				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Brasure Law Firm PLLC	;		
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	09/26/2024	Briscoe, Chip				\$3,000.00
	I	Contributor address; City; State; Zip Code		1		
		Carrizo Springs, TX 78834		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Briscoe Ranch Inc.	-		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	* 252.00
	09/18/2024	Cain, James Ryan				\$250.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78412				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Manager		Sames Ford Corpus Ch	rist	İ	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/33 Rpt: 9/141	
2 FILER NAME LaMantia, M	lorgan J. (The Honorable)		3 Filer ID (Ethics Commission 00086109	on Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/03/2024	Carol Alvarado Campaign			\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77023			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/21/2024	Cerda, Juan (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Optometrist		Dr Beardsley's Super Op		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/10/2024	Chapa, Paul			\$2,500.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414		-	
Principal occu Partner	ipation / Job title (See Instructions)	Employer (See Instructions Linebarger Goggan Blain		
				
Date)	Amount of Contribution (\$)	±1 000 00
08/28/2024				\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2024	Corpus Christi Hospitalists, PLLC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78466			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
		<u> </u>		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/33 Rpt: 10/141	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		organ J. (The Honorable)			00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/08/2024	Democracy Engine, LLC				\$3.95
		6 Contributor address; City; State; Zip Code		1		
		Washington, DC 20001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2024	Democracy Engine, LLC				\$83.94
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2024	Democracy Engine, LLC				\$4.76
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/24/2024	Democracy Engine, LLC				\$77.44
		Contributor address; City; State; Zip Code]		
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
_	Dete			1	Amount of Original (*)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢44.00
	08/21/2024	Democracy Engine, LLC				\$44.62
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	ι πιομαί υσου			"		
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The Instru	iction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 8/33 Rpt: 11/141	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
LaMantia, M	lorgan J. (The Honorable)			00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
08/21/2024	Democracy Engine, LLC				\$106.67
	6 Contributor address; City; State; Zip Code				
	Washington, DC 20001				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/21/2024					\$9.56
	Contributor address; City; State; Zip Code				
	Weshington DC 20001				
Dringingl occu	Washington, DC 20001	Employer (See Instructions			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/30/2024					\$353.26
	Contributor address; City; State; Zip Code				
	Washington, DC 20001				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
09/03/2024					\$245.72
	Contributor address; City; State; Zip Code				
	Washington, DC 20001				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/03/2024					\$41.74
	Contributor address; City; State; Zip Code				
	Washington, DC 20001				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

The Instrue	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 9/33 Rpt: 12/141	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
	organ J. (The Honorable)		00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)	
09/18/2024	Democracy Engine, LLC			\$185.87
	6 Contributor address; City; State; Zip Code			
	Washington, DC 20001	<u>.</u>		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)	
09/10/2024	Dirks, Paul			\$5,000.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78410	<u>.</u>		
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
General Mar	nager	Blackstone Dilworth		
Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
09/10/2024	Dominguez, Dominic J.			\$500.00
	Contributor address; City; State; Zip Code			
	Rockport, TX 78382			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
CEO		CHRISTUS Spohn Heal		
Date	Full name of contributor	' /#:)	Amount of Contribution (\$)	
09/10/2024	Durrill Jr., William R.	////		\$2,500.00
	Contributor address; City; State; Zip Code			, ,
	Corpus Christi, TX 78401			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Business Ow	<i>I</i> ner	Durrill Properties		
Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
09/18/2024	Durrill Jr., William R.			\$2,500.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78401			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Business Ow	/ner	Durrill Properties		

	The Instru	ction Guide explains how to complete this f	orm.		tal pages Schedule A1: h: 10/33 Rpt: 13/141	
2	FILER NAME			3 File	er ID (Ethics Commissio	on Filers)
-		organ J. (The Honorable)			086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Am	nount of Contribution (\$)	
	07/24/2024	Edge, John				\$2,000.00
		6 Contributor address; City; State; Zip Code				
		Rancho Viejo, TX 78575				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	09/10/2024	Engel, David P.				\$1,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	President		Engel and Associates, L	LLC		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	08/28/2024	Erben & Yarbrough				\$1,000.00
		Contributor address; City; State; Zip Code		•		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	09/10/2024	Esparza I, Mark A.				\$100.00
		Contributor address; City; State; Zip Code		•		
		Alice, TX 78332				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chief Comm	ercial Business Officer	Kleberg Bank			
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	09/10/2024	Finley III, George A.				\$1,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78411				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/33 Rpt: 14/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		lorgan J. (The Honorable)		ľ	00086109	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/28/2024	Focused Advocacy Political				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Data		<u> </u>	<u> </u>	Amount of Contribution (ft)	
	Date)		Amount of Contribution (\$)	¢2 000 00
	08/27/2024					\$2,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78541				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> S)		
	Business Ov	vner	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/26/2024	Gale Law Group PLLC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78403				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#F00.00
	09/26/2024	Garza Jr., Reynaldo G.				\$500.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78522				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Garza & Garza, LLP			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Gibson, Patrick				\$16.67
		Contributor address; City; State; Zip Code		1		
		Portland, OR 97201	1	Ļ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	R&D Engine	er	Ammobia			
1						

The I	Instruc	tion Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/33 Rpt: 15/141	
2 FILER	R NAME			3 Filer ID (Ethics Commission F	-ilers)
LaMa	antia, Mo	organ J. (The Honorable)		00086109	
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/23/	3/2024	Godines, Viola		;	\$100.00
		6 Contributor address; City; State; Zip Code			
		Laredo, TX 78041			
		pation / Job title (See Instructions)	9 Employer (See Instructions))	
Office	e Manag	,er	Reynaldo Godines MD		
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/30/	08/30/2024 Godines, Viola			:	\$100.00
		Contributor address; City; State; Zip Code			
L		Laredo, TX 78041			
		pation / Job title (See Instructions)	Employer (See Instructions))	
Опісе	e Manag		Reynaldo Godines MD		
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
09/10/	0/2024	Gomez III, Antonio		:	\$100.00
		Contributor address; City; State; Zip Code			
		Corpus Christi TV 70/10			
Drincir		Corpus Christi, TX 78410 pation / Job title (See Instructions)			
		usiness Development	Employer (See Instructions) Kleberg Bank)	
			<u> </u>		
Date	7/2024)	Amount of Contribution (\$)	
081211	7/2024	Graydon Group, LLC		Φ2	2,500.00
		Contributor address; City; State; Zip Code			
1		Austin, TX 78701			
Princip	inal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
	p		,	,	
1					
Date	<u> </u>	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Date 08/05/	5/2024	Full name of contributor out-of-state PAC (ID#: Guerra Law Firm)	Amount of Contribution (\$)	5,000.00
	5/2024	Guerra Law Firm)		5,000.00
	5/2024)		5,000.00
	5/2024	Guerra Law Firm)		5,000.00
	5/2024	Guerra Law Firm))		5,000.00
08/05/		Guerra Law Firm Contributor address; City; State; Zip Code		\$5	5,000.00
08/05/		Guerra Law Firm Contributor address; City; State; Zip Code McAllen, TX 78501		\$5	5,000.00
08/05/		Guerra Law Firm Contributor address; City; State; Zip Code McAllen, TX 78501		\$5	5,000.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/33 Rpt: 16/141 2 FILER NAME Filer ID (Ethics Commission Filers) 3 LaMantia, Morgan J. (The Honorable) 00086109 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/28/2024 HOMEPAC OF TEXAS, Texas Assoc. of Builders 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/03/2024 HOSPAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/18/2024 Hallam, Howard Contributor address; City; State; Zip Code Dallas, TX 75220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice Chairman of Board Ben E. Keith Co. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/18/2024 Hallam, James R. Contributor address; City; State; Zip Code Dallas, TX 75235 Principal occupation / Job title (See Instructions) Employer (See Instructions) Ben E. Keith Co. Chief External Affairs Officer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/18/2024 Hallam, John H. Contributor address; City; State; Zip Code

\$1,000.00

\$2,500.00

\$1,000.00

\$1,000.00

\$1,000.00

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/33 Rpt: 17/141	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	organ J. (The Honorable)		00086109	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/18/2024	Hallam, Robert G.			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75235			
8 Principal occu Board Chairi		9 Employer (See Instructions Ben E. Keith Co.	3)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2024	Hallam Jr., Robert G.			\$1,000.00
	Contributor address; City; State; Zip Code			
	· · · · · · · · · · · · · · · · · · ·			
	Dallas, TX 75205			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
President		Ben E. Keith Co.		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2024	Hamilton, Christopher			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin , TX 78704			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)	
CEO		Texas Health Action		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2024	Hammonds II, Willard			\$1,000.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411			
-	pation / Job title (See Instructions)	Employer (See Instructions		
President		Apartment & Commercia	al Services, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/21/2024	Harlingen Eye Clinic			\$500.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

т		ction Guide explains how to complete this fo	orm	1	Total pages Schedule A1:	
• •					Sch: 15/33 Rpt: 18/141	
	ILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		lorgan J. (The Honorable)		L	00086109	
	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	÷500.00
U	8/28/2024	Hausenfluck, Amber L.				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78704				
8 P	rincipal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
С	Consultant		T X Public Affairs, LLC			
D	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
0'	9/26/2024	Health Care Service Corporation Employees' Pr	AC - Texas			\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78520	Employer (Cool Instructions	Ĺ		
F	rincipai occu	upation / Job title (See Instructions)	Employer (See Instructions	i)		
<u></u>	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
)9/18/2024	Full name of contributor out-of-state PAC (ID#: Hicks, Charles A.)			\$500.00
0.	3/10/202-+	Contributor address; City; State; Zip Code				Ψ300.05
		Contributor audress, City, State, Lip Code				
		Corpus Christi, TX 78411				
P	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
A	Auto Dealer		Hicks Auto Group			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
0	9/10/2024	Hicks, Gloria				\$2,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78415				
P	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	ل ن)		
	Partner		Ed Hicks Import	,		
D	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
0	8/28/2024	Hillco PAC			-	\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701	Employer (Cool Instructions	Ĺ		
F	rincipai occu	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)		

					_		
	The Instru	ction Guide explains how to complete	e this fc	orm.	1	Total pages Schedule A1: Sch: 16/33 Rpt: 19/141	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		lorgan J. (The Honorable)				00086109	
4	Date	5 Full name of contributor out-of-state PA	•AC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2024	Hopkins Jr., Mike					\$2,500.00
		6 Contributor address; City; State; Zip Code					
		1					
		1					
		Brenham, TX 77833					
8		ipation / Job title (See Instructions)	ľ	9 Employer (See Instructions			
	Owner			Mike Hopkins Distributin	g		
-	Date	Full name of contributor out-of-state PA)	-	Amount of Contribution (\$)	
	09/18/2024	Hoya, Billy Glenn					\$4.17
		Contributor address; City; State; Zip Code					
		1					
		1					
		Kingwood, TX 77339					
	Principal occu	I Ipation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)		
	Librarian			Lone Star College	,		
⊨					_	A	
	Date		'AC (ID#:)		Amount of Contribution (\$)	#200.00
	08/28/2024	Hubert, Martin					\$300.00
		Contributor address; City; State; Zip Code					
		1					
L		Austin, TX 78703	——-r				
		ipation / Job title (See Instructions)		Employer (See Instructions)		
	Principal			Cornerstone			
	Date	Full name of contributor out-of-state PA	PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2024	International Brotherhood of Electrical W	Vorkers L	ocal Union No. 278			\$5,000.00
		Contributor address; City; State; Zip Code					
		1					
		Washington, DC 20001					
	Principal occu	I Ipation / Job title (See Instructions)	T	Employer (See Instructions)		
	·			• • •			
╞	Date	Full name of contributor out-of-state PA)	_	Amount of Contribution (\$)	
	08/05/2024	J. Micheal Moore Law Firm	AC (ID#	/			\$1,000.00
	00/00/2024						φ1,000.00
		Contributor address; City; State; Zip Code					
		1					
		Madlan TV 79504					
	<u></u>	McAllen, TX 78504	—		Ļ		
	Principal occu	<pre>upation / Job title (See Instructions)</pre>		Employer (See Instructions)		

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/33 Rpt: 20/141	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		lorgan J. (The Honorable)				00086109	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/18/2024	Jeudy, Wil					\$100.00
	ł	6 Contributor address; City; Sta	ate; Zip Code		1		
	1						
	ł						
		Houston, TX 77008					
8		upation / Job title (See Instructions)		9 Employer (See Instructions			
	Physician			Next Level Urgent Care	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/18/2024	Johnson, Nathan					\$5,000.00
	1	Contributor address; City; Sta		I	1		
	ł						
	ł						
		Dallas, TX 75367					
		upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Senator			Texas Senate			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/19/2024	Jose Menendez Campaign	1				\$5,000.00
	ļ	Contributor address; City; Sta	ate; Zip Code	1	1		
	1						
	1						
		San Antonio, TX 78201		1	Ļ		
	Principal occu	upation / Job title (See Instructions)	!	Employer (See Instructions	;)		
				<u> </u>	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2024	Judith Zaffirini Senate Carr					\$5,000.00
	1	Contributor address; City; Sta		I	1		
	ł						
	ł						
		Laredo, TX 77266			L		
	Principal occu	upation / Job title (See Instructions)	1	Employer (See Instructions	;)		
				<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/18/2024	Kaplan, Lee					\$500.00
	1	Contributor address; City; Sta	ate; Zip Code	Ţ	1		
	ļ						
	ł						
		Houston, TX 77019					
		upation / Job title (See Instructions)	, <u> </u>	Employer (See Instructions	5)		
	Attorney			Murphy Ball Stratton			

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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 18/33 Rpt: 21/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		lorgan J. (The Honorable)		-	00086109	······,
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	09/18/2024	King, Gareth				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		New York, NY 10040				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Environment	tal Engineer	NYC DEP			
╞	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	09/26/2024	Kinsel Cattle Company				\$5,000.00
		Contributor address; City; State; Zip Code		·		
		Cotulla, TX 78014				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
F	Date	Full name of contributor out-of-state PAC (ID)	Ι	Amount of Contribution (\$)	
	08/23/2024	Koym-Garza, Mario				\$50.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Data Scientis	st	Precocity LLC			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	09/18/2024	Kristen, John				\$500.00
		Contributor address; City; State; Zip Code		1		
		Bryan, TX 77807				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	President		Kristen Distributing Com	npa	ny	
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Τ	Amount of Contribution (\$)	
	09/18/2024	Kristen, Mark A.]		\$500.00
	Contributor address; City; State; Zip Code			Ϊ		
		College Station, TX 77845		Ĺ		
		<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	S)		
	CEO		Kristen Distributing			

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1:	
				\vdash	Sch: 19/33 Rpt: 22/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		organ J. (The Honorable)		Ļ	00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	±:
	07/08/2024	Kyom-Garza, Mario				\$100.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
Ĺ	Data Scientis		Precocity LLC	<i>.,</i>		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/30/2024	Lambert, Sawyer (Dr.)				\$250.00
	I	Contributor address; City; State; Zip Code	ļ	1		
		Madlan TV 70E01				
⊢	Dringinal occu	McAllen, TX 78501	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Optometrist	pation / Job title (See Instructions)			nd Associates Optometrists	-
╞	-		<u> </u>	π=	-	,
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u> </u>
	09/10/2024	Lange, Timothy R.				\$5,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78426				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 5)		
	Business Ow		Self Employed			
F	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/05/2024	Law Firm of Ricardo A. Garcia			· · · · · · · · · · · · · · · · · · ·	\$600.00
	I	Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L						
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/05/2024	Law Offices of Ezequiel Reyna, Jr.				\$1,000.00
	I	Contributor address; City; State; Zip Code	ļ	1		
		Weeless TV 70500				
	Drinsipal agai	Weslaco, TX 78599				
	Phincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)		
┡			<u> </u>			

	The Instru	ction Guide explains how to complete thi	is forr	m.	1	Total pages Schedule A1: Sch: 20/33 Rpt: 23/141	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		organ J. (The Honorable)				00086109	,
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	09/18/2024	LePera, Scott					\$16.67
		6 Contributor address; City; State; Zip Code					
		Seattle, WA 98118					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Not Employe			Not Employed	,		
⊨	Date	Full name of contributor Out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	09/10/2024	Linebarger Goggan Blair & Sampson LLC		,		(1)	\$2,500.00
							+_,
		Contributor address, City, State, Zip Code					
		Austin, TX 78760					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	·				,		
⊨	Date	Full name of contributor Out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	09/03/2024	Loeb, David C.					\$1,000.00
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78411					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Owner			Landlord Resources, LL	С		
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	08/21/2024	Marquez, Edward A. (Dr.)					\$120.00
		Contributor address; City; State; Zip Code					
		Brownsville, TX 78526					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist			Optic Trends			
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	09/18/2024	Martin, John					\$5,000.00
		Contributor address; City; State; Zip Code					
		Longview, TX 75601					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	President			R&K Distributors			

The In	struction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/33 Rpt: 24/141	
2 FILER N	AME		3 Filer ID (Ethics Commissio	n Filers)
	a, Morgan J. (The Honorable)		00086109	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/18/2				\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75205			
	occupation / Job title (See Instructions)	9 Employer (See Instructions	6)	
Preside	nt	Andrews Distributing		
Date	Full name of contributor X out-of-state PAC (ID#:_	C00225342)	Amount of Contribution (\$)	
08/28/2	024 McGuireWoods Federal PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Richmond, VA 23219			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2	D24 McNair, Reba Cardenas			\$500.00
	Contributor address; City; State; Zip Code			
	Brownsville, TX 78520			
	occupation / Job title (See Instructions)	Employer (See Instructions		
Preside	nt	Cardenas Development	: Co., Inc.	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/28/2				\$350.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77042			
	occupation / Job title (See Instructions)	Employer (See Instructions		
Preside	nt	President McRae Explo	ration & Production Inc.	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/18/2	024 Miller, Lori			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77008	1		
-	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Not Em	ployed	Not Employed		

