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 f	filed: 73
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	The Honorable				OFFICE	USE ONLY
NAME		Morgan J.			Date Received	
					ELECTRONIC	ALLY FILED
					10/28/2024	
	NICKNAME	LAST		SUFFIX	10/20/2024	
		LaMantia				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	1324 E. Madison Ave.					
MAILING	1024 E. Maaison / We.				Receipt #	Amount
ADDRESS						
Change of Address	Brownsville, TX 78520				Date Processed	
					Date Flocessed	
					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;	ST	ATE; ZIP CODE
TREASURER ADDRESS	222 North Expressway 83					
ADDRE33	Suite 203					
(Residence or Business)						
	Brownsville, TX 78526					
7 CAMPAIGN TREASURER		IE NUMBER	EXTENSION			
PHONE	(956) 574-9333					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff		ampaign treasurer
		-			appointment (of	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
				roporting inne		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TI	HROUGH	10/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		liniary			
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Senator District 27			State Senator Dis		
	State Schator District 21					
		60.	TO PAGE 2			
		60				
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Vers	sion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 73

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)	14 Filer ID 00086109	(Ethics Commission Filer
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho d officeholders are required to report this informa	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	Ē	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.0
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 249,358.0
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.0
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,409,168.
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	E LAST DAY OF THE	\$ 82,495.3
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS / TING PERIOD	AS OF THE LAST DAY	\$ 10,415,000.0
17 AFFIDAVIT				•
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required t	
		The Hono	orable Morgan J. LaMa	antia
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.48da5

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 73 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. \$ 192,639.78 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 56,718.87 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 1,000,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,409,168.56 \$ 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

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 4/73	
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 (\$)	
10/01/2024	AGC - Texas Building Branch PAC				\$2,500.00
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
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 (\$)	
10/08/2024	AT&T Texas PAC				\$2,500.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/24/2024	Adams, Bruce				\$75.53
	Contributor address; City; State; Zip Code				
	Sugar Land, TX 77478				
-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Not Employ	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/24/2024	Adams, Cristina				\$50.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78731				
-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Writer		Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/08/2024	Aelvoet, David				\$500.00
	Contributor address; City; State; Zip Code		1		
	Spring Branch, TX 78070				
-	pation / Job title (See Instructions)	Employer (See Instructions			
Capital Parti	1er	Linebarger, Goggan, Bla	air	& Sampson	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 5/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		organ J. (The Honorable)			00086109	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/08/2024	Amato, Charles E.				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Con Antonio TV 70216				
	Duin ain al a ann	San Antonio, TX 78216				
8	Chairman	pation / Job title (See Instructions)	9 Employer (See Instructions SWBC	S)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	09/30/2024	Archer, Larry)			\$100.00
	03/30/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78757				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Software En		Cloudflare	5)		
╞					Amount of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢2 000 00
	10/23/2024	Austin Firefighters Association PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78752				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
				-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/24/2024	Ayers, Susan				\$25.00
		Contributor address; City; State; Zip Code				
		Tomball, TX 77377				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/24/2024	Bachman, Laura				\$500.00
		Contributor address; City; State; Zip Code		1		
		Phoenix, AZ 85018				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		ABA			

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	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 3/27 Rpt: 6/73
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 (IE	D#:)	7 Amount of Contribution (\$)
	10/24/2024 Baker, Mary			\$50.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78726		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Not Employ	ed	Not Employed	
	Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	10/24/2024	Baker, Samuel		\$250.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78723		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Teacher		University of Texas at A	ustin
	Date	Full name of contributor X out-of-state PAC (IE)#: <u>C00043489</u>)	Amount of Contribution (\$)
	10/08/2024	Bank of America State and Federal PAC		\$1,500.00
		Contributor address; City; State; Zip Code		
		Wilmington, DE 19808		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	10/24/2024	Barnes, Bonner		\$250.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77008		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Investment A	Advisor	Cord Investment Manag	gement LLC
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	09/30/2024	Beam, Kelly		\$100.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77018		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Research At	torney	Jackson Walker, LLP	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 7/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	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 (\$)	
	09/30/2024	Bell, John				\$500.00
	I	6 Contributor address; City; State; Zip Code		l		
	I	1		l		
		Corpus Christi, TX 78418				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)			
	Attorney		Wood Boykin & Wolter P	۰C		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/24/2024	Binford, Lincoln				\$100.00
	1	Contributor address; City; State; Zip Code				
	I	1				
	I	1				
		Austin, TX 78756	I			
		upation / Job title (See Instructions)	Employer (See Instructions))		
L	Massage Th		Self Employed	_		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/24/2024	Bonner, Christina		l		\$500.00
	I	Contributor address; City; State; Zip Code		l		
	I	1		l		
	I			l		
		Corpus Christi, TX 78404	,			
		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 (\$)	
l	10/08/2024	Bracewell PAC		l		\$1,000.00
	I	Contributor address; City; State; Zip Code		l		
	I	1		l		
	I					
\vdash	D i sizal ees	Houston, TX 77002		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
╞				_		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>			Amount of Contribution (\$)	ቀርባር በር
	10/14/2024	Bristol Myers Squibb Company PAC				\$500.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Lawrenceville, NJ 08648				
⊢	Princinal OCCL	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
	Гинора осса)		
\vdash			<u> </u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/27 Rpt: 8/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	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 (\$)	
	09/30/2024	Brown, Ben				\$83.33
		6 Contributor address; City; State; Zip Code				
		1				
Ļ	<u> </u>	Austin, TX 78704		Ļ		
8			9 Employer (See Instructions) Microsoft)		
	Software De	· · · · · · · · · · · · · · · · · · ·	Microsoft	=		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/07/2024	Brown, Laurie				\$2,500.00
		Contributor address; City; State; Zip Code				
		1				
⊢	Dutantinal again	Austin, TX 78703		ŕ		
	Principal occu Vice Preside	ipation / Job title (See Instructions)	Employer (See Instructions			
L			Brown Distributing Com	pa 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
l	10/24/2024	Buendia, Grisel				\$5.00
		Contributor address; City; State; Zip Code				
		1				
		Leaves Viete TV 70570				
┢	Detroinel eco	Laguna Vista, TX 78578	Employer (Cas Instructions	ŕ		
	Admin Assis	ipation / Job title (See Instructions)	Employer (See Instructions Robert Spector MD)		
╘			· · · · · · · · · · · · · · · · · · ·	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷000.00
	10/03/2024	Burck, Steve				\$300.00
		Contributor address; City; State; Zip Code				
		1				
		Corpus Christi, TX 78410				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired)		
╞				_	Amount of Contribution (¢)	
	Date 10/08/2024	Full name of contributor X out-of-state PAC (ID#: <u>C</u> CWA - COPE PCC))		Amount of Contribution (\$)	\$2,000.00
	10/00/2024					ΦΖ,000.00
		Contributor address; City; State; Zip Code				
		1				
		Washington, DC 20001				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ل ۱		
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SCHEDULE	A1
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 9/73	
2	FILER NAME				3	-	on Filers)
 		lorgan J. (The Honorable)				00086109	
4	Date	5 Full name of contributor	X out-of-state PAC (ID#:	C00488486)	7	Amount of Contribution (\$)	
	10/23/2024	CWA - COPE PCC					\$1,000.00
	I	6 Contributor address; City; Sta	ate; Zip Code		1		
		1					
Ļ		Washington, DC 20001			Ļ		
8	Principal occu	<pre>upation / Job title (See Instructions)</pre>)	9 Employer (See Instructions	3)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/17/2024	Cavin, Kirby					\$1,000.00
	I	Contributor address; City; Sta	ate; Zip Code		1		
		McAllen, TX 78504					
		upation / Job title (See Instructions))	Employer (See Instructions			
L	Partner			Atlas, Hall & Rodriguez,	, LL	.P	
	Date		X out-of-state PAC (ID#:	C00430157)	Γ	Amount of Contribution (\$)	
	10/11/2024	Cheniere PAC					\$2,000.00
		Contributor address; City; Sta	ate; Zip Code]		
		Beverly, MA 01915					
┝	Principal occu	upation / Job title (See Instructions)	.) .)	Employer (See Instructions	L s)		
		, , , , , , , , , , , , , , , , , , ,	, ,		-,		
╞	Date	Full name of contributor	X out-of-state PAC (ID#:	LC00035006)	Τ	Amount of Contribution (\$)	
	10/14/2024	Chevron Employees PAC					\$2,000.00
	I	Contributor address; City; Sta			1		
		San Ramon, CA 94538					
	Principal occu	upation / Job title (See Instructions))	Employer (See Instructions	s)		
L							
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/30/2024	Cline, Michael					\$500.00
	I	Contributor address; City; Sta	ate; Zip Code	ļ	1		
L	Drive in all as as	Harlingen, TX 78552	<u></u>				
	Principal occu CEO	upation / Job title (See Instructions)) !	Employer (See Instructions		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
\vdash				Valley Baptist Health Sy	/510		