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/33 Rpt: 25/141	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	rgan J. (The Honorable)		00086109	- ,
4 Date !	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/18/2024	Molly Cook for State Senate			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77266		-	
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2024	Moltz, John			\$10.00
	Contributor address; City; State; Zip Code			
	Tacoma, WA 98407			
	ation / Job title (See Instructions)	Employer (See Instructions))	
Freelance Wr	iter	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2024	Moltz, John			\$10.00
	Contributor address; City; State; Zip Code			
	Tacama 14/4 09/07			
Dringing occur	Tacoma, WA 98407 Nation / Job title (See Instructions)	Employer (See Instructions)	\	
Freelance Wr		Self Employed)	
Date			Amount of Contribution (\$)	
Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: Moritz, Michael)	Amount of Contribution (\$)	\$2,500.00
09/10/2024				Φ2,000.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77011			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))	
Engineer		ConnectGen		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2024	Morrison, Tyler		I.	\$10.00
	Contributor address; City; State; Zip Code			
	Portland, OR 97202			
	ation / Job title (See Instructions)	Employer (See Instructions))	
Not Employed	t l	Not Employed		

		ation Cuide evaluing how to complete this	form	1 Total pages Schedule A1:
		ction Guide explains how to complete this	form.	Sch: 23/33 Rpt: 26/141
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		lorgan J. (The Honorable)		00086109
4	Date	5 Full name of contributor out-of-state PAC (ID#:	t:)	7 Amount of Contribution (\$)
	08/28/2024	Nall, Mike		\$350.00
		6 Contributor address; City; State; Zip Code		
		Kingwood, TX 77345		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Realtor		Self Employed	
	Date	—	:)	Amount of Contribution (\$)
	08/30/2024	Navarro, Luis		\$500.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Optometrist		Self	,
F	Date	Full name of contributor out-of-state PAC (ID#:	·	Amount of Contribution (\$)
	08/28/2024	Nichols, Colby		\$500.00
		Contributor address; City; State; Zip Code		1
	Duite site al. a say	Austin, TX 78738		Į
	Principal occu Partner	ipation / Job title (See Instructions)	Employer (See Instructions Ancira Strategic Partner	
╞			_	•
	Date 08/05/2024	Full name of contributor X out-of-state PAC (ID#: One Gas Inc. PAC)	Amount of Contribution (\$) \$1,000.00
	00/00/2027	Contributor address; City; State; Zip Code		
		Continuation address, City, State, Zip Code		
		Tulsa, OK 74103		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	08/28/2024	PAC of the Independent Insurance Agents of T	exas	\$2,500.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78768		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	·			· /
\vdash				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/33 Rpt: 27/141	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
LaMantia, N	Norgan J. (The Honorable)		00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/27/2024	Pebley, Howard Trey		\$1	.,000.00
	6 Contributor address; City; State; Zip Code		•	
	McAllen, TX 78504			
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions)	3)	
Business O	wner	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/23/2024	—			\$100.00
	Contributor address; City; State; Zip Code		•	
	Spring, TX 77379			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ۶)	
Not Employ		Not Employed	,	
Date	Full name of contributor X out-of-state PAC (ID#: 4		Amount of Contribution (\$)	
08/30/2024				2,000.66
001301202-1	· · · · · · · · · · · · · · · · · · ·		· ·	,000.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20004			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions		
1 1110000000000000000000000000000000000			,,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/09/2024		/		5,000.00
00/00/2021	'			,000.00
	Contributor address; City; State; Zip Code			
	Deer Park, TX 77536			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		<i>'</i>)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/09/2024		/		5,000.00
03/03/202 .				,000.00
1	Contributor address; City; State; Zip Code			
1				
1	Houston, TX 77249			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)		
Finopa ooo			»)	
 				
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/33 Rpt: 28/141	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		organ J. (The Honorable)				00086109	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/28/2024	Poinsett PLLC					\$1,000.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		Austin TV 70701					
0	Drinoinal acou	Austin, TX 78701		Employer (See Instructions	<u> </u>		
0	Phillipal Occu	pation / Job title (See Instructions)		9 Employer (See Instructions	•)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/21/2024	R Reagan Sahadi PLLC					\$1,538.56
		Contributor address; City; Sta	ate; Zip Code				
		Corpus Christi, TX 78401			Ļ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	** *** ***
	09/10/2024	Ramirez, Gary E.					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Corpus Christi, TX 78404					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	 ;)		
	Attorney			The Ramirez Law Firm I	PLI	_C	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024	Riceland Consulting LLC	—				\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Eagle Lake, TX 77434					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2024	Rodriguez, Marc A.					\$5,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	;)		
	Consultant			Self Employed	·)		
⊢				1 J			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/33 Rpt: 29/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[organ J. (The Honorable)		Ū	00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/08/2024	Rove, Karen				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Consultant		ISI			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/03/2024	Royce West Campaign Committee				\$5,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75203				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2024	Salinas, Alejandra	/			\$100.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Houston, TX 77006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Lawyer		Susman Godfrey			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2024	Sarkis, Gloria E.				\$250.00
		Contributor address; City; State; Zip Code				
		Brownsville, TX 78526				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/05/2024	Sarkis, Miguel A.				\$275.00
	Contributor address; City; State; Zip Code					
Houston, TX 77027						
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Attorney		Barrera Law Group LLC			
			1			

LaMantia, Morgan J. (The Honorable) 00086109					
LaMantia, Morgan J. (The Honorable) 00086109 4 Date 5 Full name of contributor out-of-state PAC (DIV 7 Amount of Contribution (\$) 08/08/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job tile (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date 00/018/2024 Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) Date Scanlan, John Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job tile (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Not Employed Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) 09/18/2024 Schoenfield, Miriam out-of-state PAC (Det Amount of Contribution (\$) 09/18/2024 Schoenfield, Miriam out-of-state PAC (Det Amount of Contribution (\$) 09/18/2024 Schoenfield, Miriam out-of-state PAC (Det Amount of Contribution (\$) 09/18/2024 Schoenfield, Miriam Contributor address; City; State; Zip Code Amount of Contribution (\$) 09/28/2024 Scott, Bruce R. Contributor address; City; State; Zip Code <td< td=""><td>The Instru</td><td>ction Guide explains how to complete this</td><td>form.</td><td></td><td></td></td<>	The Instru	ction Guide explains how to complete this	form.		
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08/08/2024 Sauber, Heather \$100.00 6 Contributor address; City; State; Zip Code \$100.00 7 College Station, TX 77845 9 Employer (See Instructions) 7 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/18/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/18/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/18/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/18/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/18/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/28/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/28/2024 Full name of contributor out-of-state PAC (D# Amount of Contribution (\$) 9/28/202		organ J. (The Honorable)			,
6 Contributor address; City; State; Zip Code College Station, TX 77845 Principal occupation / Job title (See Instructions) CDO Date 09/18/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) Scanlan, John Contributor address; City; State; Zip Code Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Og/18/2024 Full name of contributor Schoenfield, Miriam out-of-state PAC (tor: Og/18/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78722 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) University of Texas at Austin Out-of-state PAC (tor: Og/18/2024 Scott, Bruce R. Scott, Bruce R. Contributor address; City; State; Zip Code Amount of Contribution (\$) Og/18/2024 Scott, Bruce R. Scott, Bruce R. Contributor address; City; State; Zip Code Amount of Contribut	4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code College Station, TX 77845 9 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (S) Og/18/2024 Full name of contributor out of state PAC (ID# Austin, TX 78746 Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Amount of Contribution (S) Scheenfield, Miniam Contributor address; City; State; Zip Code Austin, TX 78722 Amount of Contribution (S) Principal occupation / Job title (See Instructions) University of Texas at Austin Principal occupation / Job title (See Instructions) University of Texas at Austin Oate Full name of contributor out-of-state PAC (ID# Oak/28/2024 Scott, Bruce R. Stott; State; Zip Code Oak/28/2024 Full name of contributor out-of-state PAC (ID# Og/18/2024 Full name of contributor out-of-state PAC (ID# Og/28/2024 Scott, Bru	08/08/2024				\$100.00
8 Principal occupation / Job title (See Instructions) CDO 9 Employer (See Instructions) Texas A&M Foundation Date 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) Scanlan, John \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78746 Amount of Contribution (S) Scheenfield, Miriam \$1,000.00 Date 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (S) Scheenfield, Miriam \$100.00 Oate 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (S) Scheenfield, Miriam \$100.00 Og/18/2024 Full name of contributor out-of-state PAC (ID#:) University of Texas at Austin \$100.00 Date 08/28/2024 Full name of contributor out-of-state PAC (ID#:) University of Texas at Austin S200.00 Date 08/28/2024 Full name of contributor out-of-state PAC (ID#:) Employer (See Instructions) Lobby/ist/Consultant Employer (See Instructions) Bruce Scott Consulting, LLC \$200.00 Oate 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Senders, Warren Amount of Contribution (S) Senders, Warren \$1.00 Og/18/2024 Full name of contributor					
8 Principal occupation / Job title (See Instructions) CDO 9 Employer (See Instructions) Texas A&M Foundation Date 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) Scanlan, John \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78746 Amount of Contribution (S) Scheenfield, Miriam \$1,000.00 Date 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (S) Scheenfield, Miriam \$100.00 Oate 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (S) Scheenfield, Miriam \$100.00 Og/18/2024 Full name of contributor out-of-state PAC (ID#:) University of Texas at Austin \$100.00 Date 08/28/2024 Full name of contributor out-of-state PAC (ID#:) University of Texas at Austin S200.00 Date 08/28/2024 Full name of contributor out-of-state PAC (ID#:) Employer (See Instructions) Lobby/ist/Consultant Employer (See Instructions) Bruce Scott Consulting, LLC \$200.00 Oate 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Senders, Warren Amount of Contribution (S) Senders, Warren \$1.00 Og/18/2024 Full name of contributor					
8 Principal occupation / Job title (See Instructions) CDO 9 Employer (See Instructions) Texas A&M Foundation Date 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) Scanlan, John \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78746 Amount of Contribution (S) Scheenfield, Miriam \$1,000.00 Date 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (S) Scheenfield, Miriam \$100.00 Oate 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (S) Scheenfield, Miriam \$100.00 Og/18/2024 Full name of contributor out-of-state PAC (ID#:) University of Texas at Austin \$100.00 Date 08/28/2024 Full name of contributor out-of-state PAC (ID#:) University of Texas at Austin S200.00 Date 08/28/2024 Full name of contributor out-of-state PAC (ID#:) Employer (See Instructions) Lobby/ist/Consultant Employer (See Instructions) Bruce Scott Consulting, LLC \$200.00 Oate 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Senders, Warren Amount of Contribution (S) Senders, Warren \$1.00 Og/18/2024 Full name of contributor					
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Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor			#:)	Amount of Contribution (\$)	
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09/18/2024 Schoenfield, Miriam \$100.00 Contributor address; City; State; Zip Code				-	
Contributor address; City; State; Zip Code Austin, TX 78722 Principal occupation / Job title (See Instructions) Professor Date 6 Scott, Bruce R. Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Date 6 Full name of contributor out-of-state PAC (ID#: Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bruce Scott Consulting, LLC Date Senders, Warren Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions)			¥:)	Amount of Contribution (\$)	
Austin, TX 78722 Principal occupation / Job title (See Instructions) Professor Date Full name of contributor out-of-state PAC (ID#:) 08/28/2024 Scott, Bruce R. Contributor address; City; State; Zip Code Amount of Contribution (\$) Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Austin, TX 78703 Employer (See Instructions) Bruce Scott Consulting, LLC Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Senders, Warren Contributor address; City; State; Zip Code Medford, MA 02155 Employer (See Instructions) Principal occupation / Job title (See Instructions) \$1.00 Principal occupation / Job title (See Instructions) \$1.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/18/2024				\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/28/2024 Scott, Bruce R. \$200.00 Contributor address; City; State; Zip Code Austin, TX 78703 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Lobbyist/Consultant Bruce Scott Consulting, LLC Amount of Contribution (\$) \$200.00 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.00 09/18/2024 Senders, Warren \$1.00 \$1.00 Medford, MA 02155 Employer (See Instructions) \$1.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.00		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/28/2024 Scott, Bruce R. \$200.00 Contributor address; City; State; Zip Code Austin, TX 78703 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Lobbyist/Consultant Bruce Scott Consulting, LLC Amount of Contribution (\$) \$200.00 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.00 09/18/2024 Senders, Warren \$1.00 \$1.00 Medford, MA 02155 Employer (See Instructions) \$1.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/28/2024 Scott, Bruce R. \$200.00 Contributor address; City; State; Zip Code Austin, TX 78703 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$200.00 Lobbyist/Consultant Bruce Scott Consulting, LLC Amount of Contribution (\$) \$200.00 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1.00 09/18/2024 Senders, Warren \$1.00 \$1.00 Medford, MA 02155 Employer (See Instructions) \$1.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.00		Austin TX 78722			
Professor University of Texas at Austin Date Full name of contributor out-of-state PAC (ID#:) 08/28/2024 Scott, Bruce R. \$200.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$200.00 Austin, TX 78703 Employer (See Instructions) Employer (See Instructions) Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Senders, Warren Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Medford, MA 02155 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Princinal occu		Employer (See Instructions	e)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/28/2024 Scott, Bruce R. \$200.00 Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Senders, Warren Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Medford, MA 02155 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				•	
08/28/2024 Scott, Bruce R. \$200.00 Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Lobbyist/Consultant Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Senders, Warren Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bruce Scott Consulting, LLC			F)		\$200.00
Austin, TX 78703 Principal occupation / Job title (See Instructions) Lobbyist/Consultant Employer (See Instructions) Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Senders, Warren Amount of Contribution (\$) Contributor address; City; State; Zip Code Medford, MA 02155 \$1.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1.00	0012012024				Ψ200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Contributor address; City, State, Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Austin, TX 78703			
Lobbyist/Consultant Bruce Scott Consulting, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 \$1.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Principal occu		Employer (See Instructions	l s)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions)				,	
09/18/2024 Senders, Warren \$1.00 Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions)	-			-	
Contributor address; City; State; Zip Code Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions)			t,		\$1.00
Medford, MA 02155 Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/10/202				¥=.v-
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address, City, State, Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Medford, MA 02155			
	Principal occu	L pation / Job title (See Instructions)	Employer (See Instructions	s)	
				,	

The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 28/33 Rpt: 31/141
2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)
	- Morgan J. (The Honorable)		00086109
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/23/2024			\$50.00
	6 Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions)
Not Employ	ved	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2024		/	\$2,500.00
			+_,
	Contributor address; City; State; Zip Code		
	Houston TX 77020		
	Houston, TX 77030		
	upation / Job title (See Instructions)	Employer (See Instructions)
Not Employ	/ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/08/2024			\$25.00
	Contributor address; City; State; Zip Code		
	Harlingen, TX 78552		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
	ive Assistant	Davis Equity Realty	
Dete			Amount of Contribution (A)
Date	— —)	Amount of Contribution (\$)
07/01/2024			\$4,500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/23/2024	—		\$10,000.00
	Contributor address; City; State; Zip Code		
	Contributor address, Oity, State, Zip Code		
	Austin, TX 78768		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
	upation / 300 the (See Instructions)		J

-	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/33 Rpt: 32/141	
2	FILER NAME LaMantia, M	organ J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	n Filers)
4	Date 09/11/2024	5 Full name of contributor out-of-state PAC (ID#: Texas AFL-CIO		7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code				
Ļ		Austin, TX 78711		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Texas Agricultural Co-op Council PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Round Rock, TX 78664 pation / Job title (See Instructions)	Employer (See Instructions)			
				,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2024	Texas Association of Health Plans PAC				\$3,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	08/21/2024	Texas Democratic Women	,		Allound of Continention (+)	\$1,000.00
		Contributor address; City; State; Zip Code				• • •
L		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/03/2024	Texas Food and Fuel Association PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/33 Rpt: 33/141	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
LaMantia, M	lorgan J. (The Honorable)		00086109	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/28/2024	Texas Medical Association PAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
07/01/2024	Texas Oil and Gas Association Good Governme			\$2,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/26/2024	Full name of contributorout-of-state PAC (ID#: Texas State Teachers Association PAC)	Amount of Contribution (\$)	\$2,000.00
03/20/2024				φ2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/05/2024	Texas Trial Lawyers Association PAC			\$25,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor X out-of-state PAC (ID#: C	<u> </u>	Amount of Contribution (\$)	
08/28/2024	The Williams Companies Inc. PAC)	Amount of Contribution (\$)	\$2,500.00
00/20/2021	Contributor address; City; State; Zip Code			\$2,000.00
	Tulsa, OK 74172			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/33 Rpt: 34/141	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		organ J. (The Honorable)		ľ	00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2024	Tidmore, Candace				\$25.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78418				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/18/2024	Torres, Tomas				\$5,000.00
		Contributor address; City; State; Zip Code				
		Heuster TV 77007				
	Dringinglaggy	Houston, TX 77027				
	Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	S)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#050.00
	08/28/2024	Tracy, Charles G.				\$350.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Realtor		Self Employed	,		
	Date	Full name of contributor X out-of-state PAC (ID#: C	00274431	Г	Amount of Contribution (\$)	
	09/18/2024	UnitedHealth Group Inc. PAC				\$2,000.00
		· ·				
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/11/2024	Urban, Karen O'Connor				\$1,000.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78411				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/33 Rpt: 35/141	
2 FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	organ J. (The Honorable)			00086109	.
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
09/26/2024	Valdez, Daniella Lopez				\$250.00
	6 Contributor address; City; State; Zip Code		1		
	Brownsville, TX 78520				
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
CEO		Style House Media			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/28/2024	Valenzuela, Joe D.				\$500.00
	Contributor address; City; State; Zip Code				
	Round Rock, TX 78665				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Principal	1	Ancira Strategic Partner	rs L	.LC	
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/28/2024	Vasquez, Celina				\$250.00
	Contributor address; City; State; Zip Code		1		
	Palmhurst, TX 78573		L		
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Business Ow	Iner	Self			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/23/2024	Wareham, Jennifer				\$5.00
	Contributor address; City; State; Zip Code		1		
	Brownsville, TX 78526				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Commercial /	Adjuster	Allstate	_		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
08/05/2024	Watts Law Firm LLP				\$25,000.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78704				
Dringing occu		Employer (See Instructions			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u> </u>			