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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 10/73	
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 (\$)	
	10/08/2024	Comerica Incorporated PAC					\$3,500.00
	I	6 Contributor address; City; State	te; Zip Code				
		Dallas, TX 75201					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)	,)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/23/2024	County Officials PAC					\$250.00
	I	Contributor address; City; State					
		Austin, TX 78701					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	;)		
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/23/2024	Cowen, Ralph					\$250.00
	I		te; Zip Code				
					ĺ		
		Brownsville, TX 78526					
		pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Vice Chairma	an		Port of Brownsville			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/08/2024	Curbow, Kelly					\$1,000.00
	1	Contributor address; City; State	te; Zip Code				
		San Marcos, TX 78666					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Executive Di			AT&T			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Democracy Engine, LLC					\$412.83
	I	Contributor address; City; State	e; Zip Code				
		Washington, DC 20001					
_	Drincipal occu	-	_	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Ρπιτιραί στου	<pre>upation / Job title (See Instructions)</pre>		Employer (See Instructions)	J		
-			l				

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/27 Rpt: 11/73	
2	FILER NAME			3 Filer ID (Ethics Commission	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 (\$)	
	10/08/2024	Democracy Engine, LLC			\$91.34
	I	6 Contributor address; City; State; Zip Code			
		Washington, DC 20001			
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 (\$)	
	10/08/2024	Democracy Engine, LLC			\$1,545.58
	I	Contributor address; City; State; Zip Code			
		Washington, DC 20001			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	1			/	
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/11/2024	Democracy Engine, LLC			\$196.29
	I	Contributor address; City; State; Zip Code			
		Washington, DC 20001			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/23/2024	Democracy Engine, LLC			\$155.88
	I	Contributor address; City; State; Zip Code			
		Washington DC 20001			
-	Drincinal occu	Washington, DC 20001 pation / Job title (See Instructions)	Employer (See Instructions)	\ \	
	Pillupai occu)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/08/2024	Diamondback Energy, Inc. TX PAC			\$3,000.00
	I	Contributor address; City; State; Zip Code			
		Midland, TX 79701]		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 9/27 Rpt: 12/73	
2	FILER NAME			_	Filer ID (Ethics Commissio	on Filers)
		lorgan J. (The Honorable)			00086109	лт но.с,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/08/2024	Douglass III, Clifton				\$500.00
		6 Contributor address; City; State; Zip Code		"		
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>م</u>		
ľ	Managing Pa		Linebarger, Goggan, Bla		Samnson	
╞				_		
	Date	Full name of contributor X out-of-state PAC (ID#:	: <u>C00074096</u>)		Amount of Contribution (\$)	* 2 000 00
	10/23/2024	DowPAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Midland, MI 48674				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
	Philopai occu			5)		
⊨	D-1-		<u> </u>	Т	to a sector f Operatoria buttion (Φ)	
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	\$1,000,00
	10/15/2024	Energy Transfer Partners Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	· · · · · · · · · · · · · · · · · · ·	peneri		-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	10/24/2024	Farias, Susana	/		Amount of Contribution (+)	\$100.00
	10/2 2:=	Contributor address; City; State; Zip Code		·		<i><i>v</i></i> _ <i>v</i> _{<i>v</i>}
		Continuation address, City, State, Zip Code				
		Laredo, TX 78041				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Realtor		Self Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
	10/24/2024	Favela, Irene			.,	\$25.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
\vdash						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 13/73	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	LaMantia, M	organ J. (The Honorable)			00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/24/2024	Filbert, Susan				\$50.00
		6 Contributor address; City; State; Zip Code]			
		1				
		Baltimore, MD 21212				
8	Principal occu Not Employ		9 Employer (See Instructions Not Employed	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/24/2024	Fonseca, Xavier				\$25.00
		Contributor address; City; State; Zip Code				
		1				
		Corpus Christi, TX 78415				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱		
	Not Employ		Not Employed	' '		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	10/24/2024	Fonseca, Xavier	/		Allount of Contribution (4)	\$25.00
	10/2	Contributor address; City; State; Zip Code				* =0
		Corpus Christi, TX 78415				
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Not Employ	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2024	Freeman, Robert N.				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		Laredo, TX 78045				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L_ 5)		
	Attorney		Self Employed	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Friends for Nelson W. Wolff				\$250.00
		Contributor address; City; State; Zip Code				
		1				
		Burnet, TX 78611		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
\vdash						

The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 11/27 Rpt: 14/73	
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 (\$)	
10/08/2024	Frost, Pat					\$500.00
	6 Contributor address; City; State; Zip Code			1		
	San Antonio, TX 78209					
-	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
Retired			Retired			
Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
10/08/2024	Garza, Brigitte					\$1,000.00
	Contributor address; City; State; Zip Code			1		
	San Antonio, TX 78212					
Principal occu	<pre>upation / Job title (See Instructions)</pre>		Employer (See Instructions			
Attorney			Brigitte Garza Attorney a	at L	.aw, PLLC	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Γ	Amount of Contribution (\$)	
10/24/2024	Gaskill, Ethan					\$1.00
	Contributor address; City; State; Zip Code			1		
	Washington, DC 20016					
	Ipation / Job title (See Instructions)		Employer (See Instructions	5)		
Digital Staff			DSCC			
Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
10/07/2024	Gentry, Kirk					\$500.00
	Contributor address; City; State; Zip Code			1		
	Lubbock, TX 79404					
	ipation / Job title (See Instructions)		Employer (See Instructions			
President			Great Plains Distributors	s		
Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
10/24/2024	Gobbo Jr., Edward					\$5.00
	Contributor address; City; State; Zip Code			1		
	Hammonton, NJ 08037					
	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
Not Employ	ed		Not Employed			

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	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 15/73	
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	C (ID#:)	7	Amount of Contribution (\$)	
	09/30/2024	Gonzalez, Jose					\$5.00
		6 Contributor address; City; State; Zip Code			1		
		San Juan, TX 78589					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Not Employe	20		Not Employed			
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	10/24/2024	Gutierrez, Roland					\$1,000.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78214					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Lawyer			Gutierrez Law Firm	_		
	Date	Full name of contributor 🗌 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	10/20/2024	HS LAW PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin TX 79701					
	Dringing ago	Austin, TX 78701		Employer (Cao Instructions			
	Phillipai Occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor Out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	10/08/2024	Haass , Richard C.	, (ID#)			\$500.00
	10/00/2024	Contributor address; City; State; Zip Code					4000.00
		Contributor address, City, State, Zip Code					
		San Antonio, TX 78258					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CFO			Linebarger, Goggan, Bla	air	& Sampson	
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	10/24/2024	Hartzell, Eric					\$53.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78722					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Planner			GrantWorks			

The	e Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/27 Rpt: 16/73	
2 FILE	ER NAME			3 Filer ID (Ethics Commission F	ilers)
		organ J. (The Honorable)		00086109	,
4 Date	e	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/2	24/2024	Hinton, John			\$25.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78746			
8 Prin	icipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
No	ot Employ	ed	Not Employed		
Date	e	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/2	24/2024	Hollmann, Mary Elizabeth			\$500.00
	1	Contributor address; City; State; Zip Code			
		Brownsville, TX 78520			
Prin	icipal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Not	t Employe	ed .	Not Employed		
Date	e	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/2	27/2024	Hughes, Charles M.			\$500.00
		Contributor address; City; State; Zip Code			
		Abilene, TX 79606			
Prin	icipal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Pre	sident of	Domestic, Imports, & N/A	Bill Reed Distributing Co	ompany	
Date	e	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/3	30/2024	Hughes, Lisa C.			\$350.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78759			
Prin	icipal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Lob	obyist		Lisa Hughes Consulting		
Date	e	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/2	24/2024	Hupart, Sam			\$10.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78745			
Prin	icipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Not	t Employe	¢d	Not Employed		
			•		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/27 Rpt: 17/73	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Iorgan J. (The Honorable)		00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/23/2024				\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Jefferson City, MO 65101			
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 (\$)	
10/24/2024	lftekharuddin, Farhat (Dr.)			\$50.00
	Contributor address; City; State; Zip Code			
	Brownsville, TX 78520			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2024	Jaffe Jr., Morris D.			\$5,000.00
	Contributor address; City; State; Zip Code			
	Horseshoe Bay, TX 78657			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Chairman/C	EO	The Jaffe Group LTD		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2024	Jones, Brian			\$250.00
	Contributor address; City; State; Zip Code			
Dringinglage	Edcouch, TX 78538	Freedower (Coo Instructions	\ \	
-	upation / Job title (See Instructions)	Employer (See Instructions Brian Jones Farms)	
Farmer				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/24/2024	Kennedy, Sarah			\$5.00
	Contributor address; City; State; Zip Code			
	Browneyille, TV 79526			
Dringinglagg	Brownsville, TX 78526	Employer (Cap Instructions	\ \	
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired)	
Relieu				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 18/73	
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 (\$)	
	10/08/2024	Klesse, William R.				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		1				
		San Antonio, TX 78230				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired)		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	;00236489)		Amount of Contribution (\$)	
	10/07/2024	Koch Inc. PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		1				
		Webite KS 67220				
┝──	Principal occu	Wichita, KS 67220 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Ρπιομαί στου		Епроун (эее тапастона,)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/08/2024	Krusee Campaign for State Representative				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Laura Hinojosa Campaign Fund				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		McAllen, TX 78501				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	·			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	Legacy 44 PAC			.,	\$7,500.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78756				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
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	The Instru	ction Guide explains how to complete th	nis form.		1	Total pages Schedule A1: Sch: 16/27 Rpt: 19/73	
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 (\$)	
	10/24/2024	Macfarland, Anmarie					\$250.00
		6 Contributor address; City; State; Zip Code					
		Boerne, TX 78006					
8		ipation / Job title (See Instructions)	-	loyer (See Instructions			
	Veterinarian		Loo	o 410 Veterinary Ho	spi	tal	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/08/2024	Macon, Jane H.					\$2,500.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78205					
	Principal occu	ipation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Partner		Brac	ewell LLP			
╞	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/08/2024	Macon, R. Laurence					\$1,000.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78212					
	Principal occu	ipation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Lawyer		The	Macon Law Firm			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/24/2024	Malmberg, Charlie					\$1,000.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78015					
	Principal occu	ipation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Commercia	l Real Estate	Valc	or Commercial Real	E:	state	
F	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/24/2024	Marasco, Danielle					\$1,500.00
		Contributor address; City; State; Zip Code					
		Laredo, TX 78041					
		ipation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Self Employe	ed	AEC	and Associates			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[lorgan J. (The Honorable)		ľ	00086109	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/14/2024	Meave, Adan				\$300.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Weslaco, TX 78599	1 /2			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Principal		El Rey Primary Healthca	are		
	Date	Full name of contributor	<u>C00097485</u>)		Amount of Contribution (\$)	
	10/08/2024					\$2,000.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20004				
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	T moiper out.			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	10/24/2024	Miller, Kristi	/			\$15.00
	10,2	Contributor address; City; State; Zip Code		•		+
		Austin, TX 78723				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;d	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Montford, Debbie				\$2,500.00
		Contributor address; City; State; Zip Code		1		
	Drive treat every	San Antonio, TX 78257		Ĺ		
	Principal occu Retired	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions Retired	5)		
╘				.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀን 500 00</u>
	10/08/2024	Montford, John T.				\$2,500.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78257				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	President/CE		JTM Consulting, LLC			
			1			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1:	
_				Ļ	Sch: 18/27 Rpt: 21/73	
2	FILER NAME	lorgan J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
_				Ļ		
4	Date 09/27/2024	5 Full name of contributor out-of-state PAC (ID#: Moore, Michael Sean)	ſ	Amount of Contribution (\$)	\$5,000.00
	0912112024					Φ0,000.00
		6 Contributor address; City; State; Zip Code				
		Midland, TX 79705				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	President		Standard Sales Compar	ıy,	LP	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	NCHA's Texas Events PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		1				
		Fort Worth, TX 76107				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	1			,		
—	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	09/30/2024	Neerman, Jonathan			,	\$500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75218				
		upation / Job title (See Instructions)	Employer (See Instructions)		
	Attorney		Jackson Walker, LLP	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ10 00</u>
	10/24/2024	Norris, Robert				\$10.00
		Contributor address; City; State; Zip Code				
		San Marcos, TX 78666				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Planner	ļ	Texas General Land Off	ice	<u> </u>	
	Date	Full name of contributor X out-of-state PAC (ID#: C	.00083857)		Amount of Contribution (\$)	
	10/14/2024	Occidental Petroleum Corporation PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		1				
		Washington, DC 20006				
<u> </u>	Principal Occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ل</u>		
	Fillopa occa)		
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	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 19/27 Rpt: 22/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		organ J. (The Honorable)			00086109	,
4	Date	5 Full name of contributor X out-of-state PAC (ID#	: <u>C00554444</u>)	7	Amount of Contribution (\$)	
	10/24/2024	One Gas Inc. PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		"		
		Tulsa, OK 74103				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
				-,		
	Date	Full name of contributor out-of-state PAC (ID#	÷)	T	Amount of Contribution (\$)	
	09/30/2024	Palacios, Rosanne				\$100.00
		Contributor address; City; State; Zip Code		"		
	<u> </u>	Laredo, TX 78041	- · · · · · · · · · · · · · · · · · · ·	ļ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Administratio		Texas A&M internationa			
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	10/08/2024	Pape-Dawson Engineers PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78213				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
				-,		
	Date	Full name of contributor out-of-state PAC (ID#	• :)	Τ	Amount of Contribution (\$)	
	10/24/2024	Pfister, Charles				\$25.00
		Contributor address; City; State; Zip Code		1		
		South Padre Island, TX 78597		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Stock Trade		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	10/24/2024	Ramirez, Rene				\$1,500.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
	Dringing ogg	_	Employer (See Instructions			
	Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	S)		

	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 23/73	
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 (I	D#:)	7	Amount of Contribution (\$)	
	10/24/2024	Reyes, Raul				\$500.00
		6 Contributor address; City; State; Zip Code				
		Harlingen, TX 78550				
8		pation / Job title (See Instructions)	9 Employer (See Instruction	s)		
	Physician		Tenet			
	Date	Full name of contributor out-of-state PAC (I	D#:)	Τ	Amount of Contribution (\$)	
	10/24/2024	Richmond, Debra				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78739				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Consultant		Richmond Advisory LLC			
⊨	Date	Full name of contributor Out-of-state PAC (I	D#:)	Т	Amount of Contribution (\$)	
	10/23/2024	Rittvo, Steven M.	D#)			\$1,000.00
	10/20/2024					φ1,000.00
		Contributor address; City; State; Zip Code				
		Basalt, CO 81621				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	Retired		Retired	-,		
⊨	Date	Full name of contributor Out-of-state PAC (D#:)	Т	Amount of Contribution (\$)	
	10/24/2024	Rood, Magdalena	D#)			\$25.00
	10/24/2024	-				Ψ23.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
_	Principal occu	I pation / Job title (See Instructions)	Employer (See Instruction	<u> </u>		
	Not Employ		Not Employed	-		
╞					Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	¢10.00
	10/24/2024	Ross, Mary				\$10.00
		Contributor address; City; State; Zip Code				
		Oakland CA 94602				
⊢	Dringing!	Oakland, CA 94602	Employer (Cealington attended)			
		pation / Job title (See Instructions)	Employer (See Instruction	5)		
	Not Employ		Not Employed			

Schedule A1: Rpt: 24/73 hics Commissi pontribution (\$) pontribution (\$)	\$1,000.00
ontribution (\$)	\$1,000.00
ontribution (\$)	\$1,000.00
ontribution (\$)	\$5,000.00
	\$5,000.00
ntribution (\$)	
ntribution (\$)	¢5.00
ntribution (\$)	
ntribution (\$)	¢5.00
ntribution (\$)	¢E 00
ntribution (\$)	¢E 00
ntribution (\$)	¢E 00
	¢E 00
	\$5.00
ntribution (\$)	#100.00
	\$100.00
ontribution (\$)	
	\$1,000.00
	ntribution (\$)

_						
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 25/73	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
-		lorgan J. (The Honorable)			00086109	0111 1.212,
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	10/08/2024					\$1,500.00
		6 Contributor address; City; State; Zip Code		"		
		1				
		T A7 05202				
8	Principal occu	Tempe, AZ 85282 upation / Job title (See Instructions)	9 Employer (See Instructions	<u>م</u>		
	Finopa 000a			5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	10/08/2024	TBA Bank PAC - State				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		1				
	Dringinal agai	Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)		
-	Date	Full name of contributor Out-of-state PAC (ID#		Τ_	Amount of Contribution (\$)	
	10/08/2024		#:)			\$15,000.00
	10/00/202 .	Contributor address; City; State; Zip Code				Ψ10,000.00
		1				
		Austin, TX 78768				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>s</u>)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	10/24/2024	Tanner, Louis				\$25.00
		Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78744				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employ	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	10/14/2024	Taylor, Alma A.				\$50.00
		Contributor address; City; State; Zip Code		"		
		1				
		Brownsville, TX 78521		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Retired		Retired			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/27 Rpt: 26/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
ľ		LaMantia, Morgan J. (The Honorable)			00086109	51111013)
4	Date	te 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	10/23/2024					\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Crawford, TX 76638				
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 (\$)	
	10/23/2024	Texas Construction Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
	Austin, TX 78701					
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2024	Texas Consumer Lenders PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Greenville, SC 29615				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Texas Cornerstone Credit Union League PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
-	Date	Full name of contributor out-of-state PAC (ID#:	Ŋ		Amount of Contribution (\$)	
	10/08/2024	Texas Farm Bureau AgFund				\$1,000.00
		Contributor address; City; State; Zip Code				+_,000.00
		Contributor address, City, State, Zip Code				
		Waco, TX 76702				
	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: 24/27 Rpt: 27/73	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
	lorgan J. (The Honorable)		00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)		
10/23/2024				\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78703			
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 (\$)	
10/11/2024	Texas Optometric PAC			\$3,000.00
	Austin, TX 78705			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/20/2024	Texas Podiatric Medical Association - PAC	······································		\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
	· · · · · · · · · · · · · · · · · · ·		, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2024	Texas Senator Juan Chuy Hinojosa Campaign F			\$5,000.00
	Contributor address; City; State; Zip Code			
Duincia di com	Edinburg, TX 78539	England (Or a la struction of	<u></u>	
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/08/2024	Texas Trial Lawyers Association PAC			\$25,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/27 Rpt: 28/73	
2	2 FILER NAME				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 (\$)	
	10/23/2024	Texas and Southwestern Cattle Raisers Associa				\$5,000.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76185				
8	Principal occu		9 Employer (See Instructions)	 ເ)		
_				''		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/08/2024	The Chickasaw Nation				\$2,500.00
		Contributor address; City; State; Zip Code				
<u> </u>	Ada, OK 74820					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/24/2024	Turner, James			-	\$5,000.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77382	,]			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	President		JWTC	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	10/08/2024	USAA Employees PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78288				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
		1				
F	Date	Full name of contributor X out-of-state PAC (ID#: C	C00010470)	Γ	Amount of Contribution (\$)	
	10/23/2024	Union Pacific Corporation Fund for Effective Gov	vernment			\$3,000.00
		Contributor address; City; State; Zip Code				
		Weshington DC 20005				
	Dringing oog	Washington, DC 20005		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
<u> </u>			<u> </u>			