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 33/33 Rpt: 36/141	
2 FILER NAME			3	Filer ID (Ethics Commission	on Filers)
LaMantia, Morgan J. (The	Honorable)		ľ	00086109	
4 Date 5 Full name of	f contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/28/2024 Wholesale	Beer Distributors of Texas PAC				\$10,000.00
6 Contributor a	address; City; State; Zip Code		1		
Austin, TX	78701				
8 Principal occupation / Job title	(See Instructions)	9 Employer (See Instructions	S)		
Date Full name of	f contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
08/23/2024 Wise, Leah					\$1,000.00
Contributor a	address; City; State; Zip Code		1		
Edinburg, 1	FX 78542				
Principal occupation / Job title	(See Instructions)	Employer (See Instructions	5)		
Attorney		Leah Wise Law Firm			
Date Full name of	f contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/26/2024 Zamir, Asir	n				\$1,000.00
Contributor a	address; City; State; Zip Code		1		
	e, TX 78521				
Principal occupation / Job title	(See Instructions)	Employer (See Instructions			
Pediatrician		Brownsville Childrens C	lini	С	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 37/141			
2	FILER NAME	3	Filer ID (Ethics Commission Filers)			
	LaMantia, Morgan J. (The Honorable)			00086109		
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5	Date 6 Full name of contributor out-of-state PAC (ID#:	8	Amount of contribution (\$) In-kind contribution s7,429.00 Billboards			
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON				
	Business Owner	Self				
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)				
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

LOANS SCHEDULE E							
The Instructio	n Guide explains how	to complete this	form.		ages Schedule E: /5 Rpt: 38/141		
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	,		
⁴ TOTAL OF UN	ITEMIZED LOANS				\$		
5 Date of loan 09/10/2024	 Name of lender LaMantia, Anthony 	out-of-state P/	AC (ID#:)	9 Loan Amount (\$) \$250,000.00		
6 Is lender a financial institution?	8 Lender address; Ci	ty; State;	Zip Code		10 Interest Rate		
No	McAllen, TX 78501				11 Maturity Date		
12 Principal occupation Owner	on / Job title (See Instructions)		13 Employer (See Instruction L & F Distributors, LLC				
14 Description of Coll	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; Ci	ty; State;	Zip Code				
20 Principal occupation	bn		21 Employer (See Instruction	s)	,		
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)		
09/24/2024 Is lender a financial	LaMantia, Anthony Lender address; Ci	ty; State;	Zip Code		\$250,000.00		
institution? No	McAllen, TX 78501				Maturity Date		
Principal occupatio	on / Job title (See Instructions)		Employer (See Instruction L & F Distributors, LLC				
Description of Coll	ateral		Check if personal funds w		d into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
X not applicable	Guarantor address; Ci	ty; State;	Zip Code				
Principal occupatio	n Dn		Employer (See Instruction	s)	1		

LOANS					SCHEDULE E
The Instructio	n Guide explains how	to complete this	form.	-	ges Schedule E: 5 Rpt: 39/141
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers) L09
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 09/10/2024	 Name of lender LaMantia, Greg 	out-of-state P	AC (ID#:)	9 Loan Amount (\$) \$250,000.00
6 Is lender a financial institution?	8 Lender address; Ci	ity; State;	Zip Code		10 Interest Rate
No	McAllen, TX 78501				11 Maturity Date
12 Principal occupation Owner	on / Job title (See Instructions)		13 Employer (See Instruction L & F Distributors, LLC	s)	
14 Description of Coll	ateral		15 Check if personal funds w	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; Ci	ity; State;	Zip Code		
20 Principal occupation	bn		21 Employer (See Instruction	s)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
09/24/2024	LaMantia, Greg				\$250,000.00
Is lender a financial institution?	Lender address; Ci	ity; State;	Zip Code		Interest Rate
No	McAllen, TX 78501				Maturity Date
Principal occupation Owner	on / Job title (See Instructions)		Employer (See Instruction L & F Distributors, LLC	s)	
Description of Coll	ateral		Check if personal funds w	ere deposited	l into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; Ci	ity; State;	Zip Code		
Principal occupatio	DN		Employer (See Instruction	s)	1

LOANS	5				SCHEDULE E		
The Instru	iction Guide explains how to c	complete this	form.	-	ges Schedule E: 5 Rpt: 40/141		
2 FILER NAME LaMantia, N	: Iorgan J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers) L09		
⁴ TOTAL OF	UNITEMIZED LOANS			•	\$		
5 Date of loan 09/10/2024							
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 occu Owner	upation / Job title (See Instructions)		13 Employer (See Instructi L & F Distributors, LL				
14 Description of X None	f Collateral		15 Check if personal funds	were deposited	l into political account (See Instructions)		
16 GUARANTOR INFORMATIC	5		I		19 Amount Guaranteed (\$)		
X not applica	able 18 Guarantor address; City;	State;	Zip Code				
20 Principal occu	upation		21 Employer (See Instructi	ons)			
Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)		
09/24/2024	· · ·				\$250,000.00		
Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate		
No	McAllen, TX 78501				Maturity Date		
Principal occu Owner	upation / Job title (See Instructions)		Employer (See Instructi L & F Distributors, LL				
Description of X None	f Collateral		Check if personal funds	were deposited	l into political account (See Instructions)		
GUARANTOF INFORMATIC					Amount Guaranteed (\$)		
X not applica	able Guarantor address; City;	State;	Zip Code				
Principal occu	upation		Employer (See Instructi	ons)			

LOANS SCHEDULE E							
The Instructio	on Guide explains how to c	omplete this f	form.		ges Schedule E: 5 Rpt: 41/141		
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers) 09		
⁴ TOTAL OF UN	IITEMIZED LOANS				\$		
5 Date of loan 09/10/2024	 7 Name of lender LaMantia, Stephen L. 	out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$250,000.00		
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 Instructions)		13 Employer (See Instruct L & F Distributors, L				
14 Description of Coll X None	ateral		15 Check if personal fund	ds were deposited	l into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		1		19 Amount Guaranteed (\$)		
X not applicable	18 Guarantor address; City;	State;	Zip Code				
20 Principal occupation	bn		21 Employer (See Instruc	ctions)			
Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)		
09/24/2024 Is lender a financial institution?	LaMantia, Stephen L. Lender address; City;	State;	Zip Code		\$250,000.00 Interest Rate		
No	McAllen, TX 78501				Maturity Date		
Principal occupatio Owner	I on / Job title (See Instructions)		Employer (See Instruc L & F Distributors, I		I		
Description of Coll	ateral		Check if personal fund	ds were deposited	l into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor		1		Amount Guaranteed (\$)		
X not applicable	Guarantor address; City;	State;	Zip Code				
Principal occupatio	່		Employer (See Instruc	ctions)	I		

LOANS SCHEDULE E							
The Instructio	on Guide explains how to	o complete this	form.	-	ges Schedule E: 5 Rpt: 42/141		
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers) 109		
⁴ TOTAL OF UN	IITEMIZED LOANS				\$		
5 Date of loan 09/10/2024	 7 Name of lender LaMantia, Verna A. 	out-of-state P	AC (ID#:)	9 Loan Amount (\$) \$250,000.00		
6 Is lender a financial institution?	8 Lender address; City	y; State;	Zip Code		10 Interest Rate		
No	McAllen, TX 78501				11 Maturity Date		
12 Principal occupation Owner	on / Job title (See Instructions)		13 Employer (See Instruction L & F Distributors, LLC				
14 Description of Coll	ateral		15 Check if personal funds w	ere deposited	l 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	n		21 Employer (See Instruction	is)			
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)		
09/24/2024 Is lender a financial	LaMantia, Verna A. Lender address; City	y; State;	Zip Code		\$250,000.00		
institution? No					Maturity Date		
Principal occupation	McAllen, TX 78501 on / Job title (See Instructions)		Employer (See Instruction				
Owner			L & F Distributors, LLC	-			
Description of Coll	ateral		Check if personal funds w	ere deposited	l into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
X not applicable	Guarantor address; City	/; State;	Zip Code				
Principal occupatio	חו		Employer (See Instruction	IS)	l		