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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 26/27 Rpt: 29/73	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	LaMantia, Morgan J. (The Honorable)				00086109	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/24/2024	Valenti, Anna				\$5.00
		6 Contributor address; City; State; Zip Code				
		Surprise, AZ 85388				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Social Work	.er	Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/08/2024	Valero PAC				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78269				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/30/2024	Varela, Carlos				\$2,500.00
	Contributor address; City; State; Zip Code					
		Brownsville, TX 78520				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate	Development	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	09/30/2024	White, Stevan				\$50.00
		Contributor address; City; State; Zip Code		1		
		San Angelo, TX 76903				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/24/2024	10/24/2024 Williams, Elizabeth				\$25.00
	Contributor address; City; State; Zip Code					
		Alamogordo, NM 88310				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employ	ed	Not Employed			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/27 Rpt: 30/73 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LaMantia, Morgan J. (The Honorable) 00086109 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/24/2024 Yeager, Robert \$25.00 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Trainer InterCom

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 31/73					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
LaMantia, M	lorgan J. (The Honorable)	00086109					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
09/27/2024	Ford, Curtis		contribution (\$) description \$7,429.00 I Billboards				
	7 Contributor address; City; State; Zip Code						
			I				
	West Lake Hills, TX 78746		Check if travel outside of Texas. Complete Schedule T.				
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
Business O	-	Self					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
		AF I and firms of a sub-like to					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
10 If contributor	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	is a child, law little of parent(s) (if any) (FOR JODICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description				
10/21/2024	TREPAC		\$7,821.601 Text Messages (MMS)				
	Contributor address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·				
	Austin, TX 78768						
Bringinal accu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
Filicipal occi							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:	``	Amount of In-kind contribution				
10/21/2024)	contribution (\$) description				
10/21/2021	Contributor address; City; State; Zip Code		\$1,470.39 Cell Phone Data Append				
	Contributor address, City, State, Zip Code						
	Austin, TX 78768		I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	(FOR JUDICIAL) (See instructions)					
Contributor's employer/law firm (FOR JUDICIAL) Law firm of co			or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/2 Rpt: 32/73			
2	FILER NAME	FILER NAME			Filer ID (Ethics Commission Filers)		
	LaMantia, Mo	organ J. (The Honorable)			00086109		
4	⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$			
5	Date 6 10/18/2024 7	 Full name of contributor out-of-state PAC (ID#: TREPAC Contributor address; City; State; Zip Code Austin, TX 78768)	8	Amount of ontribution (\$) In-kind contribution (\$) description \$39,997.88 Direct Mail		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON	-JU			
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	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 f	orm.		ges Schedule E: 3 Rpt: 33/73
 FILER NAME LaMantia, Morga 	FILER NAME3 Filer IDLaMantia, Morgan J. (The Honorable)000861				
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 10/15/2024	7 Name of lenderLaMantia, Anthony	out-of-state PA	.C (ID#:)	9 Loan Amount (\$) \$200,000.00
6 Is lender a financial institution?	8 Lender address; C	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 Instructions L & F Distributors, LLC	5)	
14 Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; C	City; State;	Zip Code		
20 Principal occupatio	n		21 Employer (See Instructions	5)	
Date of loan	Name of lender	out-of-state PA	SC (ID#:)	Loan Amount (\$)
10/15/2024	LaMantia, Greg Lender address; C	City; State;	Zip Code		\$200,000.00
financial institution?					Maturity Date
No	McAllen, TX 78501				
Principal occupatio Owner	on / Job title (See Instructions)	Employer (See Instructions L & F Distributors, LLC	5)	
Description of Coll X None	ateral		Check if personal funds we	ere deposited	l into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; C	City; State;	Zip Code		
Principal occupatio	n		Employer (See Instructions	3)	1

LOANS					SCHEDULE E
The Instructio	n Guide explains how to c	omplete this f	orm.	-	ages Schedule E: /3 Rpt: 34/73
2 FILER NAME LaMantia, Morga	FILER NAME3 Filer IDLaMantia, Morgan J. (The Honorable)0008610				
⁴ TOTAL OF UN	ITEMIZED LOANS			•	\$
5 Date of loan 10/15/2024	7 Name of lender LaMantia III, Joseph	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$200,000.00
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 Instruction L & F Distributors, LL		
14 Description of Coll	ateral		15 Check if personal funds	were deposite	d into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupatio	n		21 Employer (See Instruction	ons)	
Date of loan	Name of lender	out-of-state PA	C (ID#:		Loan Amount (\$)
10/15/2024 Is lender a	LaMantia, Stephen L. Lender address; City;	State;	Zip Code		\$200,000.00 Interest Rate
financial institution? No					Maturity Date
	McAllen, TX 78501				
Principal occupatio Owner	on / Job title (See Instructions)		Employer (See Instruction L & F Distributors, LL		
Description of Coll	ateral		Check if personal funds	were deposite	d into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code		
Principal occupatio	n		Employer (See Instructio	ons)	

	LOANS							SCHEDULE E
	The Instructio	n Guide explains how	w to complete th	is forı	m.			ges Schedule E: 3 Rpt: 35/73
2	FILER NAME LaMantia, Morga	an J. (The Honorable)					iler ID 00861	(Ethics Commission Filers) 09
4	TOTAL OF UN	ITEMIZED LOANS						\$
5	Date of loan 10/15/2024	7 Name of lenderLaMantia, Verna A.	out-of-stat	e PAC (I	D#:)	9 Loan Amount (\$) \$200,000.00
6	Is lender a financial institution?	8 Lender address;	City; Stat	e;	Zip Code			10 Interest Rate
	No	McAllen, TX 78501						11 Maturity Date
	Owner	on / Job title (See Instruction	s)		Employer (See Instruction L & F Distributors, LLC			
14	Description of Coll	ateral		15	Check if personal funds w	ere de	posited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City; Stat	e;	Zip Code			
20	Principal occupation	n		21	. Employer (See Instruction	s)		
-								

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1/38 Rpt: 36/73	LaMantia, Morgan J. (The Honorable)	00086109
4	Date 10/26/2024	5 Payee name ActBlue	
6	Amount (\$) \$750.15	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense ution Processing Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/10/2024	Alamo Chamber of Commerce	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 715 US-83 BUS	
		Alamo, TX 78516	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/01/2024	Alcala, Daphne	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 0.00 5350 Burnet Rd, Apt 327	
		Austin, TX 78756	
	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide explains	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: 2/38 Rpt: 37/73		LaMantia, Morgan J. (The Honorable)				00086109			
4	Date	5 Payee name								
	10/21/2024	Angle Mastagni Mathews Political Strategies LLC								
6	Amount (\$)7 Payee address;City;State;Zip Code									
	\$54,054.05 507 N Sylvania Ave									
			Fort Worth, TX 76111							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE	$\left \right\rangle$	Advertising Expense	euule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE					, TX,	officeholder living expense			
					Live Calls					
	Operation ONUN if dive at									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
10/17/2024 Angle Mastagni Mathews Political Strategies LLC										
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$104,632.50		507 N Sylvania Ave							
			Fort Worth, TX 76111							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Advertising Expense			eck if travel outside of Texas. Complete Schedule T.				
				Live Calls	Check if Austin, TX, 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							
	10/17/2024		Arena Analytics							
-	Amount (\$)		-	Zip Co	de					
	\$12,290.00		801 E Fern Ave STE 101	2.0 00						
	+==,======									
			McAllen, TX 78501							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Consulting Expense				de of Texas. Complete Schedule T. officeholder living expense			
					Canvassing F					
					· ····································	-	~			
_	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E umittee Legal Services The Instruction Gu	Expense	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: 3/38 Rpt: 38/73		LaMantia, Morgan J. (The F	lonorable)				00086109	
4	Date 09/27/2024		Payee name Arena Analytics						
6 Amount (\$) 7 Payee address; City; State; Z						do			
0	\$4,290.00 801 E Fern Ave STE 101 McAllen, TX 78501								
8	BUBBAAS					<u> </u>			-
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Category Consulting Expense (c) Category Consulting Expense (c) Category Consulting Expense (c) Category Consulting Expense (c) Category Category (c) Ca									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	10/08/2024		Arena Analytics						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$14,290.00		801 E Fern Ave STE 101 McAllen, TX 78501		·				
	DUDDOSE								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Consulting Expense	e top of this sch	edule)		n, TX	side of Texas. Complete Schedule T. <, officeholder living expense Ogram	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						=
	10/14/2024		Arena Analytics						
	Amount (\$) \$25,790.00		Payee address; City; 801 E Fern Ave STE 101	State;	; Zip Coo	de			
			McAllen, TX 78501						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Consulting Expense	e top of this sch	edule)		n, TX	side of Texas. Complete Schedule T. K, officeholder living expense Ogram	
	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 ext		Office Over Polling Exp Printing Ex Salaries/W	head ense pens ages	e /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		piane i				3	Filer ID (Ethics Commission Filers)
1	Sch: 4/38 Rpt: 39/73	2	LaMantia, Morgan J. (The Honor	able)				3	00086109
4	Date	5	Payee name						
	10/23/2024		Arena Analytics						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$5,290.00		801 E Fern Ave STE 101						
	McAllen, TX 78501								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(D)	Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense						, officeholder living expense
							Canvassing F		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						Office held			
	Date		Payee name						
	10/09/2024		Big Daddys						
	Amount (\$)		Payee address; City;	State [.]	Zip Co	le			
	\$239.21		500 E Morrison Rd	otato,	, 20				
	\$200.21								
			Brownsville, TX 78526						
	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.
	-						Food for Eve		, officeholder living expense
							FUUU IUI EVE	ш	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	int			Office held
		-							
	Date		Payee name						
	10/01/2024		Breeden McCumber, Inc.						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$29,365.00		P.O. Box 5686						
			Brownsville, TX 78523						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description		
	OF	`	Advertising Expense		cuuc)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		5 1 1						, officeholder living expense
							Newspaper A	١ds	
	Complete ONLY 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		Fees Food Gift/ mmittee Lega	nt Expense 5 d/Beverage Expense Awards/Memorials E: al Services 2 Instruction Gui d		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/38 Rpt: 40/73		LaMantia, Mor	gan J. (The H	onorable)				00086109		
4	Date	5	Payee name					•			
	10/17/2024	Breeden McCumber, Inc.									
6	Amount (\$) 7 Payee address; City; State; Zip Code										
	\$38,736.88 P.O. Box 5686										
	Brownsville, TX 78523										
8	PURPOSE	(a)	Category (See Ca	togories listed at the	ton of this sch	adula)	(b) Description				
	OF	`	Advertising Exp		000 01 0113 3511	leuule)		l outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE								, officeholder living	g expense	
	Newspaper Ads										
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name								
	10/15/2024		Burton McCum	ber & Longoria	a, LLP						
-	Amount (\$)	┢	Payee address;	City;		; Zip Co	he				
	\$7,770.00		205 Pecan Blv	-	0	, <u>r</u> h co	ie -				
			McAllen, TX 78	501							
	PURPOSE OF	(a)	Category (See Ca		top of this sch	nedule)	(b) Description				
	EXPENDITURE		Consulting Exp	ense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							General Cor			Скрепое	
								100	ung		
	Complete ONLY if direct	L(Candidate/Officeh	older name		Office soug	nht		Office he	eld	
	expenditure to benefit C/OI						,				
	Date		Payee name								
	10/21/2024		CVS								
	Amount (\$)	┢	Payee address;	City;	State;	; Zip Coo	de				
	\$24.00		111 E Hidalgo		,	, <u> </u>					
			111 C								
			Raymondville,	TX 78580							
	PURPOSE OF	(a)	Category (See Ca		top of this sch	nedule)	(b) Description				
	EXPENDITURE		Event Expense	!					ide of Texas. Com		
							Materials for		, officeholder living	j expense	
							Wateriais for		CIII		
_	Complete ONLY if direct	Ľ	Candidate/Officeh	oldor nomo		Office soug			Office he	ald	
	expenditure to benefit C/Oł		Januluale/Oncen	older name	C	Juice sout	JIIC		Once ne	siu	

	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 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	· · · ·		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 6/38 Rpt: 41/73	2	LaMantia, Morgan J. (The Honorable)				00086109		
4	Date	5	Payee name						
	10/25/2024		Campos, Brandon						
6 Amount (\$) 7 Payee address; City; State; Zip Code									
	\$2,000.00		4201 Monterrey Oaks Blvd Apt. 1606						
			Austin, TX 78749						
8									
ð	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense		
					Contract Lab				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office hexpenditure to benefit C/OH							Office held		
	Date		Payee name						
	10/08/2024		Cantu, Javier						
	Amount (\$)			ZIP CO	le				
	\$4,500.00		1307 W. Durante Ave						
			Alamo, TX 78516						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							, officeholder living expense		
					Trailer Renta	.I			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	jht		Office held		
		<u>'</u>							
	Date		Payee name						
	10/24/2024		Carrera Communications						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$11,998.85		135 Paseo Del Prado Ave.						
			Edinburg, TX 78541						
	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 Rein	nbu	ursement		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	jht		Office held		
	expenditure to benefit C/OI	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense 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					3	Filer ID (Ethics Commission Filers)	
1	Sch: 7/38 Rpt: 42/73	2	LaMantia, Morgan J. (The Honorable)				3	00086109	
4	Date	5	Payee name						
	09/27/2024		Carrera, Mike						
6 Amount (\$) 7 Payee address; City; State; Zip Code									
	\$3,600.00		135 Paseo del Prado, STE 48						
			Edinburg, TX 78539						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b)	Description			
-	OF	,	Loan Repayment/Reimbursement	ieuuie)			outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense	
						General Rein	nbu	rsement	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	10/10/2024		Carrera, Mike						
Amount (\$) Payee address; City; State; Zip Code									
	\$45,500.00 135 Paseo del Prado, STE 48								
			Edinburg, TX 78539						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T. officeholder living expense	
						General Con			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held	
	expenditure to benefit C/OF	H			C				
	Date		Payee name						
	10/07/2024		Chipotle						
	Amount (\$)			; Zip Co	ode				
	\$61.70		2425 Paredes Line Rd	, <u> </u>					
			Brownsville, TX 78526						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.	
						Food for Staf		officeholder living expense	
						i uuu iui sidi	•		
_	Complete ONL V if direct	Ļ	Candidate/Officebolder name	Office cour				Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt			Onice neiu	