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense J Expense g Expense es/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · ·	<u> </u>	3 Filer ID (Ethics Commission Filers)				
Ĺ	Sch: 1/99 Rpt: 43/141	LaMantia, Morgan J. (The Honorable)		00086109				
4	Date 08/28/2024	Payee name 81s Heroes						
6	Amount (\$) \$500.00	Payee address; City; State; Zip 1914 Martin St Kingsville, TX 78363	Code					
8	PURPOSE OF EXPENDITURE	Contributions/Donations Made By						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s	ought	Office held				
F	Date	Payee name						
	08/12/2024	Academy Sports						
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$63.71	4305 Old Hwy 77 Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ials				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s	ought	Office held				
F	Date	Payee name						
	09/26/2024	ActBlue						
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$1,114.60	366 Summer Street						
		Somerville, MA 02144						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ribution Processing Fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s	ought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 2/99 Rpt: 44/141	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 07/08/2024	 Payee name Adamolekun, Nathaniel 							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	2706 Lakehurst Road Austin, TX 78669							
8	PURPOSE								
ō	OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/30/2024	Adamolekun, Nathaniel							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	2706 Lakehurst Road Austin, TX 78669							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/24/2024	Alamo Iron Works							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,689.39	2771 Robindale Road							
		Brownsville, TX 78526							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Offic Polli Print Sala	ce Overhe ng Expen ting Expe tries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	·				3	Filer ID (Ethics Commission Filers)
1	Sch: 3/99 Rpt: 45/141		LaMantia, Morgan J. (The Honorab	le)				00086109
4	Date	5	Payee name					
	07/01/2024		Alcala, Daphne					
6	Amount (\$)			ate; Zip	Code			
	\$1,000.00		1911 San Gabriel Street Apt. 107					
			Austin, TX 78705					
8	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.
	-					<u>ц</u>		, officeholder living expense
						Contract Lab	or	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	t		Office held
	Date		Payee name					
	08/01/2024		Alcala, Daphne					
					<u> </u>			
	Amount (\$)			ate; 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					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Contract Lab	or	
	Complete ONLY if direct		Candidate/Officeholder name	Offico	sough	+		Office held
	expenditure to benefit C/OF			Once	sough	ı		Onice neid
	Date		Payee name					
	09/01/2024		Alcala, Daphne					
-	Amount (\$)	-	Payee address; City; Sta	ate; Zip) Code			
	\$1,000.00		5350 Burnet Rd, Apt 327	лю, <u>—</u> р				
	\$1,000,000							
			Austin, TX 78756					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel	outsi	ide of Texas. Complete Schedule T.
	LAFENDIIUKE							, officeholder living expense
						Contract Lab	or	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	t		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Odfice Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/99 Rpt: 46/141	LaMantia, Morgan J. (The Honorable)	00086109
4	Date 07/23/2024	Payee name Amazon	
6	Amount (\$) \$476.00	Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense srialS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/31/2024	Amazon	
	Amount (\$) \$191.22	Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109	
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense erials
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/01/2024	Amazon	
	Amount (\$) \$223.11	Payee address;City;State;Zip Code410 Terry Ave North	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense prialS
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 5/99 Rpt: 47/141	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date 08/01/2024	Payee name Amazon						
6	Amount (\$) \$223.11	Y Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office MaterialS 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/24/2024	American GI Forum South Texas						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1526 South 19th Street Corpus Christi, TX 78404						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/09/2024	Anetik						
	Amount (\$) \$810.06	Payee address;City;State;Zip Code1021 Calle Recodo - Suite B						
		San Clemente, CA 92673						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense İrtS					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)	
	Sch: 6/99 Rpt: 48/141		LaMantia, Morgan J. (The Honorable)							
4	Date	5	Payee name							
	08/03/2024		Annual Coaches Meet and Greet							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,000.00		10 Shady Ln							
			Beeville, TX 78102							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) [Description				
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete		
			Candidate/Officeholder/Political Comm	ittee	Ľ		TX,	officeholder living exp	bense	
					5	Sponsorship				
_	Operation ONITY if all a st							Office headed		
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	08/01/2024		Aransas Pass Chamber of Commerce							
-	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$900.00		130 W Goodnight Ave #361							
	+++++++++++++++++++++++++++++++++++++++									
			Aransas Pass, TX 78336							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) [Description				
	OF EXPENDITURE		Contributions/Donations Made By		Ē	_		de of Texas. Complete		
			Candidate/Officeholder/Political Comm	ittee	L	Sponsorship	TX,	officeholder living exp	bense	
						ponsorsnip				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht			Office held		
	expenditure to benefit C/OI				J					
	Date		Payee name							
	08/28/2024		Aransas Pass Chamber of Commerce							
-	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$750.00		130 W Goodnight Ave #361	•						
			C C							
			Aransas Pass, TX 78336							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) 🛛	Description				
	OF EXPENDITURE		Contributions/Donations Made By		Ē	_		de of Texas. Complete		
			Candidate/Officeholder/Political Comm	ittee	L		TX,	officeholder living exp	bense	
					5	Sponsorship				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	thr			Office held		
	expenditure to benefit C/OI			2006 200	ynt					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
-	Sch: 7/99 Rpt: 49/141		LaMantia, Morgan J. (The H	lonorable)				00086109			
4	Date 07/08/2024		Payee name Arena Analytics								
6	Amount (\$)		Payee address; City;	Stato:	Zin Cor	do					
0	\$3,000.00		Payee address; City; State; Zip Code 801 E Fern Ave STE 101 McAllen, TX 78501								
_		<u> </u>									
8	PURPOSE OF EXPENDITURE	F Consulting Expense						K, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	07/08/2024		Arena Analytics								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de					
	\$10,000.00		801 E Fern Ave STE 101 McAllen, TX 78501								
PURPOSE OF EXPENDITURE			Category (See Categories listed at the Consulting Expense	e top of this sch	edule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Program					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght		Office held			
⊨	Date	<u> </u>	Payee name								
	08/05/2024		Arena Analytics								
	Amount (\$) \$10,000.00	I	Payee address; City; 801 E Fern Ave STE 101	State;	; Zip Coo	de					
			McAllen, TX 78501								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Consulting Expense	e top of this sche	edule)		tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense Dgram			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FII FR NAME	-			3	Filer ID (Ethics Commission Filers)		
1	Sch: 8/99 Rpt: 50/141	-	LaMantia, Morgan J. (The H	lonorable)			ľ	00086109		
4	Date	5	Payee name							
	08/07/2024		Arena Analytics							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$4,290.00		801 E Fern Ave STE 101							
			McAllen, TX 78501							
8	PURPOSE	(a)				(b) Description				
0	OF	(a)	Category (See Categories listed at the Consulting Expense	e top of this sch	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Consuling Expense					, officeholder living expense		
						Canvassing I	Pro	gram		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ıht		Office held		
	Date		Payee name							
	08/14/2024		Arena Analytics							
	Amount (\$)		Payee address; City;	State:	Zip Coo	le				
	\$6,180.00		801 E Fern Ave STE 101	otato,	, בוף סטנ					
	40,100.00									
			McAllen, TX 78501							
PURPOSE OF EXPENDITURE			Category (See Categories listed at the Consulting Expense	e top of this sch	edule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Program				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght Office held				
	Date		Payee name							
	08/20/2024		Arena Analytics							
	Amount (\$)		Payee address; City;	State [.]	Zip Coo	10				
	\$4,180.00		801 E Fern Ave STE 101	Oluie,	, 20 000					
	φ 4 ,100.00									
			McAllen, TX 78501							
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Canvassing I	ro	gram		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office soug	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 9/99 Rpt: 51/141		LaMantia, Morgan J. (The Honorable)					00086109		
4	Date	5	Payee name							
	08/28/2024		Arena Analytics							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$14,290.00		801 E Fern Ave STE 101							
			McAllen, TX 78501							
8	PURPOSE									
°	OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Consulting Expense					, officeholder living expense		
						Canvassing				
						C C		- -		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	09/04/2024		Arena Analytics							
	Amount (\$)		Payee address; City;	Stato:	Zip Coo	10				
	.,			State,	, Ζιρ Ουι					
	\$4,290.00		801 E Fern Ave STE 101							
			McAllen, TX 78501							
PURPOSE OF EXPENDITURE			Category (See Categories listed at th Consulting Expense	e top of this sch	edule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Program				
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	09/05/2024		Arena Analytics							
	Amount (\$)		Payee address; City;	State:	Zip Coo	le				
	\$29,790.00		801 E Fern Ave STE 101	otato,	, בוף סטנ					
	φ23,730.00									
			McAllen, TX 78501							
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.		
	LAFENDITORE							, officeholder living expense		
						Canvassing	Pro	ogram		
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Iht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Ov Polling E Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 10/99 Rpt:	aMantia, Morgan J. (The F	lonorable)		00086109					
4	Date 09/18/2024	ayee name rena Analytics								
6	Amount (\$) \$4,290.00	Payee address; City; State; Zip Code 801 E Fern Ave STE 101 McAllen, TX 78501								
8	PURPOSE OF EXPENDITURE	OF Consulting Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held					
	Date	ayee name								
	08/28/2024	tlas, Hall & Rodriguez								
	Amount (\$) \$102.00	ayee address; City; 18 W Pecan Blvd	State; Zip Co	ode						
	DUDDOOF	IcAllen, TX 78501								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this Legal Services				Check if Austin	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General Matters 					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıght	Office held					
	Date	ayee name								
	08/16/2024	ee County Chamber Of Co	mmerce							
	Amount (\$) \$250.00	ayee address; City; 705 N Saint Marys Street	State; Zip Co	ode						
		eeville, TX 78102		1						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ontributions/Donations Mac andidate/Officeholder/Polit	de By		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 11/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date 09/09/2024	Payee name Big Daddys								
6	Amount (\$) \$52.22	Payee address; City; State; Zip Code 500 E Morrison Rd Brownsville, TX 78526 Figure 100 (100 (100 (100 (100 (100 (100 (100								
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/08/2024	BizEgo Consulting								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$33,441.15	222 N Expressway, Ste. 111 Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense aterials							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/12/2024	BizEgo Consulting								
	Amount (\$) \$627.85	Payee address;City;State;Zip Code222 N Expressway, Ste. 111								
		Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense aterials							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
	Sch: 12/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date	Payee name								
	08/07/2024	BizEgo Consulting								
6	Amount (\$) \$460.06	Payee address; City; State; Zip Code 222 N Expressway, Ste. 111								
		Brownsville, TX 78521								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign T-Shirts 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/28/2024 BizEgo Consulting									
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,543.83	\$2,543.83 222 N Expressway, Ste. 111 Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/25/2024	BizEgo Consulting								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,543.88	222 N Expressway, Ste. 111								
		Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 13/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date	Payee name							
	08/10/2024	Boys & Girls Club of Kingsville							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	1238 E Kenedy Ave							
		Kingsville, TX 78363							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
	EXPENDITORE		TX, officeholder living expense						
		Sponsorship							
_	Complete ONIL V if direct	Contractor for the court	Office held						
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
	09/25/2024 Brand Boosters								
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,031.00	301 North McColl Rd STE G							
		McAllen, TX 78501							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Trailer Signs							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								
-	Date	Payee name							
	07/31/2024	Brownsville Cardinals							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	409 W Levee Street							
		Brownsville, TX 78520							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
		Sponsorship							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
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	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)						
-	Sch: 14/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 08/15/2024	5 Payee name Brownsville Historical Association							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
U	\$500.00	1325 E. Washington St							
		Brownsville, TX 78520							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	F Contributions/Donations Made Ry							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/22/2024	Burlington							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$51.93	475 E Morrison Road Brownsville, TX 78520							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/15/2024	Burn Pits 360							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$255.50	201 N 4th Street							
		Robstown, TX 78380							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 15/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109				
4	Date	5	Payee name								
	08/05/2024		Burton McCumber & Longoria, LLP								
6	Amount (\$)		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 sche	edule)	(b) Description						
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.				
					General Con		, officeholder living expense ting				
						Jun					
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held										
	Date		Payee name								
	09/26/2024 Burton McCumber & Longoria, LLP										
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$4,690.00		205 Pecan Blvd								
			McAllen, TX 78501								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
					General Con						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held				
_	Date	<u> </u>	Payee name								
	07/01/2024		Campos, Brandon								
	Amount (\$)			Zip Co	1e						
	\$1,000.00		4201 Monterrey Oaks Blvd Apt. 1606	210 00							
	\$1,000.00										
			Austin, TX 78749								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	out-	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense				
					Contract Lab						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held				
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F			-	3	Filer ID (Ethics Commission Filers)				
	Sch: 16/99 Rpt:		LaMantia, Morgan J. (The Honorable) 00086109								
4	Date 08/01/2024		5 Payee name Campos, Brandon								
6	Amount (\$)	7 F	Payee address; City; State; Zip Code								
	\$1,000.00		4201 Monterrey Oaks Blvd Apt. 1606 Austin, TX 78749								
_	BUBBAAF				<i>a</i> >						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ht		Office held				
	Date	F	Payee name								
	09/12/2024	(Campos, Brandon								
	Amount (\$)	F	Payee address; City; State;	; Zip Co	le						
	\$1,000.00		4201 Monterrey Oaks Blvd Apt. 1606 Austin, TX 78749								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held				
	Date	F	Payee name								
	07/12/2024		Canva								
	Amount (\$)	F	Payee address; City; State;	; Zip Co	le						
	\$160.00	2	200 E 6th St								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	edule)	Check if Austin	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense Platform Expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Dffice sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					rhead/Rental Expense pense pense /ages/Contract Labor	se	Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2				3	Filer ID	(Ethics Commission Filers)			
-	Sch: 17/99 Rpt:	2	LaMantia, Morgan J. (The Honorable)			5	00086109				
4	Date	5	Payee name								
	07/15/2024		Canva								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$180.00		200 E 6th St								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	1					
	OF EXPENDITURE		Advertising Expense	Juuio)	-		ide of Texas. Com	plete Schedule T.			
	EXPENDITORE						, officeholder living				
					Graphic D	esign	Platform Ex	pense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office he	əld			
	Date		Payee name								
	08/22/2024		Canva								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$40.50		200 E 6th St								
			Austin, TX 78701								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Advertising Expense				side of Texas. Com (, officeholder living				
							Platform Ex				
					e aprile 2	ee.g.					
_	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	aht		Office he	eld			
	expenditure to benefit C/OF	H									
-	Date		Payee name								
	09/09/2024		Canva								
	Amount (\$)			Zip Co	de						
	\$60.50		200 E 6th St	210 00	uc						
	400.00										
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	1					
	OF EXPENDITURE		Advertising Expense				ide of Texas. Com				
							, officeholder living				
					Graphic L	vesign	Platform Ex	heuse			
	Complete ONUV 5 direct	Ļ	Condidate/Office had a second	fiere	abt		0# '	Nd			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yrit		Office he	eiu			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T e By - Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 18/99 Rpt:		LaMantia, Morgan J. (The Honorable) 00086109						
4	Date 09/23/2024		Payee name Canva						
6	Amount (\$) \$180.00		Payee address; City; S 200 E 6th St Austin, TX 78701	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 						, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice souç	ht		Office held	
	Date		Payee name						
	07/11/2024		Carrera, Mike						
	Amount (\$)		Payee address; City; S	State;	Zip Co	le			
	\$10,000.00		135 Paseo del Prado, STE 48 Edinburg, TX 78539						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Consulting Expense	nis scheo	dule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice sou	ht		Office held	
	Date		Payee name						
	08/17/2024		Carrera, Mike						
	Amount (\$)		Payee address; City; S	State;	Zip Co	le			
	\$11,000.00		135 Paseo del Prado, STE 48						
			Edinburg, TX 78539						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Consulting Expense	nis sched	dule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice souç	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/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 OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 19/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date	Payee name					
	09/19/2024	Carrera, Mike					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$12,500.00	135 Paseo del Prado, STE 48					
		Edinburg, TX 78539					
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		General Cons					
			5				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/03/2024	Circle K					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$11.30 1995 US Military Hwy 281						
		Brownsville, TX 78520					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/06/2024	City Cruisers					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$350.00	107 E Price Road					
		Brownsville, TX 78520					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 20/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 08/06/2024	Payee name City of Donna					
6	Amount (\$) \$100.00	⁷ Payee address; City; State; Zip Code 307 S 12th St Donna, TX 78537					
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Sign 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/14/2024	City of Portland					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1900 Billy G. Webb Drive Portland, TX 78374					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense :al				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/19/2024	Civitech					
	Amount (\$) \$68,238.65	Payee address; City; State; Zip Code 21750 Hardy Oak Blvd STE 104, PMB #69457					
		San Antonio, TX 78258					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
	Sch: 21/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109
4	Date	5	Payee name				
	08/07/2024		Coastal Bend Council of Government				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$500.00		2910 Leopard St				
			Corpus Christi, TX 78408				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description		
Ĩ	OF	(,	Contributions/Donations Made By	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee	Check if Austin,	, тх,	, officeholder living expense
					Sponsorship		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	08/21/2024		Compete Digital, LLC				
Amount (\$) Payee address; City; State; Zip Code							
	\$245,000.00 1317 Potomac Ave SE						
	· _ · _ ,						
			Washington, DC 20003				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Digital Advert		
					Digital Auven	.1311	lý
	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	abt		Office held
	expenditure to benefit C/OF				gin		
_	Date	<u> </u>	Payee name				
	08/12/2024		Compete Digital, LLC				
				7:0 00	da		
	Amount (\$)		5 7 57	; Zip Co	ae		
	\$7,500.00		1317 Potomac Ave SE				
			Washington, DC 20003				
-	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description		
	OF	(,	Advertising Expense	equie)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Automoting Expense		Check if Austin,	, тх	, officeholder living expense
					Digital Advert	isir	ng
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OF	H					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitf/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	verhead xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 22/99 Rpt:		LaMantia, Morgan J. (The Honorable	e)				00086109
4	Date	5	Payee name					
	09/04/2024		Compete Digital, LLC					
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode			
	\$155,000.00		1317 Potomac Ave SE					
			Washington, DC 20003					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	OF		Advertising Expense	unculic)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						ı, ТХ,	, officeholder living expense
						Digital Ads		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	09/10/2024		Compete Digital, LLC					
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode			
	\$204,000.00	I	1317 Potomac Ave SE					
	+=0 1,000100							
			Washington, DC 20003					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Advertising Expense	chedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	07/11/2024		Convergence Targeted Communicati	ons				
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode			
	\$6,180.00		1250 Connecticut Ave Northwest STE	E 700				
			Washington , DC 20036		1			
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	l ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers)		
_	Sch: 23/99 Rpt:		LaMantia, Morgan J. (The Hor	norable)				00086109		
4	Date	5	Payee name							
	07/29/2024		Convergence Targeted Comm	unicatior	ns					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$6,180.00		1250 Connecticut Ave Northwe	st STE	700					
			Washington , DC 20036							
8	PURPOSE	(2)	_			(b) Decemination				
°	OF	(a)	Category (See Categories listed at the top Advertising Expense	o of this sche	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense					, officeholder living expense		
						Push Cards				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	08/22/2024		Convergence Targeted Comm	unicatior	ns					
-	Amount (\$)		Payee address; City;	State:	; Zip Coo	le				
	\$3,725.00		1250 Connecticut Ave Northwe							
	\$0,720.00			.51 0 1 E	100					
			Washington , DC 20036							
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	edule)	b) Description				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Push Cards	i, I.A.			
⊢	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ht		Office held		
	expenditure to benefit C/OI			C	Since Soug	in the second seco				
⊨	Data	<u> </u>								
	Date 08/27/2024		Payee name Convergence Targeted Comm	unioation	nc					
	Amount (\$)		Payee address; City;		; Zip Coo	le				
	\$89,557.39		1250 Connecticut Ave Northwe	est STE	700					
			Washington , DC 20036							
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule)	b) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
	EXPENDITORE						I, TX	, officeholder living expense		
						Mailers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held		
		1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 24/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date	Payee name					
	09/05/2024	Convergence Targeted Communications					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$84,157.55	1250 Connecticut Ave Northwest STE 700					
		Washington , DC 20036					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	· · · · ·	utside of Texas. Complete Schedule T.				
	EXPENDITORE		TX, officeholder living expense				
		Mailing Flyer					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
_	Date	Payoo namo					
	09/10/2024	Payee name Convergence Targeted Communications					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$84,157.55 1250 Connecticut Ave Northwest STE 700						
		Washington , DC 20036					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Mailing Flyer	rx, uncenduer living expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	Canada Concensia cinario Conce Sought					
	Date	Payee name					
	09/12/2024	Convergence Targeted Communications					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$84,157.55	1250 Connecticut Ave Northwest STE 700					
		Washington , DC 20036					
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Mailing Flyer					
		Condidata/Officeholder name	Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
_	-						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
	Sch: 25/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109
4	Date	5	Payee name				
	09/24/2024		Convergence Targeted Communication	าร			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$80,614.75		1250 Connecticut Ave Northwest STE	700			
			Washington , DC 20036				
8	PURPOSE	(a)	-		(b) Description		
ľ	OF	("	Category (See Categories listed at the top of this sche Advertising Expense	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	n, TX	, officeholder living expense
					Mailing Flyer		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held
	Date		Payee name				
	09/24/2024		Convergence Targeted Communication	าร			
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$77,601.63		1250 Connecticut Ave Northwest STE				
	<i>+,002.00</i>						
			Washington , DC 20036				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Mailing Flyer		
⊢	Complete ONLY if direct		Candidate/Officeholder name C) Office sou	iht		Office held
	expenditure to benefit C/OI	H			,		
⊨	Date	<u> </u>	Paylog name				
	07/03/2024		Payee name Cordova, Carlos				
				7: 0	1-		
	Amount (\$)		, , , , , ,	Zip Co	le		
	\$1,000.00		2222 Pearl Street				
			Austin, TX 78705				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.
						1, TX	, officeholder living expense
					Internship		
_			Condidate (Office to 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1)#ia- i			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jrit		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 26/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109						
4	Date 08/02/2024	Payee name Cordova, Carlos						
6	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2222 Pearl Street Austin, TX 78705 Austin, TX 78705						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internship							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/03/2024	Cordova, Carlos						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	2222 Pearl Street Austin, TX 78705						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/06/2024	Cortez Advertising Services						
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 1212 West View Street						
		San Juan, TX 78589						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
_		· · · · · ·							
1			3 Filer ID (Ethics Commission Filers)						
	Sch: 27/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 08/30/2024	Payee name De Leon, Gus							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,600.00	\$2,600.00 2045 Palm Blvd							
		Brownsville, TX 78520							
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Event 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/02/2024	Deluxe Corporation							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$498.34 P.O. Box 818094 Cleveland, OH 44181								
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/16/2024	Dulceria Hidalgo							
	Amount (\$) \$112.48	Payee address;City;State;Zip Code345 W Hidalgo Ave							
		Raymondville, TX 78580							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense t						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 28/99 Rpt:	aMantia, Morgan J. (The Honorable)		00086109			
4	Date 09/17/2024	ayee name ulcerias Pinkis					
6	Amount (\$) \$17.73	ayee address; City; State; 265 Central Blvd rownsville, TX 78520	Zip Code				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Food for Event							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	office sought	Office held			
	Date	ayee name					
	09/17/2024	ulcerias Pinkis					
	Amount (\$) \$64.73	ayee address; City; State; 265 Central Blvd	Zip Code				
		rownsville, TX 78520					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche vent Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	office sought	Office held			
	Date	ayee name					
	08/05/2024	ddie Trevino Jr. Campaign					
	Amount (\$) \$500.00	ayee address; City; State; 200 Boca Chica, Blvd., STE 102	Zip Code				
		rownsville, TX 78521					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche ontributions/Donations Made By andidate/Officeholder/Political Comm	ittee	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/OF	ndidate/Officeholder name C	office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til le By - Gift/Awards/Memorials Expense Printing Expense Til					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2		•		•		3	Filer ID	(Ethics Commission Filers)
-	Sch: 29/99 Rpt:		LaMantia, Morgan J. (The Ho	norable)				•	00086109	()
4	Date 09/03/2024		Payee name Espinoza, Alex							
6	Amount (\$)		Payee address; City;	Stato	; Zip Co	do				
ľ	\$1,200.00		1570 Altamesa Blvd	State	, zip co	ue				
	φ1,200.00		1370 Altamesa Bivu							
			Brownsville, TX 78520							
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labo							plete Schedule T.
						I		, TX,	officeholder living	j expense
							Internship			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ight			Office he	eld
	Date		Payee name							
	08/01/2024		Espinoza, Jose							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$1,000.00		1570 Alta Mesa Blvd		,					
	\$1,000.00									
			Brownsville, TX 78520							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Salaries/Wages/Contract Labo		nedule)				de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ight			Office he	eld
	Date		Payee name							
	08/01/2024		Etsy							
			-	Ctoto		do				
	Amount (\$)		Payee address; City;	State	; Zip Co	ae				
	\$169.58		117 Adams St							
			Brooklyn, NY 11201							
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Exper	ise				, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense
-	Complete ONLY if direct		andidate/Officeholder name	· · · · · ·	Office sou	l Iaht			Office he	h
	expenditure to benefit C/OF			(500 SOU	yın			Unite fit	Ju