	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	rhead bense pens ages	e /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: 8/38 Rpt: 43/73		LaMantia, Morgan J. (The Honorable)					00086109			
4	Date	5	Payee name								
	10/08/2024		City of Brownsville								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$500.00		1001 E Elizabeth Street								
			Brownsville, TX 78520								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b)	Description					
	OF	ľ	Contributions/Donations Made By	euule)	. ,		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		Check if Austin	, TX,	, officeholder living expense			
						Sponsorship					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
Date Payee name											
	10/02/2024		Compete Digital, LLC								
_	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$204,000.00		1317 Potomac Ave SE								
	+=0 .,000.00										
			Washington, DC 20003								
	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					
						Digital Ads					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office held			
	Date		Payee name								
	10/11/2024		Compete Digital, LLC								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$204,000.00		1317 Potomac Ave SE	-							
			Washington, DC 20003								
	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			
						Digital Ads	, 17,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/38 Rpt: 44/73		LaMantia, Morgan J. (The Honorable)				00086109	· · · ·
4	Date 10/23/2024	5	Payee name Compete Digital, LLC						
6	6 Amount (\$) \$59,000.00 Washington, DC 20003								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							ld		
	Date		Payee name						
	10/17/2024		Convergence Targeted Communication	ons					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$89,389.93		1250 Connecticut Ave Northwest STE Washington , DC 20036	E 700					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Advertising Expense	chedule)	(b)		, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office he	ld
	Date		Payee name						
	10/14/2024		Convergence Targeted Communication	ons					
	Amount (\$) \$22,012.59		Payee address; City; State 1250 Connecticut Ave Northwest STE	e; Zip Co 5 700	ode				
			Washington , DC 20036						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Advertising Expense	shedule)	(b)		, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			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 Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · ·				3	Filer ID (Ethics Commission	Filers)		
-	Sch: 10/38 Rpt: 45/73	2	LaMantia, Morgan J. (The Honorable)				5	00086109	1 ((010))		
4	Date	5	Payee name								
	10/02/2024		Convergence Targeted Communication	าร							
6	Amount (\$)	nount (\$) 7 Payee address; City; State; Zip Code									
	\$92,689.93		1250 Connecticut Ave Northwest STE	700							
	Washington , DC 20036										
°	OF	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)	(0)	Description Check if travel of	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Adventising Expense					officeholder living expense			
	Mailing Flyer										
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name office sought Office sought Office held											
	Date		Payee name								
	10/17/2024 Convergence Targeted Communications										
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$84,673.96		1250 Connecticut Ave Northwest STE								
	\$04,010.00			100							
			Washington , DC 20036								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					l	Mailing Flyer	, 17,	Uniceriolder inning expense			
						inialining i tyoi					
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt			Office held			
	expenditure to benefit C/OI			Since Sou	Jiit			Onice heid			
_		1									
	Date		Payee name								
	10/21/2024		Dollar General								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$21.84		557 E Hidalgo Ave								
			Raymondville, TX 78580								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Event Expense		ļ			de of Texas. Complete Schedule T.			
								officeholder living expense			
						Materials for I	EVe	ent			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			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	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	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:	FILER N	IAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 11/38 Rpt: 46/73		tia, Morgan J. (The H	onorable)				00086109	
4	Date 10/21/2024	Payee n Dollar (
6 Amount (\$) 7 Payee address; City; State; Zip Code \$6.00 \$57 E Hidalgo Ave Raymondville, TX 78580									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Materials for Event							, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	ht		Office held	
	Date	Payee n	ame						
	10/08/2024	Dollar 1	ree						
	Amount (\$)	Payee a	ddress; City;	State;	; Zip Coc	e			
	\$13.53	-	Ruben Torres Sr Blvc wille, TX 78520	3 STE 400)				
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the Expense	top of this scho	iedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	ht		Office held	
	Date	Payee n	ame						
	10/08/2024	Dollar 1	ree						
	Amount (\$) \$8.12	Payee a 1725 E	ddress; City; Ruben Torres Sr Blvc		; Zip Coc)	e			
		Browns	sville, TX 78520						
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the Expense	top of this sche	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	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/Reimburst Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense built Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/38 Rpt: 47/73	LaMantia, Morgan J. (The Honorable)	00086109
4	Date 10/21/2024	Payee name Dollar Tree	
6	Amount (\$) \$79.54	Payee address; City; State; Zip Code 1725 E Ruben Torres Sr Blvd STE 400 Brownsville, TX 78520	
8	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense als for Event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/21/2024	Dulcerias Pinkis	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.34	2265 Central Blvd Brownsville, TX 78520	
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense or Event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/01/2024	EBE Investments Inc.	
	Amount (\$) \$750.00	Payee address;City;State;ZipCode505 E Interstate 2	
		Pharr, TX 78577	
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ution Refund
	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 Imittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e 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: 13/38 Rpt: 48/73		LaMantia, Morgan J. (The Honor	able)				5	00086109
4	Date	5	Payee name						
	09/27/2024		Espinoza, Jose						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$1,000.00		1570 Alta Mesa Blvd						
			Brownsville, TX 78520						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description		
	OF		Salaries/Wages/Contract Labor	1113 3011		. ,	·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		5			ĺ	Check if Austin	, TX,	, officeholder living expense
							Internship		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held
	Date		Payee name						
	10/21/2024		ExxonMobil						
	Amount (\$)		Payee address; City;	State:	; Zip Coo	de			
	\$7.56		4990 N Frontage Rd	otato,	, בוף סטנ				
	φ1.00		-550 N Honage Ru						
			Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Travel In District	this sch	edule)				ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held
	Date		Payee name						
	10/04/2024		Five Below						
	Amount (\$)		Payee address; City;	State	; Zip Coo	1e			
	\$185.76		2760 Pablo Kisel Blvd	otuto,	, 20 000				
	φ105.70								
			Brownsville, TX 78526						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description		
	OF EXPENDITURE		Event Expense						ide of Texas. Complete Schedule T.
								, TX,	, officeholder living expense
							Door Prizes		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	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 Legal Services The Instruction Guide explains h	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: 14/38 Rpt: 49/73		LaMantia, Morgan J. (The Honorable)				00086109	
4	Date 10/15/2024		Payee name Five Below					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$97.97 \$97.97 Brownsville, TX 78526							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Door Prizes								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice soug	ht		Office held	
	Date		Payee name					
	10/08/2024		Friendship of Women					
	Amount (\$) \$500.00		Payee address; City; State; 95 E Price Rd	Zip Coo	le			
			Brownsville, TX 78521					
	PURPOSE OF EXPENDITURE		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		andidate/Officeholder name O	ffice soug	ht		Office held	
	Date		Payee name					
	10/01/2024		Galvan, Grecia					
	Amount (\$) \$1,000.00		Payee address; City; State; 6556 Carolina Pine	Zip Coo	le			
			Brownsville, TX 78526					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi			, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/W	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:	2			•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 15/38 Rpt: 50/73		LaMantia, Morgan J. (The Honorable))		ľ	00086109			
4	Date	5	Payee name							
	10/01/2024		Gonzales, Edward							
6	Amount (\$) \$1,500.00	7	Payee address; City; State 400 FM 3169	e; Zip Co	ode					
		Raymondville, TX 78580								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hodulo)	(b) Description					
-	OF		Consulting Expense	riedule)	Check if travel		ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					General Con	Sui	ung			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	l ıght		Office held			
	Date		Payee name							
	10/08/2024		Gonzales, Edward							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$6,000.00		400 FM 3169	, .						
			Raymondville, TX 78580		-					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sci Consulting Expense	hedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l ıght		Office held			
	Date	ĺ	Payee name							
	10/02/2024		Google Gsuite							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$76.75		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Domain and Email Hosting								
	Complete <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/Politica Credit Card Payment								
1	Total pages Schedule F1:								
-	Sch: 16/38 Rpt: 51/73	LaMantia, Morgan J. (The Honorable)							
4	Date	5 Payee name							
	09/27/2024	Gregory-Portland Education Foundation							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$800.00 Portland, TX 78374								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF OF EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Constribution Candidate/Officeholder/Political Committee Constribution Sponsorship Sponsorship								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	09/30/2024	H-E-B							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$96.34	2250 Boca Chica Blvd Brownsville, TX 78521							
	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							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/02/2024	H-E-B							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$26.96	2250 Boca Chica Blvd							
		Brownsville, TX 78521							
	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 							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

		EXF	ENDITURE CATEGO	RIES FOR E	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa mittee Legal Se	verage Expense ds/Memorials Expense	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Transport Travel in I Travel Ou	n/Fundraising Expense ation Equipment & Related Expense District t of District enter a category not listed above)		
1	Total pages Schedule F1:	-ILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 17/38 Rpt: 52/73		J. (The Honorable)			000862	109		
4	Date 10/21/2024	Payee name H-E-B							
6	Amount (\$) \$22.40								
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	andidate/Officeholde	er name C	Office sough	t .	Offi	ice held		
	Date	Payee name							
	10/14/2024	Haynes, Sean							
	Amount (\$) \$52,300.00	Payee address; 901 W. 9th #312 Austin, TX 78703	City; State;	; Zip Code					
	PURPOSE OF EXPENDITURE	Category (See Catego Consulting Expension	ries listed at the top of this sch S C	_{edule)} (b		n, TX, officeholde	s. Complete Schedule T. er living expense		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	er name C	Dffice sough	t	Offi	ice held		
	Date	Payee name							
	09/27/2024	Howell, Skyler							
	Amount (\$) \$1,000.00	Payee address; 1516 Washington	-	; Zip Code					
		Donna, TX 78537		i					
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Salaries/Wages/C	ries listed at the top of this sch ontract Labor	edule) (b			s. Complete Schedule T. er living expense		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	er name C	Office sough	i	Offi	ice held		

		EXP	ENDITURE CATEGOR	RIES FOR E	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awar mittee Legal Ser	erage Expense ds/Memorials Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Trar Trav Trav	nsportation E vel in District vel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:	FILER NAME				3 File	er ID	(Ethics Commission Filers)
	Sch: 18/38 Rpt: 53/73		J. (The Honorable)			000	086109	
4	Date 09/30/2024	Payee name IBC Bank						
6	Amount (\$) \$35.00	Payee address; 1200 San Bernard Laredo, TX 78040		Zip Code				
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 Wire Fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sough	t		Office he	ld
	Date	Payee name						
	10/02/2024	IBC Bank						
	Amount (\$) \$35.00	Payee address; 1200 San Bernard		Zip Code				
		Laredo, TX 78040						
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Fees	ies listed at the top of this sch	_{edule)} (b	Description Check if travel Check if Austin Wire Fee			blete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sough	t		Office he	ld
	Date	Payee name						
	10/02/2024	BC Bank						
	Amount (\$) \$35.00	^P ayee address; 1200 San Bernard		Zip Code				
		Laredo, TX 78040						
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Fees	ies listed at the top of this scho	edule) (k) Description Check if travel Check if Austin Wire Fee			olete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sough	t		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	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ense Iges/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		B Filer ID (Ethics Commission Filers)		
	Sch: 19/38 Rpt: 54/73	_aMantia, Morgan J. (The Honorable)		00086109		
4	Date 10/02/2024	Payee name BC Bank				
6	Amount (\$) \$12.50	Payee address; City; State; Zip Cod L200 San Bernardo Laredo, TX 78040	e			
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 Wire Fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held		
	Date	Payee name				
	10/02/2024	BC Bank				
	Amount (\$) \$35.00	Payee address; City; State; Zip Cod L200 San Bernardo	e			
		_aredo, TX 78040				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		itside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held		
	Date	Payee name				
	10/11/2024	BC Bank				
	Amount (\$) \$35.00	Payee address; City; State; Zip Cod 1200 San Bernardo	e			
		_aredo, TX 78040				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		itside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held		