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense		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)			
1	Total pages Schedule F1:	2 FILER NAME 3					3	Filer ID	(Ethics Commission Filers)	
	Sch: 30/99 Rpt:	LaMa	LaMantia, Morgan J. (The Honorable)					00086109		
4	Date	5 Payee name								
	08/27/2024	ExxonMobil								
6	Amount (\$) \$45.00	 7 Payee address; City; State; Zip Code 4990 N Frontage Rd Brownsville, TX 78520 								
8	PURPOSE					b) Description				
J	OF	F Travel In District								
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee	name							
	08/02/2024	Fiesta Graphics								
Amount (\$) Payee address; City; State; Zip Code										
	\$405.93		aredes Line Rd sville, TX 78521							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			edule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Screen printing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H				ht	t Office held			
	Date	Payee	name							
	08/26/2024	Fiesta Graphics								
Amount (\$)Payee address;City;State;Zip\$97.42205 Paredes Line Rd						е				
Brownsville, TX 78521										
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			edule)	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Shirts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	0	office soug	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			-	3	Filer ID (Ethics Commission Filers)				
	Sch: 31/99 Rpt:		_aMantia, Morgan J. (The Honorable)				00086109				
4	Date	5	Payee name								
	09/23/2024		Fiesta Graphics								
6	Amount (\$) \$64.95										
			Brownsville, TX 78521								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name C	Office sou	ht		Office held				
	Date	I	Payee name								
	09/13/2024		Five Below								
	Amount (\$) \$241.40		Payee address; City; State; 2760 Pablo Kisel Blvd	Zip Coo	le						
			Brownsville, TX 78526								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Diffice sou	ht		Office held				
	Date	I	Payee name								
	07/01/2024		Galvan, Grecia								
	Amount (\$) \$1,000.00		Payee address; City; State; 6556 Carolina Pine	Zip Co	le						
			Brownsville, TX 78526								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name C	Diffice sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Corr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen:	se	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reir 'head/Rent ense pense ages/Contr	nbursement al Expense act Labor		Solicitation/Fundraising Expen Transportation Equipment & R Travel in District Travel Out of District OTHER (enter a category not	elated Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Co	mmission Filers)	
	Sch: 32/99 Rpt:		LaMantia, Morgan J. (The Hond	aMantia, Morgan J. (The Honorable) 000861							
4	Date 09/01/2024		Payee name Galvan, Grecia								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le					
	\$1,000.00	\$1,000.00 6556 Carolina Pine Brownsville, TX 78526									
_		<u> </u>									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Contract Labor								е Т.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	Iht			Office held		
	Date		Payee name								
	09/13/2024		Galvan, Grecia								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$1,000.00		6556 Carolina Pine Brownsville, TX 78526								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sch	edule)		Check if travel o	TX,	le of Texas. Complete Schedul officeholder living expense	e T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	Jht			Office held		
	Date		Payee name								
	08/01/2024		Galvan, Grecia								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$1,000.00		6556 Carolina Pine								
			Brownsville, TX 78526								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sch	edule)		Check if travel o	TX,	le of Texas. Complete Schedul officeholder living expense	e T.	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	Jht			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper mmittee Legal Services The Instruction Guide 6		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FII FR NAME	-		-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 33/99 Rpt:		LaMantia, Morgan J. (The Hon	orable)				00086109		
4	Date	5	Payee name							
	09/12/2024		Garcia, Abel							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de				
	\$4,264.40		104 East Main							
			Bishop, TX 78343							
8	PURPOSE	<u> </u>	-		r	(h) Description				
0	OF	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense		
						Food for Eve				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	Jht		Office held		
	Date		Payee name							
	07/08/2024		Gisler, Samuel							
	Amount (\$) Payee address; City; State; Zip Code									
	.,		3606B North Vine	Juic,	, zip co.	JC .				
	\$1,000.00									
			Victoria, TX 77901							
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Internship 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	jht		Office held		
	Date	Γ	Payee name							
	08/06/2024		Gisler, Samuel							
	Amount (\$)		Payee address; City;	State:	; Zip Coo	10				
	\$1,000.00		3606B North Vine	Oute,	, <u></u> p					
	Ψ1,000.00									
			Victoria, TX 77901							
	PURPOSE OF		Category (See Categories listed at the top		edule)	(b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internship								
	Complete ONLY if direct	L(Candidate/Officeholder name		Office soug	aht		Office held		
	expenditure to benefit C/Oł			0		,				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)				
	Sch: 34/99 Rpt:		LaMantia, Morgan J. (The Honorable))			00086109				
4	Date 08/12/2024	5	Payee name Gonzales, Edward								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,500.00 400 FM 3169 500000 500000 5000000 50000000										
			Raymondville, TX 78580								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense General Consulting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	09/03/2024		Gonzales, Edward								
Amount (\$) Payee address; City; State; Zip Code											
	\$1,500.00		400 FM 3169 Raymondville, TX 78580								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Consulting Expense	hedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	09/21/2024		Gonzalez, Jose A.								
	Amount (\$) \$250.00		Payee address; City; State 901 Leopard Street	e; Zip Co	de						
			Corpus Christi, TX 78401								
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 35/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109			
4	Date	5	Payee name							
	07/02/2024		Google Gsuite							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$76.75		1600 Amphitheatre Parkway							
			Mountain View, CA 94043	I						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Domain and					
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held										
	Date		Payee name							
	08/02/2024		Google Gsuite							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$76.75		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	ide of Touron, Complete Cohedule T			
	EXPENDITURE		Office Overhead/Rental Expense							
					Domain and					
							5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					Office held			
	•									
	Date		Payee name							
	09/03/2024		Google Gsuite							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$76.75		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	,	Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Domain and	Em	all Hosting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Iht		Office held			
		•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME 3	3 Filer ID (Ethics Commission Filers)							
	Sch: 36/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date	Payee name								
	07/17/2024	Guadalupe Regional Middle School								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	1214 Lincoln Street								
		Brownsville, TX 78520								
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description								
-	OF		Itside of Texas. Complete Schedule T.							
	EXPENDITURE		TX, officeholder living expense							
		Sponsorship								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/19/2024	Guadalupe Regional Middle School								
Amount (\$) Payee address; City; State; Zip Code										
	\$250.00 1214 Lincoln Street									
		Brownsville, TX 78520								
	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By								
	EAFENDITORE		TX, officeholder living expense							
		Sponsorship								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/29/2024	H-E-B								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$25.00	2250 Boca Chica Blvd								
		Brownsville, TX 78521								
	PURPOSE	(b) Description								
	OF EXPENDITURE		Itside of Texas. Complete Schedule T.							
		Office Material	TX, officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OF	Candidate/Onicenoider name Onice sought	Onice neid							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office C Polling I Printing Salaries	Verhea Expens Exper Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	3 6				Filer ID (Ethics Commission Filers)				
	Sch: 37/99 Rpt:		LaMantia, Morgan J. (The Honorab	ole)				00086109				
4	Date	5	Payee name	yee name								
	08/16/2024		H-E-B	1-E-B								
6	Amount (\$) 7 Payee address; City; State; Zip Code											
	\$33.97		2250 Boca Chica Blvd									
		Brownsville, TX 78521										
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. , officeholder living expense				
						Office Materia						
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held				
	Date		Payee name									
	08/16/2024		H-E-B									
	Amount (\$)		Payee address; City; St	ate; Zip C	Code							
	\$38.95		2250 Boca Chica Blvd	•								
			Brownsville, TX 78521									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. , officeholder living expense				
		Office Material										
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held				
	expenditure to benefit C/OI	H			U							
	Date		Payee name									
	09/17/2024		H-E-B									
	Amount (\$)		Payee address; City; Sta	ate; Zip C	Code							
	\$56.92		2250 Boca Chica Blvd	, p								
			Brownsville, TX 78521									
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Output to a d/Decided Exmenses Other is travel outside of Taxas Complete Schedule T								de ef Teures, Complete Catadula T				
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense				
						Office Materia						
							-					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	bught			Office held				
		-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_		_	The Instruction Guid	le explains	now to con	npiete this form.	1.		
1	Total pages Schedule F1: Sch: 38/99 Rpt:	2	FILER NAME LaMantia, Morgan J. (The Ho	onorable)			3	Filer ID (Ethics Commission Filers) 00086109	
4	Date	5	Payee name				<u> </u>		
	07/22/2024		Hachar Media						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code								
	\$500.00		4100 San Bernardo, STE E7						
			Laredo, TX 78041						
8	PURPOSE	(a)				(b) Description			
ľ	OF	(4)	Category (See Categories listed at the t Advertising Expense	top of this sch	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Canvas Print	ting		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	yht		Office held	
	Date		Payee name						
	08/27/2024		Hanaya Poke						
_	Amount (\$)		Payee address; City;	State:	Zip Coo	le			
	\$31.26		6113 Saratoga Blvd, STE A	Olule,	, 20 000				
	ψ01.20		orro Saratoga Diva, STE A						
			Corpus Christi, TX 78414						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.	
	EXPENDITORE						ı, TX	, officeholder living expense	
						Staff Lunch			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	pht		Office held	
	expenditure to benefit C/OI	1							
	Date		Payee name						
	08/01/2024		Hanna High School Cheerlea	ders					
	Amount (\$)		Payee address; City;	State:	Zip Coo	le			
	\$200.00		2615 Price Road	otato,	, <u> </u>				
	\$200.00		2010 1 100 1000						
			Brownsville, TX 78521						
	PURPOSE	(a)				(b) Description			
	OF	(4)	Category (See Categories listed at the Contributions/Donations Made		edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Politic		ittee			, officeholder living expense	
						Sponsorship			
-	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	aht		Office held	
	expenditure to benefit C/Oł					, ,			

		EXPENDITURE CATEGOR	IES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME	3	B Filer ID (Ethics Commission Filers)						
	Sch: 39/99 Rpt:	Mantia, Morgan J. (The Honorable)		00086109						
4	Date	iyee name	·							
	08/21/2024	II, Desirae								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3,297.12	1 Taylor Street								
		Corpus Christi, TX 78401								
8	PURPOSE	ategory (See Categories listed at the top of this schee	dule) (b) Description							
	OF EXPENDITURE	ontributions/Donations Made By		tside of Texas. Complete Schedule T.						
		andidate/Officeholder/Political Commit	Sponsorship	^T X, officeholder living expense						
			Sponsorship							
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held										
	Date	iyee name								
	07/11/2024	ome Depot								
	Amount (\$)									
	\$1,081.42	05 W Morrison Rd								
		ownsville, TX 78520								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schered at the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of the top of top of the top of top of top of top of top of top of the top of	Check if travel ou	tside of Texas. Complete Schedule T. 'X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/Officeholder name Of	fice sought	Office held						
	Date	lyee name								
	08/28/2024	opdoddy Burger Bar								
	Amount (\$)	yee address; City; State;	Zip Code							
	\$20.97	002 South Staples Street STE A-1								
		orpus Christi, TX 78412								
	PURPOSE OF	ategory (See Categories listed at the top of this schere								
	EXPENDITURE	ood/Beverage Expense		tside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/Officeholder name Of	fice sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 40/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109			
4	Date 08/01/2024		Payee name Howell, Skyler							
6 Amount (\$) \$1,000.00 Donna, TX 78537 7 Payee address; City; State; Zip Code Donna, TX 78537										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Internship										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	09/03/2024		Howell, Skyler							
Amount (\$)Payee address;City;State;Zip Code\$1,000.001516 Washington Drive										
			Donna, TX 78537							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			de of Texas. Complete Schedule T. . officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	07/08/2024		IBC Bank							
	Amount (\$) \$0.41		Payee address; City; State; 1200 San Bernardo	Zip Co	de					
			Laredo, TX 78040							
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							officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhead/Ren xpense xpense Vages/Con	eimbursement ntal Expense ntract Labor his form.		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	· · · ·		•		3	Filer ID	(Ethics Commission Filers)	
-	Sch: 41/99 Rpt:		LaMantia, Morgan J. (The Honorable	e)			5	00086109		
4	Date	5	Payee name							
	08/07/2024		IBC Bank							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$10.80		1200 San Bernardo							
			Laredo, TX 78040							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	abadula)	(b) De	scription				
-	OF		Fees	chequie)			outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE					Check if Austin,	TX,	officeholder living	g expense	
					Fo	reign ATM	Tra	ansaction F	ee	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								eld		
	Date		Payee name							
	08/08/2024		IBC Bank							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$0.41		1200 San Bernardo	-, -						
	40111									
			Laredo, TX 78040							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this se Fees	chedule)		Check if Austin,	тx,	de of Texas. Com officeholder living ANSACtion Fe		
			en didate (Office la el de rue con	Office con	a la t			Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	igni			Office h	eia	
	Date		Payee name							
	08/26/2024		IBC Bank							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$12.00		1200 San Bernardo							
			Laredo, TX 78040							
	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b) De	scription				
	EXPENDITURE		Fees						nplete Schedule T.	
						arge Back		officeholder living	y expense	
						alye Dack	гe	6		
	Complete ONILV & diversit	Ľ	andidata/Office halder rearra	Office	a bt			0# '	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ignt			Office h	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/ Gift/A mittee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Guide explai	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:		· · · ·		·	3	Filer ID	(Ethics Commission Filers)			
	Sch: 42/99 Rpt:		an J. (The Honorabl	le)			00086109	`````			
4	Date	Payee name									
	08/26/2024	BC Bank									
6	Amount (\$)	\$) 7 Payee address; City; State; Zip Code									
	\$120.00	1200 San Berna	ırdo								
		_aredo, TX 7804	40								
8	PURPOSE	Category (See Cate	egories listed at the top of this	schedule)	(b) Description						
	OF EXPENDITURE	-ees					de of Texas. Com				
						ι, TX,	officeholder living	expense			
					Fees						
_				0.00			011				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	ider name	Office soug	Int		Office he	210			
	_										
	Date	Payee name									
	09/04/2024	BC Bank									
	Amount (\$)	Payee address;	City; Sta	ate; Zip Coo	le						
	\$35.00	1200 San Berna	ırdo								
		_aredo, TX 7804	40								
	PURPOSE	Category (See Cate	egories listed at the top of this	schedule)	(b) Description						
	OF EXPENDITURE	-ees					de of Texas. Com				
	_/					ι, TX,	officeholder living	expense			
					Wire Fee						
	Complete ONLY if direct	andidate/Officeho	ldor namo	Office soug	bt		Office he	ld			
	expenditure to benefit C/OI	anuidate/Oniceno		Onice soug	lin		Once ne				
_	Data										
	Date 09/05/2024	^p ayee name BC Bank									
				7.000	1-						
	Amount (\$)	Payee address;	-	ate; Zip Coo	le						
	\$35.00	1200 San Berna	liuu								
			10								
		_aredo, TX 7804	40	r							
	PURPOSE OF	,	egories listed at the top of this	schedule)	(b) Description	oute:	de of Texas. Com	alata Schadula T			
	EXPENDITURE	=ees					officeholder living				
					Wire Fee	, . ,					
	Complete ONLY if direct	andidate/Officeho	lder name	Office soug	ht		Office he	ld			
	expenditure to benefit C/OI			_							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)				
	Sch: 43/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 09/10/2024	Payee name IBC Bank					
6	Amount (\$) \$35.00	 Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040 					
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/10/2024	IBC Bank					
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/10/2024	IBC Bank					
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1200 San Bernardo					
		Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	In Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 44/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109					
4	Date	Payee name					
	09/12/2024	3C Bank					
6	Amount (\$)	ayee address; City; State; Z	p Code				
	\$35.00	200 San Bernardo					
		aredo, TX 78040					
8	PURPOSE OF	ategory (See Categories listed at the top of this schedule					
	EXPENDITURE	ees		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
			Wire Fee	, ,			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held			
	Date	ayee name					
	09/19/2024	3C Bank					
	Amount (\$)	ayee address; City; State; Z	p Code				
	\$35.00 1200 San Bernardo						
		aredo, TX 78040					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Offic	e sought	Office held			
	Date	ayee name					
	09/20/2024	3C Bank					
	Amount (\$)	ayee address; City; State; Z	p Code				
	\$35.00	200 San Bernardo					
		aredo, TX 78040					
	PURPOSE OF	category (See Categories listed at the top of this schedule	, ·				
	EXPENDITURE	ees		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OI	ndidate/Officeholder name Offic	e sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 45/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date	Payee name						
	09/24/2024	IBC Bank						
6	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1200 San Bernardo						
		Laredo, TX 78040						
8	PURPOSE OF EXPENDITURE	Fees Categories instea at the top of this schedule)						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/24/2024	IBC Bank						
	Amount (\$) \$35.00							
		Laredo, TX 78040						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/29/2024	IBIS Financial Group Inc						
	Amount (\$) \$250.00	Payee address;City;State;Zip Code29 Hacienda Drive						
		Laguna Vista, TX 78578						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T		Travel in District Travel Out of Dis	quipme strict	Expense nt & Related Expens ry not listed above)	e						
1 Total pages Se	chedule F1:	2	FILER NAM	E						3	Filer ID	(Ethio	cs Commission Fi	lers)
Sch: 46/9			LaMantia,		J. (The H	onorable)					00086109			
4 Date		5	Payee name											
08/27/2024					a Hispanica	a De Corp	ous Chris	ti						
6 Amount (\$)		7	Payee addre	ess;	City;	State;	; Zip Co	de						
	\$800.00		1617 N Ch				-							
				•										
			Corpus Ch	risti, TX	78401									
8 PURPOSE	Ξ		Category (s			top of this sch	adula)	(b)	Description					
OF					ations Mad		euule)			outsi	de of Texas. Com	plete Sc	chedule T.	
EXPENDITU	RE				older/Politio		ittee			, TX,	officeholder living	expens	se	
	Sponsorship													
				<u> </u>								-		
9 Complete <u>ONI</u> expenditure to			Candidate/Of	ficeholde	r name	C	Office sou	ght			Office he	eld		
Date		Γ	Payee name)										
07/01/2024			Internation	al Orde	r of the Alh	ambra Alv	va Carav	an N	No. 91					
Amount (\$) Payee address; City; State; Zip Code														
	\$200.00 2743 Old Spanish Trail													
				•										
		_	Brownsville					<u> </u>						
PURPOSE OF	Ξ		Category (S				edule)	(b)	Description	outsi	de of Texas. Com	nloto Sr	shadula T	
EXPENDITU	RE				ations Mad older/Politio		vittee	l			officeholder living			
			Culture	Chiese			litte	•	 Sponsorship					
Complete ONI			Candidate/Of	ficeholde	r name	C	Office sou	ght			Office he	eld		
expenditure to	benefit C/O	H												
Date		Γ	Payee name	3										
07/24/2024			JAG Educa	ation is (our Freedo	m Scholar	rship							
Amount (\$)		\square	Payee addre	ess;	City;	State;	; Zip Co	de						
	\$1,000.00		4009 D Oa	k Fores	st									
			Corpus Ch	risti, TX	78413									
PURPOSE	Ξ	(a)	Category (S	See Catego	ries listed at the	top of this sche	edule)	(b)	Description			· · ·		
OF EXPENDITU	RE				ations Mad						de of Texas. Com			
			Candidate/	Officen	older/Politio	cal Comm	ittee	I	Sponsorship	, TX,	officeholder living	expens	se	
									ομοιοσιοτημ					
Complete ONI	V if direct	L	Candidate/Of	ficeholde	or name		Office soug	aht			Office he	h		
expenditure to			Junulato, c .		, Humo	-	Jiioc 2022	Juc			01100	14		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 47/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109					
4	Date 08/19/2024	Payee name Jason's Deli					
6	Amount (\$) \$183.64	Payee address; City; State; Zip Code 4100 N 2nd Street, STE 100 McAllen, TX 78504					
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/08/2024	Johnson, Reed H.E.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$5,237.00	1122 Colorado St Ste 208 Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense bursement				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/01/2024	Johnson, Reed H.E.					
	Amount (\$) \$5,000.00	Payee address;City;State;Zip Code1122 Colorado St Ste 208					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ulting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	ense i	Loan Repayr Office Overh Polling Expe Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense ise inse es/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	? FILF		0p.a	01. 10		3	Filer ID	(Ethics Commission Filers)
-	Sch: 48/99 Rpt:		LaMantia, Morgan J. (The Honorable) 00086109						
4	Date 07/19/2024	-	Payee name Johnson, Reed H.E.						
6	Amount (\$) \$1,235.00	112	Payee address; City; State; Zip Code 1122 Colorado St Ste 208 Austin, TX 78701						
8	PURPOSE OF EXPENDITURE	Loan Renavment/Reimbursement							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Off	fice sough	t		Office he	ld
DatePayee name07/24/2024Johnson, Reed H.E.									
	Amount (\$) \$4,200.00	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the to n Repayment/Reimbursem		dule) (t		ı, TX,	de of Texas. Comp officeholder living I rSement	
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	Off	fice sough	t		Office he	ld
	Date	Pay	ee name						
	08/01/2024		nson, Reed H.E.						
	Amount (\$) \$5,000.00	-	ee address; City; 2 Colorado St Ste 208	State;	Zip Code	2			
			tin, TX 78701			-			
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the to sulting Expense	p of this sched	dule) (t		ı, TX,	de of Texas. Comp officeholder living ing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Off	fice sough	t		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)	
	Sch: 49/99 Rpt:		LaMantia, Morgan J. (The Honorable)	00086109				
4	Date	5	Payee name					
	08/07/2024		Johnson, Reed H.E.					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$4,175.00		1122 Colorado St Ste 208					
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Loan Repayment/Reimbursement				ide of Texas. Complete Schedule T. , officeholder living expense	
					General Reir			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name C)ffice sou	Jht		Office held	
	Date		Payee name					
	08/20/2024		Johnson, Reed H.E.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$3,346.50		1122 Colorado St Ste 208					
		<u> </u>	Austin, TX 78701					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Loan Repayment/Reimbursement	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense IISEMENT	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	ıht		Office held	
	Date		Payee name					
	08/28/2024		Johnson, Reed H.E.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$3,450.00		1122 Colorado St Ste 208					
			Austin, TX 78701					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Loan Repayment/Reimbursement				ide of Texas. Complete Schedule T. , officeholder living expense	
					General Reir			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Iht	_	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			<u> </u>	3	Filer ID (Ethics Commission Filers)	
	Sch: 50/99 Rpt:		_aMantia, Morgan J. (The Honorable)	00086109				
4	Date 09/03/2024		Payee name Johnson, Reed H.E.					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$2,635.00	:	1122 Colorado St Ste 208 Austin, TX 78701					
8	PURPOSE				(b) Description			
Ū	OF	Loan Renavment/Reimhursement						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	09/01/2024	.	Johnson, Reed H.E.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$5,000.00		1122 Colorado St Ste 208 Austin, TX 78701					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	09/13/2024		Johnson, Reed H.E.					
	Amount (\$) \$4,260.00		Payee address; City; State; 1122 Colorado St Ste 208	Zip Co	le			
		,	Austin, TX 78701					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Loan Repayment/Reimbursement	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense I ISEMENT	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Gift/Award Legal Ser	erage Expense ds/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 F					3	Filer ID (Ethics Commission Filers)
	Sch: 51/99 Rpt:		aMantia, Morgan	J. (The Honorabl	e)			00086109
4	Date		Payee name	x	,			
	09/18/2024	J	ohnson, Reed H.E	Ξ.				
6	Amount (\$)	7 P	Payee address; City; State; Zip Code					
	\$4,760.00	1	122 Colorado St S	Ste 208				
		A	ustin, TX 78701					
8	PURPOSE OF		Category (See Categor		schedule)	(b) Description		
	EXPENDITURE	L	oan Repayment/F	Reimbursement				ide of Texas. Complete Schedule T. , officeholder living expense
						General Reir		
						Conordinition		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Indidate/Officeholde	r name	Office soug	ht		Office held
	Date	F	ayee name					
	09/20/2024	k	kingsville ISD Edu	cation Foundation	l			
	Amount (\$)	F	ayee address;	City; Sta	te; Zip Coo	le		
	\$500.00		07 N 3rd St		, I			
		k	Kingsville, TX 7836	53				
	PURPOSE OF		Category (See Categor		schedule)	(b) Description		ide of Taura Consulta Cabadula T
	EXPENDITURE		Contributions/Dona Candidate/Officeho		mittee			ide of Texas. Complete Schedule T. , officeholder living expense
			anduate/Onicent		mmuee	Sponsorship	.,	,
						F		
	Complete ONLY if direct	Ca	undidate/Officeholde	r name	Office sou	iht		Office held
	expenditure to benefit C/OI	1				-		
-	Date	г	ayee name					
	07/23/2024		Geberg County De	emocratic Party				
					to: Zin Co	10		
	Amount (\$)		2	-	ite; Zip Coo	ie		
	\$250.00	, ,	00 E Kleberg Ave					
		k	(ingsville, TX 7836	53				
	PURPOSE OF		Category (See Categor		schedule)	(b) Description		
	EXPENDITURE		Contributions/Dona					ide of Texas. Complete Schedule T. , officeholder living expense
		Ľ	Candidate/Officeho	Dider/Political Con	millee	Sponsorship	I, IA,	, uniceriolder living expense
						opensorship		
-	Complete ONLY if direct		undidate/Officeholde	r name	Office sou	iht		Office held
	expenditure to benefit C/OI			i name		pric		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Oilling Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 52/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date	Payee name					
	09/03/2024	Lopez, Sarah					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	P.O. Box 202 Robstown, TX 78380					
0	DUDDOSE						
8	PURPOSE OF	 A) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel 	outside of Texas. Complete Schedule T.				
	EXPENDITURE		, TX, officeholder living expense				
		General Cons	sulting				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/16/2024	Lowe's					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$215.90 525 Ruben Torres Blvd						
		Brownsville, TX 78520					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/08/2024	ME-QR					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$13.50	7 Bell Yard					
		London Greater London WC2A 2JR United Kingdom					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
L	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)				
-	Sch: 53/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 08/08/2024	5 Payee name 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		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/05/2024	MailChimp					
	Amount (\$) \$303.81	Payee address; City; State; Zip Code 405 N Angier Ave NE					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense egislative Update Email				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/05/2024	MailChimp					
	Amount (\$) \$303.81	Payee address; City; State; Zip Code 405 N Angier Ave NE					
		Atlanta, GA 30308					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense egislative Update Email				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 54/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109			
4	Date 09/04/2024	Payee name MailChimp				
6	Amount (\$) \$303.81	Payee address; City; State; Zip Code 405 N Angier Ave NE Atlanta, GA 30308				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense NG			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/29/2024	Maiz Mexican Cuisine				
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 2370 Frontage Rd #1332 Brownsville, TX 78521				
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	utside of Texas. Complete Schedule T. FX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/24/2024	Maiz Mexican Cuisine				
	Amount (\$) \$1,569.63	Payee address;City;State;Zip Code2370 Frontage Rd #1332				
		Brownsville, TX 78521				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense t			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Of Po Pri Sa	fice Over olling Exp inting Exp alaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)		
	Sch: 55/99 Rpt:		LaMantia, Morgan J. (The Honorat	ole)				00086109			
4	Date 08/01/2024	5	Payee name Majic 104.9 FM								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
ľ	\$5,400.00	ľ	2209 N Padre Island Dr								
	43,400.00										
			Carrous Christi TV 70400								
		<u> </u>	Corpus Christi, TX 78408								
8	PURPOSE OF		Category (See Categories listed at the top of this	s schedule	e)	(b) Description					
	EXPENDITURE		Advertising Expense					side of Texas. Complet (, officeholder living ex			
						Radio Ads	, I.X.	, enconcider innig on			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offic	e soug	ht		Office held			
	Date		Payee name								
	08/04/2024		Majic 104.9 FM								
	Amount (\$)		Payee address; City; St	ate; Z	ip Coo	le					
	\$5,400.00		2209 N Padre Island Dr								
			Corpus Christi, TX 78408								
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedul	e)	(b) Description					
	OF EXPENDITURE		Advertising Expense					side of Texas. Complet (, officeholder living ex			
						Radio Ads	I, I A	, onceroider living ex	pense		
						Radio Aus					
	Complete ONLY if direct		andidate/Officeholder name	Offic	e soug	ht		Office held			
	expenditure to benefit C/OI		anduate/Onicenoider name	Onic	e soug	int		Onice heid			
_		<u> </u>									
	Date		Payee name Mariscos Lauro Villar								
	09/03/2024					-					
	Amount (\$)			ate; Z	ip Coo	le					
	\$94.27		354 E Elizabeth St								
			Brownsville, TX 78520								
	PURPOSE OF		Category (See Categories listed at the top of this	s schedul	e)	(b) Description					
	EXPENDITURE		Food/Beverage Expense					side of Texas. Complet			
						Staff Lunch	1, 1 A		pense		
-	Complete ONLY if direct	L	andidate/Officeholder name	Offic	e soug	ht		Office held			
	expenditure to benefit C/OI			Cint	30uy						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			nmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 56/99 Rpt:		LaMantia, Morgan J. (The Hono	00086109						
4	Date	5	Payee name							
	07/11/2024		Mc2 McCumber Productions							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$450.00		750 E Los Ebanos Blvd STE A							
			Brownsville, TX 78520							
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this sched	Jule)	b) Description				
	OF EXPENDITURE		Advertising Expense		,			ide of Texas. Complete Schedule T.		
							n, TX,	, officeholder living expense		
						Radio Ads				
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held		
	Date		Payee name							
	09/06/2024		McCoy's Building Supply							
	Amount (\$)		Payee address; City;	State;	Zip Coo	e				
	\$1,080.34		3601 West Expressway 83							
			Harlingen, TX 78552							
	PURPOSE OF	(a)	Category (See Categories listed at the top o	f this sched	lule)	b) Description				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						T posts	1, 1 A	, unceriolder living expense		
						1 00313				
_	Complete ONLY if direct		Candidate/Officeholder name	Off	fice soug	ht		Office held		
	expenditure to benefit C/OI			- On	nee eeug					
	Date		Payee name							
	07/30/2024		Mercedes High School							
	Amount (\$)		Payee address; City;	State;	Zip Coo	e				
	\$150.00		1200 South Florida Avenue							
			Mercedes, TX 78570							
	PURPOSE	(a)	Category (See Categories listed at the top o	f this sched	lule)	b) Description				
	OF EXPENDITURE		Contributions/Donations Made B					ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political	Commit	tee		ι, TΧ,	, officeholder living expense		
						Sponsorship				
		Ľ	Condidate (Office holder rame	0"	fina carre	b+		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Uff	fice soug	n		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense							
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 57/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109								
4	Date 07/26/2024	Payee name Michaels								
6	Amount (\$) \$45.84	ayee address; City; S 400 Brodie Ln STE 350 ustin, TX 78745	tate; Zip Code							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Materials								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	07/29/2024	lichaels								
	Amount (\$) \$78.72	400 Brodie Ln STE 350	tate; Zip Code							
	PURPOSE OF EXPENDITURE	ustin, TX 78745 ategory _{(See Categories listed at the top of th} office Overhead/Rental Expense		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ice Materials						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	08/23/2024	lichaels								
	Amount (\$) \$16.21	ayee address; City; S 400 Brodie Ln STE 350	itate; Zip Code							
		ustin, TX 78745	i							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th office Overhead/Rental Expense		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ice Materials						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 58/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 08/29/2024	Payee name Michaels							
6	Amount (\$) \$140.80	Payee address; City; State; Zip Code 5400 Brodie Ln STE 350 Austin, TX 78745							
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 08/29/2024	Payee name Michaels							
	Amount (\$) \$140.80	Payee address; City; State; Zip Code 5400 Brodie Ln STE 350 Austin, TX 78745							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 09/09/2024	Payee name Michaels							
	Amount (\$) \$27.54	Payee address; City; State; Zip Code 5400 Brodie Ln STE 350							
		Austin, TX 78745 A) Category (See Categories listed at the top of this schedule) (b) Description							
	PURPOSE OF EXPENDITURE	utside of Texas. Complete Schedule T. FX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 59/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date 09/12/2024	Payee name Michaels								
6	Amount (\$) \$82.69	Payee address; City; State; Zip Code 5400 Brodie Ln STE 350 Austin, TX 78745								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/17/2024	Michaels								
	Amount (\$) \$44.93	Payee address; City; State; Zip Code 5400 Brodie Ln STE 350 Austin, TX 78745								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense S							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/17/2024	Michaels								
	Amount (\$) \$49.85	Payee address; City; State; Zip Code 5400 Brodie Ln STE 350								
		Austin, TX 78745								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense S							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CA	TEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)		
1	Sch: 60/99 Rpt:		aMantia, Morgan J. (The Hono	rable)				00086109		
4	Date	5	Payee name							
	07/23/2024		Minute Key							
6	Amount (\$) \$25.98		Payee address; City; State; Zip Code 2205 Ruben Torres Brownsville, TX 78520							
		<u> </u>			r					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Keys								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held		
	Date		Payee name							
	09/23/2024		Minute Key							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$8.66		2205 Ruben Torres Brownsville, TX 78520							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held		
	Date		Payee name							
	09/23/2024	1	Vinute Key							
	Amount (\$) \$4.33		Payee address; City; 2205 Ruben Torres	State;	Zip Coo	le				
			Brownsville, TX 78520							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ht		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
	Sch: 61/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date 09/23/2024	Payee name Minute Key								
6	Amount (\$) \$4.33	Payee address; City; State; Zip Code 2205 Ruben Torres Brownsville, TX 78520								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Pental Evnanse								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/06/2024	Mis Tres Amores								
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 28 Cela Avenue Brownsville, TX 78520								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	uutside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/16/2024	Montelango, Jocelyn								
	Amount (\$) \$305.74	Payee address; City; State; Zip Code 875 Pine More Drive								
		Brownsville, TX 78526								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense bursement							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 62/99 Rpt:		ntia, Morgan J. (The Ho	onorable)				00086109		
4	Date	Payee	name							
	08/20/2024	Mood	Moody Clinic							
6	Amount (\$)	Payee	address; City;	State;	; Zip Code	9				
	\$200.00	1901	1901 E 22nd Street							
		Browr	sville, TX 78521							
8	PURPOSE	a) Catego	Ory (See Categories listed at the	ton of this sch	edule) (I) Description				
	OF		butions/Donations Mad		(Cuule)		outs	ide of Texas. Comple	te Schedule T.	
	EXPENDITURE		date/Officeholder/Politic		ittee		n, TX	, officeholder living ex	pense	
						Sponsorship				
9	Complete ONLY if direct	Candida	te/Officeholder name	C	Office sough	ıt		Office held		
	expenditure to benefit C/OI									
	Date	Payee	name							
	08/29/2024	Murph	iy USA							
	Amount (\$)	Pavee	address; City;	State:	Zip Code	9				
	\$85.07	2	Ed Carey Dr	,						
		Harlin	gen, TX 78550							
	PURPOSE	a) Catego	ory (See Categories listed at the	top of this sch	edule) (k) Description				
	OF EXPENDITURE	Trave	In District				ravel outside of Texas. Complete Schedule T.			
	-	Check if Austin, TX, officeholder living expense						pense		
						Fuel				
	Complete ONIL V if direct	Condida	te/Officeholder name			+		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Canulua	le/Onicenoider name	Ċ	Office sough	Construction Office held				
_										
	Date	Payee								
	07/11/2024		es County Democratic P	-						
	Amount (\$)		address; City;	State;	; Zip Code	9				
	\$1,000.00	6102	Ayers St #107							
		Corpu	s Christi, TX 78415							
	PURPOSE	a) Catego	ory (See Categories listed at the	top of this sch	edule) (k) Description				
	OF EXPENDITURE		butions/Donations Mad					ide of Texas. Comple		
		Candi	date/Officeholder/Politic	al Comm	ittee		ı, TX	, officeholder living ex	kpense	
						Sponsorship				
	0	<u> </u>		-						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candida	te/Officeholder name	C	Office sough	IT		Office held		
	,									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense		pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 63/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109		
4	Date	5	Payee name			1			
	07/11/2024		Nueces County Sheriff Officers' Association						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$1,000.00		3122 Leopard St						
			Corpus Christi, TX 78408						
8	PURPOSE		Category (See Categories listed at the top of this sche	(de la)	(b) Description				
-	OF		Contributions/Donations Made By	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		n, TX,	, officeholder living expense		
					Sponsorship				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	,ht		Office held		
	Date		Payee name						
	07/01/2024		O'Bell, Ruben						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$1,000.00		4681 Larkspur Drive						
			Brownsville, TX 78526						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense		
					Contract Lab				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held		
-	Date		Payee name						
	07/22/2024		O'Bell, Ruben						
_	Amount (\$)			Zip Co	<u>ام</u>				
	\$1,000.00		4681 Larkspur Drive	2ip 00	16				
	\$1,000.00								
			Brownsville, TX 78526						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense		
					Contract Lab		, officeholder living expense		
					Contract Eas				
	Complete ONLY if direct		Candidate/Officeholder name O	iffice sour	iht		Office held		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held								