		EXPENDITURE CATEGORIES FOR BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/ The Instruction Guide explains how to complet	Image: Market Action Transportation Equipment Related Expense Travel in District Travel Out of District Travel Out of District Travel Out of District Travel Out Here a category not listed above) Travel Out of District Travel Out of District <td< th=""></td<>			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
-	Sch: 20/38 Rpt: 55/73	LaMantia, Morgan J. (The Honorable)	00086109			
4	Date 10/17/2024	Payee name IBC Bank				
6	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040				
8 PURPOSE OF EXPENDITURE (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 Wire Fee						
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/17/2024	IBC Bank				
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1200 San Bernardo				
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/22/2024	IBC Bank				
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1200 San Bernardo				
		Laredo, TX 78040				
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/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	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	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: 21/38 Rpt: 56/73		LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 09/27/2024		Payee name Johnson, Reed H.E.							
_				7:0 00	d a					
6	Amount (\$)			; Zip Co	ue					
	\$7,600.00		1122 Colorado St Ste 208							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Loan Repayment/Reimbursement				ide of Texas. Complete Schedule T.			
					General Rein		, officeholder living expense			
					Generaritein	indu	isement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
⊨	Data									
	Date		Payee name							
	10/11/2024		Johnson, Reed H.E.							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$4,346.00		1122 Colorado St Ste 208							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					General Rein	nuc	isement			
							0///			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jur		Office held			
	Date		Payee name							
	10/01/2024		Johnson, Reed H.E.							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$5,000.00		1122 Colorado St Ste 208	, I						
			Austin, TX 78701							
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					General Con					
					Ceneral Con	Jun				
_	Complete ONLV if direct	Ļ	condidate/Officebalder name		abt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt		Onice neiu			
-										

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committ	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ee Legal Services The Instruction Guide		Office Overh Polling Expe Printing Exp Salaries/Wa	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 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 22/38 Rpt: 57/73		Mantia, Morgan J. (The Ho	norable)				00086109
4	Date 10/18/2024		vee name Innson, Reed H.E.					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$7,650.00 1122 Colorado St Ste 208 Austin, TX 78701 Austin, TX 78701							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Image: Check if Check if Check if Check if Check if Austin, TX, officeholder living expense General Reimbursement Check if Austin, TX, officeholder living expense General Reimbursement						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	nt		Office held
	Date	Pa	vee name					
	10/25/2024	Jol	nnson, Reed H.E.					
	Amount (\$)	Pa	vee address; City;	State:	Zip Cod	9		
	\$4,360.00		22 Colorado St Ste 208 stin, TX 78701		·			
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the tr an Repayment/Reimbursen		edule) (n, TX,	de of Texas. Complete Schedule T. . officeholder living expense I ISEMENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	nt		Office held
	Date	Pa	vee name					
	10/08/2024	Jua	arez Promotions					
	Amount (\$) \$1,000.00		vee address; City; 05 S Illinois Ave	State;	Zip Cod	e		
			wnsville, TX 78521					
	PURPOSE OF EXPENDITURE	Co	egory (See Categories listed at the tentributions/Donations Made ntributions/Donations Made ndidate/Officeholder/Politic	By				de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	nt		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 Stread/Rental 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:	· · · · ·	Filer ID (Ethics Commission Filers)						
	Sch: 23/38 Rpt: 58/73	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 10/16/2024	5 Payee name Kingsville Noon Lions Club							
6	Amount (\$)	Payee address; City; State; Zip Code							
ľ	\$250.00	P.O. Box 447							
	Kingeville, TX 70262								
_		Kingsville, TX 78363							
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	toide of Toyae, Complete Schedule T						
	EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
		Sponsorship							
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
	Date	Payee name							
	10/21/2024	Kleberg County Democratic Party							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	700 E Kleberg Ave							
		Kingsville, TX 78363							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.						
			Check if Austin, TX, officeholder living expense						
		Sponsorship							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF	Candidate/Onicenoider name Onice sought	Once new						
⊨	Date								
	10/16/2024	Payee name L.C. Smith Elementary PTO							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	700 N 1st St							
	\$230.00	100 N 131 01							
		Raymondville, TX 78580							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF		tside of Texas. Complete Schedule T.						
	EXPENDITURE		X, officeholder living expense						
		Sponsorship							
	Complete ONUM if allocation								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE	CATEGO	RIES FOF	во	X 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 Ex mmittee Legal Services The Instruction Guid	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e 'Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense	
1	Total pages Schedule F1:	2		<u> </u>				3	Filer ID	(Ethics Commission Filers)	
-	Sch: 24/38 Rpt: 59/73		LaMantia, Morgan J. (The Ho	onorable)	1				00086109		
4	Date	5	5 Payee name								
	09/30/2024		Lara's Bakery								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de					
	\$49.95		403 W Polk St								
			Harlingen, TX 78550								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				Check if travel		de of Texas. Comple		
	EXPENDITORE					ļ			officeholder living e	xpense	
							Food for Eve	nt			
_		Ĺ				<u>.</u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name		Office sou	3ht			Office held	3	
	Date	Γ	Payee name								
	10/08/2024		Lopez, Carlos								
	Amount (\$)	┢	Payee address; City;	State	; Zip Co	de					
\$1,000.00 2209 North Padre Island Drive											
				-							
			Corpus Christi, TX 78408								
	PURPOSE OF		Category (See Categories listed at the	top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						I	Grass Roots			xpense	
							01400	1.00	aic		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	(Office sour	nht			Office held	ł	
	expenditure to benefit C/OF			-	01	J					
-	Date	—	Payee name								
	10/08/2024		Lopez, Sarah								
_	Amount (\$)	<u> </u>	Payee address; City;	State	; Zip Co	de					
	\$1,500.00		P.O. Box 202	Oluio,	, zip 00	ЭС					
	φ1,000.00		F.O. DOX 202								
			Robstown, TX 78380								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense						de of Texas. Comple		
						ļ		, TX,	officeholder living e	xpense	
							Signs				
	Complete ONILV if direct	Ľ	Candidate/Officeholder name						Office held	.1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officendider name	L L	Office sou	Jur			Unice neit	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 Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	head ense pense ages/	e /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 Cabadula F1	2		e explains		iipic		1	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 25/38 Rpt: 60/73		LaMantia, Morgan J. (The Ho	onorable)				3	Filer ID (Ethics Commission Filers) 00086109
4	Date	5	Payee name						
	10/21/2024		Lopez, Sarah						
6	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$4,000.00		P.O. Box 202						
			Robstown, TX 78380						
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	EXPENDITURE		Consulting Expense						ide of Texas. Complete Schedule T. , officeholder living expense
							General Con		
								oun	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ght			Office held
	Date		Payee name						
	10/04/2024		MailChimp						
	Amount (\$)		Payee address; City;	State:	; Zip Co	1e			
	\$303.81		405 N Angier Ave NE	State,	, zip cot				
	\$303.01		405 N Aligiel Ave NE						
			Atlanta, GA 30308						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense						ide of Texas. Complete Schedule T.
							Monthly New		, officeholder living expense
								SIEI	
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	nht			Office held
	expenditure to benefit C/OF					jiic			
	Date		Payee name						
	10/01/2024		Majic 104.9 FM						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$5,400.00		2209 N Padre Island Dr	,	, 1				
	+-,								
			Corpus Christi, TX 78408						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense						ide of Texas. Complete Schedule T.
								, TX,	, officeholder living expense
							Radio Ads		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ummittee 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: 26/38 Rpt: 61/73	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 10/18/2024	5 Payee name Mi Pueblito Restaurant							
6	Amount (\$) \$288.00	7 Payee address; City; State; Zip Code 0 3101 Pablo Kisel Blvd Brownsville, TX 78526							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event 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							
	10/03/2024	Montelango, Jocelyn							
	Amount (\$) \$1,000.00								
		Brownsville, TX 78526							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense D						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/08/2024	New Edge Marketing							
	Amount (\$) \$5,986.23	Payee address;City;State;Zip Code2100 Old Port Isabel Road							
		Brownsville, TX 78520							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Nt						
	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:	•	3 Filer ID (Ethics Commission Filers)					
-	Sch: 27/38 Rpt: 62/73	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date	5 Payee name						
	10/08/2024	Northern Cameron County Democrats						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$200.00	975 W Ruben M Torres Blvd, STE 2						
		Brownsville, TX 78520						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF		utside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee	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						
	09/27/2024 O'Bell, Ruben							
	Amount (\$) Payee address; City; State; Zip Code							
	\$346.34 4681 Larkspur Drive							
		Brownsville, TX 78526						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Loan Repayment/Reimbursement	utside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
		General Reiml	bursement					
⊢	Complete ONIL V if direct	Candidate/Officeholder name Office sought	Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	ught Office held					
	Data							
	Date 09/27/2024	Payee name						
		O'Bell, Ruben						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,428.00	4681 Larkspur Drive						
		Brownsville, TX 78526						
	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 Reim						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	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 Loar Fees Officition Food/Beverage Expense Polition Gift/Awards/Memorials Expense Printing Legal Services Sala The Instruction Guide explains how to	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: 28/38 Rpt: 63/73	aMantia, Morgan J. (The Honorable)		00086109					
4	Date 10/08/2024	5 Payee name O'Bell, Ruben							
6	Amount (\$) \$3,117.02	7 Payee address; City; State; Zip Code 02 4681 Larkspur Drive Brownsville, TX 78526							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense General Reimbursement								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office	sought	Office held					
	Date	Payee name							
	10/01/2024	D'Bell, Ruben							
	Amount (\$) \$1,000.00	ayee address; City; State; Zip 681 Larkspur Drive	Code						
		Brownsville, TX 78526							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	10/17/2024)'Bell, Ruben							
	Amount (\$) \$1,165.41	ayee address; City; State; Zip 681 Larkspur Drive	Code						
		Brownsville, TX 78526	1						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) oan Repayment/Reimbursement		outside of Texas. Complete Schedule T. n, TX, officeholder living expense nbursement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 29/38 Rpt: 64/73	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 10/21/2024	5 Payee name Ollie's Bargain Outlet							
6	Amount (\$) \$340.18	7 Payee address; City; State; Zip Code 40.18 3000 Pablo Kisel Blvd Brownsville, TX 78526							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EVENT Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Materials								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/01/2024	Pereida, Jose							
	Amount (\$) \$1,200.00	Payee address;City;State;Zip Code3725 Amanda Lane							
		Robstown, TX 78380							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense D						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/23/2024	Pereida, Jose							
	Amount (\$) \$1,239.62	Payee address;City;State;ZipCode3725 Amanda Lane							
		Robstown, TX 78380							
	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						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Gilt/Awards/Memorials I Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Gu			Office Ove Polling Exp Printing Ex Salaries/W	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Travel Out of District 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: 30/38 Rpt: 65/73		LaMantia, Morgan J. (The Honorable)				00086109	
4	Date	5	Payee name			I		
	10/01/2024		Portland Texas Chamber Of Commerce	9				
6	Amount (\$)	7		Zip Co	le			
	\$30.00		1211 US Hwy 181					
			Portland, TX 78374					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Commi	ittee		I, TX,	, officeholder living expense	
					Sponsorship			
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Int		Office held	
	Date		Payee name					
	10/21/2024Portland Texas Chamber Of Commerce							
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$75.00 1211 US Hwy 181							
			Portland, TX 78374					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Fees	,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Membership	Du	es	
							0///	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Int		Office held	
_		1						
	Date		Payee name					
	10/10/2024		Robledo , Mike					
	Amount (\$)			Zip Co	le			
	\$45,500.00		914 S. 15th St					
			McAllen, TX 78501					
	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	
					Conerar Con	Jui	ang .	
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office source	uht		Office held	
	Complete ONLY 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		F F G nmittee L	vent Expense ees ood/Beverage Expen ift/Awards/Memorials egal Services 'he Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
1	Total pages Schedule F1:	1					inpic		3		(Ethics Commission Filers)
T	Sch: 31/38 Rpt: 66/73			organ J. (The	Honorable)				3	Filer ID (00086109	
4	Date	5	Payee name								
	10/21/2024		Ross								
6	Amount (\$) \$75.71	7 Payee address; City; State; Zip Code 2800 Pablo Kisel Blvd									
			Brownsville,	TX 78526							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Materials										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	С	Office sou	ght			Office held	ł
	Date		Payee name								
	10/24/2024		Rudy's								
	Amount (\$)		Payee address	; City;	State;	; Zip Co	de				
	\$514.52		Brownsville,								
	PURPOSE OF EXPENDITURE		Category _{(See} Food/Bevera	Categories listed at 1 ge Expense	the top of this sch	iedule)	(b)		, TX,	de of Texas. Comple officeholder living e: age	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	С	Office sou	ght			Office held	ł
	Date		Payee name								
	10/08/2024		Saldana, Suz	y							
	Amount (\$) \$4,000.00		Payee address 5262 South S		State;	; Zip Co	de				
			Corpus Chris	ti, TX 78411							
	PURPOSE OF EXPENDITURE		Category (See Consulting E	Categories listed at t	the top of this sch	edule)	(b)		, тх,	de of Texas. Comple officeholder living e: ing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ght			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	-		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	EII ER NAME	•		•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 32/38 Rpt: 67/73		LaMantia, Morgan J. (The Honorable)00086109						
4	Date 09/27/2024	2024 Sam's Club							
6	Amount (\$) \$257.59								
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Materials								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	e C	Office soug	ht		Office held	
	Date		Payee name						
	09/27/2024		Sam's Club						
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$44.94		3570 W Alton Gloor Bvlo Brownsville, TX 78520	I					
	PURPOSE OF EXPENDITURE		Category _{(See Categories listed} Event Expense	d at the top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	e C	Office soug	ht		Office held	
	Date		Payee name						
	10/07/2024		Sam's Club						
	Amount (\$) \$116.64		Payee address; City; 3570 W Alton Gloor Bvlo	-	; Zip Coo	le			
			Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE		Category _{(See Categories lister Food/Beverage Expense}		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	e C	Office soug	ht		Office held	