		EXPENDITURE CATEGORIES FOR BO	DX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaymer Fees Office Overheas Food/Beverage Expense Polling Expense Gift/Jwards/Memorials Expense Printing Expens	nt/Reimbursement Solicitation/Fundraising Expense J/Rental Expense Transportation Equipment & Related Expense Travel in District /Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 64/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109								
4	Date 09/01/2024	Payee name O'Bell, Ruben								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,000.00	4681 Larkspur Drive Brownsville, TX 78526								
8	PURPOSE	Cotogony	Description							
0	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. Check if Austin, TX, officeholder living expense Contract Labor 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/22/2024	Panda Express								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$35.07	1435 Frontage Rd Brownsville, TX 78520								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/01/2024	Pereida, Jose								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,200.00	3725 Amanda Lane								
		Robstown, TX 78380								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Polling Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 65/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109									
4	Date 08/01/2024	Payee name Pereida, Jose									
6	Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 3725 Amanda Lane								
		Robst	Robstown, TX 78380								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office sou	ht		Office held			
	Date	Payee	name								
	09/01/2024	Perei	da, Jose								
	Amount (\$)	Payee	address; City;	State;	Zip Co	le					
	\$1,200.00		Amanda Lane		·						
		Robst	town, TX 78380								
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the tries/Wages/Contract Labo		edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Dffice sou	ht		Office held			
	Date	Payee	name								
	09/19/2024		da, Jose								
	Amount (\$)	Payee	address; City;	State;	; Zip Co	le					
	\$1,000.00	3725	Amanda Lane		·						
			town, TX 78380								
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the t Repayment/Reimbursen		edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ursement			
	Complete ONLY if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Dffice sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 66/99 Rpt:		LaMantia, Morgan J. (The Honora	able)				00086109		
4	Date	5	Payee name							
	08/16/2024		Personalized Promotions							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$234.17		7605 Stoneywood Drive							
			Austin, TX 78731							
8	PURPOSE	(2)			(h)	Description				
0	OF	[(a)	Category (See Categories listed at the top of the Advertising Expense	his schedule)		Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense					officeholder living expense		
						Gavel Pencils				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bught			Office held		
	Date		Payee name							
	09/09/2024		Pizza Hut							
	Amount (\$)	┢	Payee address; City; S	State; Zip C	Code					
	\$32.95		1175 E Alton Gloor Blvd	····, p						
	402.00									
			Brownsville, TX 78526							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
						Staff Lunch	, IX,	officeholder living expense		
						Stall Lunch				
	Operation ONITY if all a st			0.45				Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	Jugni			Office held		
		-								
	Date		Payee name							
	08/16/2024		Port Aransas South Jetty							
	Amount (\$)		Payee address; City; S	State; Zip C	Code					
	\$994.10		P.O Box 1117							
			Port Aransas, TX 78373							
-	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(b)	Description				
	OF		Advertising Expense				outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		5 1 5 1					officeholder living expense		
						Newspaper A	٩dv	ertisement		
	Complete ONLY if direct		Candidate/Officeholder name	Office so	bught			Office held		
	expenditure to benefit C/OI	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 67/99 Rpt:		LaMantia, Morgan J. (The Honor	00086109							
4	Date	5	Payee name								
	09/05/2024		Portland Texas Chamber Of Commerce								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$350.00	\$350.00 1211 US Hwy 181									
		Portland, TX 78374									
8	PURPOSE	(a)	Category (See Categories listed at the top of	this scho	odulo)	b) Description					
	OF		Fees	1113 30110			outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE							, officeholder living expense			
						Membership	Du	es			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office soug	ht		Office held			
	Date		Payee name								
	09/19/2024		Portland Texas Chamber Of Com	merce	е						
	Amount (\$)	┢	Payee address; City;	State:	Zip Co	le					
	\$750.00		1211 US Hwy 181	,	·						
			Portland, TX 78374								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	b) Description					
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense			
						Membership					
						Membership	Du				
_	Complete ONLY if direct		Candidate/Officeholder name	0)ffice souc	ht		Office held			
	expenditure to benefit C/OI			-							
_	Date	Г	Payee name								
	08/19/2024		RGV Media Group, LLC								
	Amount (\$)		•	State [.]	Zip Coo	le					
	\$389.70		2100 Central Blvd	otato,	p 000						
			Brownsville, TX 78520								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	b Description					
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
	Promotion Materials										
		Ľ	Sandidata (Office holder rame	~	uffico com	bt.		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	O	office soug	m		Office held			
	-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office (Polling Printing Salarie	Overhe Expen S/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 68/99 Rpt:		LaMantia, Morgan J. (The Honorab	le)				00086109
4	Date	5	Payee name					
	07/09/2024		RGV Media Group, LLC					
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip (Code			
	\$127,500.00		2100 Central Blvd					
		Brownsville, TX 78520						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b) Description		
	OF		Consulting Expense	Seliculey			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		2 .					, officeholder living expense
						Canvassing	Pro	gram
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ough	t		Office held
	Date		Payee name					
	09/12/2024		RGV Media Group, LLC					
	Amount (\$)		Payee address; City; Sta	ate; Zip (Code	!		
	\$127,500.00		2100 Central Blvd	· •				
	+==:,000.00							
			Brownsville, TX 78520					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b	Description		ide of Taura Complete Cale dula T
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Canvassing		
						e an accord		9.0
-	Complete ONLY if direct		Candidate/Officeholder name	Office s	l ouah	t		Office held
	expenditure to benefit C/Oł			0	e agri			
-	Date		Payee name					
	09/03/2024		Rancho Viejo Resort & Country Club	0				
-	Amount (\$)			ate; Zip (Code			
	\$268.12		1 Rancho Viejo Dr	αιε, Ζιρ (Joue			
	Ψ200.12							
			Rancho Viejo, TX 78575					
-	PURPOSE	(a)	Category (See Categories listed at the top of this	schodulo)	(h) Description		
	OF	Ľ	Event Expense	senedule)	Ì		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense
						Room Renta	I	
	Complete ONLY if direct		Candidate/Officeholder name	Office s	ough	t		Office held
	expenditure to benefit C/OI	H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			erhead/Rental Expense kpense xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID) (Ethics Commission Filers)		
	Sch: 69/99 Rpt:		LaMantia, Morgan J. (The Honorable)			00086			
4	Date	5	Payee name						
	09/13/2024		Rancho Viejo Resort & Country Club						
6	Amount (\$)	7	-	; Zip Co	ode				
	\$1,207.28		1 Rancho Viejo Dr						
			Rancho Viejo, TX 78575						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Event Expense	,			as. Complete Schedule T.		
	EXPENDITORE						ler living expense		
					Food for Eve	nt			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight	Off	fice held		
_	Date	<u> </u>	D						
			Payee name						
	07/11/2024		Reyna's BBQ						
	Amount (\$)			; Zip Co	ode				
	\$302.79 812 I-2								
			Weslaco, TX 78596						
	PURPOSE	(0)			(b) December 1				
	OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	outside of Texa	as. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense				ler living expense		
					Staff Lunch				
	Complete ONLY if direct	(Candidate/Officeholder name C	Office sou	ıght	Off	fice held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	07/15/2024		Reyna's BBQ						
	Amount (\$)		Payee address; City; State;	; Zip Co	ode				
	\$129.77		812 -2						
			Weslaco, TX 78596						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				as. Complete Schedule T.		
							ler living expense		
	Sponsorship Meals								
_									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıght	Off	fice held		
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense		nse ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 70/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109		
4	Date 07/16/2024	5	Payee name Reyna's BBQ						
6	Amount (\$) \$86.52	7	Payee address; City; State; 2 812 I-2 Weslaco, TX 78596	Zip Cod	e				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Food/Beverage Expense	ule) (, TX,	de of Texas. Complete Schedule T. officeholder living expense a ls		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	nt		Office held		
	Date		Payee name						
	08/05/2024		Rico Rollo						
	Amount (\$)		Payee address; City; State; 2	Zip Cod	е				
	\$30.00		1746 Central Blvd Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Food/Beverage Expense	ule) (de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	nt		Office held		
	Date		Payee name						
	08/08/2024		Rivera High School Cheerleading Progra	m					
	Amount (\$) \$200.00		Payee address; City; State; 2 6955 FM 802	Zip Cod	e				
			Brownsville, TX 78526						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committee				de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 71/99 Rpt:	LaMantia, Morgan J. (The Honorable) 00086109								
4 Date	5 Payee name								
08/15/2024	Rivera High School Cheerleading Program								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$150.00	6955 FM 802								
	Brownsville, TX 78526								
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.								
EXFENDITORE	Check if Austin, TX, officeholder living expense								
	Page Ad								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
07/11/2024	Robledo , Mike								
Amount (\$)	Payee address; City; State; Zip Code								
\$10,000.00	914 S. 15th St								
	McAllen, TX 78501								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
	Concret Concutting								
	General Consulting								
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	5								
Dete									
Date 08/17/2024	Payee name Robledo , Mike								
Amount (\$)	Payee address; City; State; Zip Code								
\$11,000.00	914 S. 15th St								
	McAllen, TX 78501								
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								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	5								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Imittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2				• • • • • •	3	Filer ID (Ethics Commission Filers)	
1	Sch: 72/99 Rpt:		LaMantia, Morgan J. (The Honorable) 00086109						
4	Date	5	Payee name						
	09/19/2024		Robledo , Mike						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$12,500.00		914 S. 15th St						
			McAllen, TX 78501						
8	PURPOSE	<u> </u>				(b) Description			
°	OF	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Consulting Expense					, officeholder living expense	
						General Con			
								5	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office held	
	Date		Payee name						
	09/06/2024		Roosters Eatery						
			-	01-1-1	7: 0	-1 -			
	Amount (\$)		Payee address; City;		; Zip Co	de			
	\$98.03		3000 Pablo Kisel Blvd STE 200)E					
			Brownsville, TX 78526						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	ght		Office held	
	Date		Payee name						
	08/19/2024		Rosers, Victoria						
	Amount (\$)	\vdash	Payee address; City;	State	; Zip Co	de			
	\$250.00		15837 Grenadine	,	,p				
	\$200.00								
			Corpus Christi, TX 78418						
	PURPOSE		Category (See Categories listed at the top		edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politica		nittee		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)			
-	Sch: 73/99 Rpt:		LaMantia, Morgan J. (The Honorable)	00086109						
4	Date		Payee name							
	09/13/2024		Saint Joseph Academy							
6	Amount (\$)			Zip Co	de					
	\$250.00	50.00 101 Saint Joseph Drive								
			Brownsville, TX 78520							
8	PURPOSE	(a)			(b) Description					
ľ	OF		Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austin	, тх,	officeholder living expense			
					Sponsorship					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	07/11/2024		Salinas, Obidio							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$297.69		202 Janet Circle South							
			La Feria, TX 78559							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Loan Repayment/Reimbursement				de of Texas. Complete Schedule T. officeholder living expense			
					General Rein					
	Complete ONLY if direct		Candidate/Officeholder name O	office sour	aht		Office held			
	expenditure to benefit C/OI	Η			-					
	Date		Payee name							
	08/27/2024		Salinas, Obidio							
-	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$123.65		202 Janet Circle South							
			La Feria, TX 78559							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Loan Repayment/Reimbursement				de of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense General Reimbursement								
					General Kelli	100	isoment .			
	Complete ONLY if direct		Candidate/Officeholder name O	office sour	aht		Office held			
	expenditure to benefit C/Oł			mice sou	ynt					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 74/99 Rpt:	La	aMantia, Morgan J.	(The Honorable)				00086109	
4	Date 07/01/2024		ayee name anchez, Romo						
6	Amount (\$) \$2,500.00	67	ayee address; Ci 73 Webb St ercedes, TX 78570		; Zip Coo	le			
8	PURPOSE OF EXPENDITURE		ategory _{(See Categories} alaries/Wages/Con		edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder r	ame C	Office soug	ht		Office held	
	Date	Pa	ayee name						
	08/01/2024	Sa	anchez, Romo						
	Amount (\$)	Pa	ayee address; Ci	y; State;	Zip Coo	le			
	\$2,500.00		73 Webb St ercedes, TX 78570	1					
	PURPOSE OF EXPENDITURE		ategory _{(See Categories} alaries/Wages/Con		edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder r	iame C	Office soug	ht		Office held	
	Date	Pa	ayee name						
	09/01/2024		anchez, Romo						
	Amount (\$) \$2,500.00		ayee address; Ci 73 Webb St	y; State;	; Zip Coc	le			
			ercedes, TX 78570		i				
	PURPOSE OF EXPENDITURE		ategory _{(See Categories} alaries/Wages/Con		edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder r	iame C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Cabadula F1	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
L.	Total pages Schedule F1: Sch: 75/99 Rpt:	LaMantia, Morgan J. (The Honorable)	B Filer ID (Ethics Commission Filers) 00086109 00086109						
4	Date 08/06/2024	Payee name Shipt							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$192.24	420 20th Street N #100							
		Birmingham, AL 35203							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		ıtside of Texas. Complete Schedule T. FX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/08/2024	Shipt							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$164.03	420 20th Street N #100							
		Birmingham, AL 35203							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/06/2024	Solice - Full Color Digital Signs							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$161.00	340 Paredes Line Road STE A							
		Brownsville, TX 78521							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGO	RIES FO	R B	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 76/99 Rpt:		LaMantia, Morgan J. (The Honorable	00086109						
4	Date 08/05/2024		Payee name Sora Sushi Fusion Bar							
6	Amount (\$) \$87.65		7 Payee address; City; State; Zip Code 3231 Pablo Kisel Blvd Brownsville, TX 78526							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	07/18/2024		Spectrum							
	Amount (\$) \$125.65		Payee address; City; Stat 400 Washington Blvd Stamford, CT 06902	e; Zip Co	ode					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	09/03/2024		Spectrum							
	Amount (\$) \$125.65		Payee address; City; Stat 400 Washington Blvd	e; Zip Co	ode					
			Stamford, CT 06902		-					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide 6		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract La	oense abor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Tatal pages Cabadula F1.			слріаніз	1000 10 001				Filer ID (Ethios Commission Filer	
1	Total pages Schedule F1: Sch: 77/99 Rpt:		LaMantia, Morgan J. (The Hon	orable)					Filer ID (Ethics Commission Filers 00086109	5)
4	Date	5	Payee name							
	07/15/2024		Staples Inc							
6	Amount (\$) \$69.27	7	Payee address; City; State; Zip Code 2436 Pablo Kisel Blvd							
			Brownsville, TX 78526							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		iedule)		if travel o if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	Jht			Office held	
	Date		Payee name							
	07/19/2024		Staples Inc							
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$11.37		2436 Pablo Kisel Blvd Brownsville, TX 78526							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		nedule)		if travel o if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht			Office held	
	Date		Payee name			-				_
	07/19/2024		Staples Inc							
	Amount (\$) \$33.55		Payee address; City; 2436 Pablo Kisel Blvd	State;	; Zip Co	le				
			Brownsville, TX 78526							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		nedule)		if travel o if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	Jht			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 78/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 07/30/2024	Payee name Staples Inc							
6	Amount (\$) \$101.01	Payee address; City; State; Zip Code 2436 Pablo Kisel Blvd Brownsville, TX 78526							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/11/2024	Sunco							
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 8020 Park Ln							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/15/2024	Target							
	Amount (\$) \$15.00	Payee address;City;State;Zip Code2300 W Ben White Blvd							
		Austin, TX 78704							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense IS						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exp nittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
1	Sch: 79/99 Rpt:		aMantia, Morgan J. (The Ho	onorable)			J	00086109
4	Date	5 F	Payee name					
	07/15/2024		Target					
6	Amount (\$)	7 F	Payee address; City;	State;	Zip Co	le		
	\$234.55	2	2300 W Ben White Blvd					
		4	Austin, TX 78704					
8	PURPOSE	(a) (Category (See Categories listed at the t	op of this sch	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expe		,	Check if travel		ide of Texas. Complete Schedule T.
								, officeholder living expense
						Office Materi	ais	
_						• -		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name		Office sou	Int		Office held
	Date	F	Payee name					
	07/23/2024		Target					
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le		
	\$4.33	2	2300 W Ben White Blvd					
		,	Austin, TX 78704					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Office Overhead/Rental Expe		edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office held
	Date	F	Payee name					
	07/25/2024		Target					
	Amount (\$)	F	Payee address; City;	State:	Zip Co	le		
	\$40.39		2300 W Ben White Blvd	,				
		4	Austin, TX 78704					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Office Overhead/Rental Expe		edule)			ide of Texas. Complete Schedule T.
						Check if Austir Office Materi		, officeholder living expense
	Complete ONLY if direct		andidate/Officeholder name		Office sou	iht		Office held
	expenditure to benefit C/OF				21100 3000			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 80/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109
4	Date	5	Payee name				
	08/14/2024		Target				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$60.58		2300 W Ben White Blvd				
			Austin, TX 78704				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	,			ide of Texas. Complete Schedule T.
							, officeholder living expense
					Office Materi	ais	
0	Complete ONIL V if direct		Condidate/Officeholder.nome)ffiag gou	vh+		Office held
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date		Payee name				
	08/15/2024 Target						
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$9.73		2300 W Ben White Blvd				
			Austin, TX 78704				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	n, TX	, officeholder living expense
					Office Materi	als	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	08/26/2024		Target				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$16.23		2300 W Ben White Blvd	·			
			Austin, TX 78704				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	out-	ide of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense				, officeholder living expense
					Office Materi		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Н					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 81/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date 08/30/2024	Payee name Target						
6	Amount (\$) \$54.46	7 Payee address; City; State; Zip Code 46 2300 W Ben White Blvd Austin, TX 78704						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Materials 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/10/2024	Target						
	Amount (\$) \$133.66							
	PURPOSE OF EXPENDITURE		on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense laterials					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/10/2024	Target						
	Amount (\$) \$13.37	Payee address; City; State; Zip Code 2300 W Ben White Blvd						
		Austin, TX 78704						
	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense laterials					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nittee Gift/Awa	verage Expense ds/Memorials Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 82/99 Rpt:		J. (The Honorable)			00086109	
4	Date 09/11/2024	Payee name Farget					
6	Amount (\$)		City; State;	· Zin Code			
Ū	\$62.24						
8	PURPOSE	Category (See Catego	ries listed at the top of this sch	(b) Description		
	OF EXPENDITURE	Event Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholde	er name C	Office sough	t	Office h	eld
	Date	Payee name					
	09/16/2024	- arget					
	Amount (\$)	Payee address;	City; State;	; Zip Code	!		
	\$59.39	2300 W Ben White Austin, TX 78704					
	PURPOSE OF EXPENDITURE	Category (See Catego Event Expense	ries listed at the top of this sch	ledule) (b		outside of Texas. Cor n, TX, officeholder livin als	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholde	er name C	Office sough	t	Office h	eld
	Date	ayee name					
	09/18/2024	Target					
	Amount (\$) \$267.00	Payee address; 2300 W Ben White	-	; Zip Code			
		Austin, TX 78704					
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Event Expense	ries listed at the top of this sch	edule) (b		outside of Texas. Cor n, TX, officeholder livin als	
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholde	er name C	Office sough	t	Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 83/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109
4	Date 09/20/2024	5	Payee name Target				
6	Amount (\$)	7		Zip Co			
ľ	\$21.80	ľ	2300 W Ben White Blvd	Zip 00			
	Ψ21.00						
			Augtin TV 20204				
			Austin, TX 78704				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Event Expense				de of Texas. Complete Schedule T. , officeholder living expense
					Event Materi		
9	Complete ONLY if direct		Candidate/Officeholder name C) Office sou	aht		Office held
	expenditure to benefit C/OI	H		·			
	Date		Payee name				
	09/24/2024		Target				
	Amount (\$) Payee address; City; State; Zip Code						
	\$71.82		2300 W Ben White Blvd	2.p 00			
	φ71.0Z						
			Austin, TX 78704				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Event Expense				de of Texas. Complete Schedule T. officeholder living expense
					Event Materi		onicenoider living expense
						ais	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ht		Office held
	expenditure to benefit C/OI				jit		
_	Date		Payoo namo				
	07/30/2024		Payee name TargetSmart Communications				
_			-	Zin Co			
	Amount (\$) \$48,000.00		Payee address; City; State; P.O. Box 719441	Zip Co	le		
	\$40,000.00		F.O. B0X /19441				
			Philadelphia, PA 19171				
	DUDDOOF		•	i	(L-) - · · ·		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description Check if travel	0Utsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense				officeholder living expense
					Polls		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	yht		Office held
	expenditure to benefit C/OI	4					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 84/99 Rpt:		LaMantia, Morgan J. (The Honorable	e)				00086109
4	Date	5	Payee name					
	09/20/2024		TargetSmart Communications					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$60,000.00		P.O. Box 719441					
			Philadelphia, PA 19171					
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Consulting Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.
								officeholder living expense
						District Mode	ling	j Survey
_				0.00				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	07/16/2024		Teddlie Stuart Media Partners, Inc.					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$39,088.00 511 Washburn St							
		<u> </u>	Taylor, TX 76574		4			
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b)	Description	outei	de of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense					officeholder living expense
						Radio Ads		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	i ught			Office held
	Date		Payee name					
	09/10/2024		Teddlie Stuart Media Partners, Inc.					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$445,000.00		511 Washburn St					
			Taylor, TX 76574					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.
	-					Television Pla		officeholder living expense
							aue	anent
_	Complete ONUV if direct	Ľ	andidata/Officabalder same	Office act	l abt			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 85/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date	Payee name					
	09/19/2024	Teddlie Stuart Media Partners, Inc.					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$491,016.21	511 Washburn St					
		Taylor, TX 76574					
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Television Pla	cement				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
9	expenditure to benefit C/OI	Candidate/Onicenoider name Onice sought	Onice neid				
	Date	Payee name					
	07/31/2024	Texas A&M Kingsville Athletics					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,000.00	700 University Blvd MSC 202					
		Kingsville, TX 78363					
	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Sponsorship					
		Candidate/Officeholder name Office sought					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Data						
	Date 07/15/2024	Payee name Texas Senate					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$603.75	1200 Congress Ave					
		Austin, TX 78701					
	PURPOSE OF	b) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Γιαθο					
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)				
1	Sch: 86/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 08/14/2024	5 Payee name Texas Senate					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$40.00 400 Congress Ave Austin, TX 78701						
8	PURPOSE OF EXPENDITURE	Office Overhead/Pental Expanse					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/01/2024	Texas Street Festival					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 400 South Ohio Mercedes, TX 78570					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/30/2024	The 83 Winery					
	Amount (\$) \$761.26	Payee address;City;State;Zip Code9211 US-83 BUS					
		Harlingen, TX 78552					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 87/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date 07/22/2024	5 Payee name The Grafik Spot						
6	Amount (\$) \$121.78							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if Austin, TX, officeholder living expense Campaign Shirts Check if Austin, TX, officeholder living expense							
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	08/28/2024	The Kingsville Record						
	Amount (\$) \$47.00							
		Kingsville, TX 78364						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ivertisement					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/23/2024	The Texan						
	Amount (\$) \$10.00	Payee address;City;State;ZipCode1011 San Jacinto Blvd STE 315						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense Ibscription					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)				
1	Total pages Schedule F1:	EILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 88/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 08/22/2024	Payee name The Texan					
6	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1011 San Jacinto Blvd STE 315 Austin, TX 78701					
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 Newspaper Subscription					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/23/2024	The Texan					
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1011 San Jacinto Blvd STE 315 Austin, TX 78701					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/29/2024	Thurmond Eye Associates					
	Amount (\$) \$251.00	Payee address; City; State; Zip Code 2230 S 77 Sunshine Strip					
		Harlingen, TX 78550					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)
	Sch: 89/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109
4	Date	5	Payee name			<u> </u>	
	08/08/2024		Tino Villarreal Campaign				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$500.00		255 Las Villas Ave				
			Brownsville, TX 78526				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
	OF		Contributions/Donations Made By	Judic)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		ı, TX	, officeholder living expense
					Contribution		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	09/18/2024		Tuckers BBQ				
	Amount (\$) Payee address; City; State; Zip Code						
	\$61.10 200 S. 16th St.						
			Raymondville, TX 78580				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.
						ı, TX	, officeholder living expense
					Staff Lunch		
			And the second				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Int		Office held
_	-	1					
	Date		Payee name				
	09/18/2024		Tuckers BBQ				
	Amount (\$)			Zip Co	le		
	\$12.64		200 S. 16th St.				
			Raymondville, TX 78580				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Staff Lunch	1, 1 A	oncenduer inving expense
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name O	office sou	iht		Office held
	expenditure to benefit C/Oł		······································		, -		
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense ws/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)			
-	Sch: 90/99 Rpt:	aMantia, Morgan J. (The Honorable)		00086109			
4	Date 07/29/2024	ayee name I-Haul					
6	Amount (\$)	ayee address; City; State; Zip	Code				
ľ	\$115.89	400 Boca Chica Blvd	Couc				
	\$110.00						
		rownsville, TX 78521					
8	PURPOSE OF	ategory (See Categories listed at the top of this schedule)	(b) Description				
	EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
			Storage				
			Clorage				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name Office s	ought	Office held			
	Date	ayee name					
	08/16/2024	ISPS					
			o . I				
	Amount (\$)	ayee address; City; State; Zip	Code				
	\$73.00	535 E Los Ebanos Blvd					
		rownsville, TX 78520					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name Office s	ought	Office held			
	Date	ayee name					
	07/11/2024	lber Eats					
	Amount (\$)	ayee address; City; State; Zip	Code				
	\$88.38	455 Market St #400	0000				
	\$00.00						
		an Francisco, CA 94103	_				
	PURPOSE OF	ategory (See Categories listed at the top of this schedule)	(b) Description				
	EXPENDITURE	ood/Beverage Expense		outside of Texas. Complete Schedule T. I, TX, officeholder living expense			
-	Complete ONLY if direct	ndidate/Officeholder name Office s		Office held			
	expenditure to benefit C/OI		ought				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 91/99 Rpt:		LaMantia, Morgan J. (The Honorable)				00086109
4	Date 09/10/2024		Payee name Uber Eats				
6	Amount (\$) \$67.40	7	Payee address; City; State; 1455 Market St #400 San Francisco, CA 94103	Zip Coo	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date		Payee name				
	09/12/2024		Uber Eats				
	Amount (\$) \$116.55		Payee address; City; State; 1455 Market St #400	Zip Coo	de		
			San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held
	Date		Payee name				
	08/07/2024		United Corpus Christi Chamber of Com	nmerce			
	Amount (\$) \$625.00		Payee address; City; State; 602 N Staples St Ste 150	Zip Coo	de		
			Corpus Christi, TX 78401				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services 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)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 92/99 Rpt:		LaMantia, Morgan J. (The Ho	onorable)				00086109
4	Date	5	Payee name					
	08/28/2024		United Corpus Christi Chamb	er of Con	nmerce			
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coc	e		
	\$115.00		602 N Staples St Ste 150					
			Corpus Christi, TX 78401					
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Contributions/Donations Mad					ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Politic	al Comm	nittee	Sponsorship		, officeholder living expense
						Sponsorship		
9	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ht		Office held
	expenditure to benefit C/OF							
	Date		Payee name					
	09/26/2024		United Corpus Christi Chamb	er of Con	nmerce			
⊢	Amount (\$)	┢	Payee address; City;	State:	; Zip Coc	e		
	\$350.00		602 N Staples St Ste 150	,	, 1			
			Corpus Christi, TX 78401					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.
						Membership		, officeholder living expense
						Membership	Du	
	Complete ONLY if direct		Candidate/Officeholder name		 Office soug	ht		Office held
	expenditure to benefit C/OI				0			
	Date		Payee name					
	08/07/2024		Veed.io					
	Amount (\$)	\square	Payee address; City;	State;	; Zip Coc	е		
	\$360.00		320D High Road					
			Benfleet Essex SS7 5HB Unit	ed Kingd	lom			
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.
						Recording P		, officeholder living expense
						Recording P	100	
-	Complete ONLY if direct	L	Candidate/Officeholder name		Office soug	ht		Office held
	expenditure to benefit C/Oł							
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 93/99 Rpt:	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 09/19/2024	Payee name Walgreens					
6	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1525 Central Blvd Brownsville, TX 78520					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS				
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	07/18/2024	Walmart					
	Amount (\$) \$121.52	Payee address; City; State; Zip Code 2721 Boca Chica Blvd					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/18/2024	Walmart					
	Amount (\$) \$130.50	Payee address;City;State;Zip Code2721 Boca Chica Blvd					
		Brownsville, TX 78521					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
					npiete this form.	1	
1	Total pages Schedule F1: Sch: 94/99 Rpt:		LaMantia, Morgan J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00086109
4	Date	5	Payee name				
	07/19/2024		Walmart				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$79.87		2721 Boca Chica Blvd				
			Brownsville, TX 78521				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description		
ľ	OF	(~)	Office Overhead/Rental Expense	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense
					Office Materi	als	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date		Payee name				
	07/19/2024		Walmart				
_	Amount (\$)	-	Payee address; City; State;	Zip Co	de		
	\$97.43		2721 Boca Chica Blvd	p 00			
	ψ51.40						
			Brownsville, TX 78521				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense
					Office Materi	als	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	07/19/2024		Walmart				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$196.04		2721 Boca Chica Blvd	210 00			
	φ100.0 4						
			Brownsville, TX 78521				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
			Office Overhead/Rental Expense	,	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE						, officeholder living expense
					Office Materi	als	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Η					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayn Fees Office Overhe Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expe	ent/Reimbursement Solicitation/Fundraising Expense ad/Rental Expense Transportation Equipment & Related Expense se Travel in District nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 95/99 Rpt:	_aMantia, Morgan J. (The Honorable)	00086109			
4	Date 07/22/2024	Payee name Walmart				
6	Amount (\$) \$64.84	Payee address; City; State; Zip Code 2721 Boca Chica Blvd Brownsville, TX 78521				
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Office Overhead/Rental Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Materials 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held			
	Date	Payee name				
	07/22/2024	Nalmart				
	Amount (\$) \$79.87	Payee address; City; State; Zip Code 2721 Boca Chica Blvd				
		Brownsville, TX 78521				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Materials			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held			
	Date	Payee name				
	07/24/2024	Nalmart				
	Amount (\$) \$79.87	Payee address; City; State; Zip Code 2721 Boca Chica Blvd				
		Brownsville, TX 78521				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	 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/OF	andidate/Officeholder name Office sough	t Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						rhead/Rental Expense bense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
T	Sch: 96/99 Rpt:		LaMantia, Morgan J. (The Honor	rable)			3	00086109
4	Date	5	Payee name					
	07/25/2024		Walmart					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$52.59		2721 Boca Chica Blvd					
			Brownsville, TX 78521					
8	PURPOSE	(a)	Category (See Categories listed at the top of	f this sche	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	9				ide of Texas. Complete Schedule T.
	-							, officeholder living expense
						Office Materi	ais	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office sou	ght		Office held
	Date		Payee name					
	07/29/2024		Walmart					
	Amount (\$)		Payee address; City;	State:	Zip Co	de		
	\$93.10		2721 Boca Chica Blvd	,				
	\$55.10							
			Brownsville, TX 78521					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)			ide of Texas. Complete Schedule T.
						Office Materi		, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	07/29/2024		Walmart					
-	Amount (\$)	⊢	Payee address; City;	Stato.	Zip Co	he		
	\$98.24		2721 Boca Chica Blvd	State,				
	φ90.24							
			Brownsville, TX 78521					
	PURPOSE	(a)	Category (See Categories listed at the top of		edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	9			ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Ex Printing E Salaries/V	erhead/ (pense (xpense Vages/(Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_		-	The Instruction Guide explains	s now to co	mplet	te this form.	_	
1	Total pages Schedule F1: Sch: 97/99 Rpt:		FILER NAME LaMantia, Morgan J. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00086109
4	Date	5	Payee name					
	07/29/2024		Walmart					
6	Amount (\$)	7		e; Zip Co	ode			
	\$111.84		2721 Boca Chica Blvd					
			Brownsville, TX 78521					
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	bodulo)	(b)	Description		
-	OF		Office Overhead/Rental Expense	inequie)		-	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		emee eveneda, tentai Expense		l İ	Check if Austin	, TX,	, officeholder living expense
						Office Materia	als	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held
	Date		Payee name					
	07/29/2024		Walmart					
-	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$130.67		2721 Boca Chica Blvd	з, <u>-</u> р ос	000			
	\$150.07							
			Brownsville, TX 78521					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	hedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense
						Office Materia		
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Candidate/Officeholder name	Office sou	l Ight			Office held
	Date		Payee name					
	08/02/2024		Walmart					
				e; Zip Co	, do			
	Amount (\$)			e, zip co	Jue			
	\$402.02		2721 Boca Chica Blvd					
			Brownsville, TX 78521		-			
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Office Materia	ais	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	5	· · · · · ·				3	Filer ID (Ethics Commission Filers)
1	Sch: 98/99 Rpt:		LaMantia, Morgan J. (The Honora	able)				00086109
4	Date	5	Payee name					
	08/12/2024		Walmart					
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е		
	\$45.90		2721 Boca Chica Blvd					
			Brownsville, TX 78521					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	b) Description		
	EXPENDITURE		Office Overhead/Rental Expense					tside of Texas. Complete Schedule T.
								X, officeholder living expense
						Office Mat	enals	5
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	08/15/2024		Walmart					
	Amount (\$)		Payee address; City;	State:	Zip Cod	e		
	\$84.87		2721 Boca Chica Blvd	o tato,	p 000	•		
	Φ04.07							
			Brownsville, TX 78521					
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule) (b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					tside of Texas. Complete Schedule T.
	LAFENDITORE							X, officeholder living expense
						Office Mat	erials	S
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	07/16/2024		Willacy County Democratic Party					
-				Ctot-	7:- 0-			
	Amount (\$)			Slate;	Zip Cod	e		
	\$500.00		555 East Gem					
			Raymondville, TX 78520					
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	b) Description		
	OF		Contributions/Donations Made By		,	Check if tra	vel out	tside of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political C		ittee	Check if Au	ustin, TX	X, officeholder living expense
						Sponsorsh	nip	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	С	Office soug	ht		Office held
	expenditure to benefit C/OI				0			
-								

	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
Total pages Schedule F1: Sch: 99/99 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) LaMantia, Morgan J. (The Honorable) 00086109
Date 08/19/2024	5 Payee name Zeffy
Amount (\$) \$400.00	7 Payee address; City; State; Zip Code P.O. Box 2136 Austin, TX 78768
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 Fundraiser Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Accounting/Bainking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment Total pages Schedule F1: Sch: 99/99 Rpt: Date 08/19/2024 Amount (\$) \$400.00 PURPOSE OF EXPENDITURE