			EXPENDITURE CA	TEGOR	RES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Inmittee 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:	12			1011 10 00		2	Filer ID (Ethics Commission Filers)	
T	Sch: 33/38 Rpt: 68/73		LaMantia, Morgan J. (The Hono	O0086109					
	Date 10/07/2024	5 Payee name Sam's Club							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$19.46 3570 W Alton Gloor Bvld								
Ļ			Brownsville, TX 78520			· · · · ·			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Event Check if Austin, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	O	Office soug	nt		Office held	
	Date		Payee name						
	10/15/2024	:	Sam's Club						
	Amount (\$) \$237.43		Payee address; City; 3570 W Alton Gloor Bvld	State;	Zip Cod	e			
		-	Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	of this sche	3dule) (, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	Office soug	nt		Office held	
	Date	Π	Payee name						
	10/21/2024	;	Sam's Club						
	Amount (\$) \$989.13		Payee address; City; 3570 W Alton Gloor Bvld	State;	Zip Cod	e			
			Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top on Event Expense	of this sche	edule) (, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	Office soug	nt		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: 34/38 Rpt: 69/73	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date 09/27/2024	Payee name Sanchez, Romo								
6	Amount (\$) \$1,650.00									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense General Reimbursement									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/01/2024 Sanchez, Romo									
	Amount (\$) Payee address; City; State; Zip Code \$2,500.00 673 Webb St									
		Mercedes, TX 78570								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense f							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/08/2024	Spectrum								
	Amount (\$) \$251.30	Payee address;City;State;Zip Code400 Washington Blvd								
		Stamford, CT 06902								
	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				d/Rental Expense e e /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: 35/38 Rpt: 70/73		LaMantia, Morgan J. (The Honorable)					00086109	
4	Date	5	Payee name						
	10/10/2024		St. Gertrude the Great Catholic Church						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
-	\$1,000.00		1120 S 8th Street	1					
	,								
			Kingsville, TX 78363						
8	PURPOSE	<u> </u>	-		(h)	Description			
ľ	OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee				, officeholder living expense	
						Sponsorship			
9	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght			Office held	
	expenditure to benefit C/OI	Η							
	Date		Payee name						
	10/07/2024		Target						
Amount (\$) Payee address; City; State; Zip Code									
	\$213.49 2300 W Ben White Blvd								
			Austin, TX 78704						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
	-					Materials for		, officeholder living expense	
						Materials 101		ent	
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	thr			Office held	
	expenditure to benefit C/Oł				gin				
_	Date		Payee name						
	10/08/2024		Target						
_	Amount (\$)			Zip Co	do				
	\$54.29		2300 W Ben White Blvd	210 00	uc				
	¢04.20								
			Austin, TX 78704						
_	PURPOSE				(h)	Description			
	OF	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	(U)	Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expense					, officeholder living expense	
						Materials for	Eve	ent	
	Complete ONLY if direct		Candidate/Officeholder name O	ffice 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		•	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Travel in District Travel Out of District	ment & Related Expense
1	Total pages Schedule F1:	2	•				2	Filor ID (F	thics Commission Filers)
1	Sch: 36/38 Rpt: 71/73	2	2FILER NAME LaMantia, Morgan J. (The Honorable)3Filer ID 00086109(Ethics)						
4	Date	5	Payee name						
	10/24/2024		Target						
6	Amount (\$) \$59.53	 7 Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704 							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	OF Event Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	09/30/2024		TargetSmart Communications						
	Amount (\$)		Payee address; City; Sta	ite; Zip C	ode				
	\$24,000.00		P.O. Box 719441 Philadelphia, PA 19171	-					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Consulting Expense	schedule)	(b)			de of Texas. Complete officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	10/02/2024		Teddlie Stuart Media Partners, Inc.						
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode				
	\$701,000.00		511 Washburn St						
			Taylor, TX 76574		-				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Advertising Expense	schedule)	(b)		, TX,	de of Texas. Complete officeholder living exp ment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 37/38 Rpt: 72/73	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 10/22/2024	5 Payee name Teddlie Stuart Media Partners, Inc.							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$377,156.50								
L-	DUDDOCE	· · · · · · · · · · · · · · · · · · ·							
8	OF EXPENDITURE								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/21/2024	The Texan							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$10.00	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/O	Candidate/Officeholder name Office sought	Office held						
F	Date	Payee name							
	09/27/2024	United Way of Northern Cameron County							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	320 E Harrison Ave							
		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/O	Candidate/Officeholder name Office sought	Office held						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	-	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 38/38 Rpt: 73/73	2 FILER NAME 3 Filer ID (Ethics Commission Filers) LaMantia, Morgan J. (The Honorable) 00086109
4	Date 10/17/2024	5 Payee name Valero
6	Amount (\$) \$41.11	7 Payee address; City; State; Zip Code 1124 International Blvd Brownsville, TX 78520
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held