CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00086109		2 Total pages fi	led: 51
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		USE ONLY
OFFICEHOLDER	The Honorable	Morgan J.				
NAME					Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/13/2025	
		LaMantia				
					Date Lland delivered a	r Data Daatmarkad
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/SUITE #; CI	IY;	ZIP CODE	Date Hand-delivered o	n Date Postmarkeu
MAILING	1324 E. Madison Ave.				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Brownsville, TX 78520				Date Processed	
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Eduardo R.		1VII		
NAME	IVII .	Euuaruo R.				
	NICKNAME	LAST		SUFFIX		
	PeeWee	Rodriguez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	r / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	222 North Expressway 83					
	Suite 203					
(Residence or Business)	Brownsville, TX 78526					
	,,					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER PHONE	(956) 574-9333					
THOME						
8 REPORT						
TYPE	X January 15	30th day befor	e election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	July 15	8th day before		Exceeded modified	Final Report (Atta	
		our day before		reporting limit		
9 PERIOD	Month Day Year			Month Dav	Year	
COVERED	Month Day Year 10/27/2024	т	HROUGH	Month Day 12/31/2024		
	10/2//2024		incoosti	12/31/2024	+	
	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year		Primary		Other	
	Wohan Day rea		innary			
			General	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	State Senator District 27					
	1			1		
		~~~				
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versi	on V4.1.0.5dd2ace2

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 51

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)	14 Filer ID (E 00086109	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
<b>16</b> CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 96,755.08
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 875,157.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 12,092.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 11,122,000.00
17 AFFIDAVIT	•			
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honora	ble Morgan J. LaMar	ntia
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me. by the s	aid	. this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	\	/ersion V4.1.0.5dd2ace2

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 51 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. \$ 96,755.08 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 707,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 875,157.89 \$ 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 Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/17 Rpt: 4/51
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
LaMantia, Morgan J. (The Honorable)	00086109
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
11/11/2024 Abbott, Adam	\$10.00
6 Contributor address; City; State; Zip Code	
Colleyville, TX 76034	
	(See Instructions)
Not Employed Not Emp	loyed
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
11/04/2024 Association of Texas Professional Educators PAC	\$6,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78752	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
11/05/2024 Atmos Energy Corporation PAC	\$2,000.00
Contributor address; City; State; Zip Code	
Dallas, TX 75240	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
10/28/2024 BEEF-PAC	\$1,000.00
Contributor address; City; State; Zip Code	
Amarillo, TX 79106	
	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#: 11/05/2024 Barry, Chris	) Amount of Contribution (\$) \$1.33
	φ1.55
Contributor address; City; State; Zip Code	
Houston, TX 77014	
	(See Instructions)
Operator Disney	· · · · · · · · · · · · · · · · · · ·

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/51	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	lorgan J. (The Honorable)		00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/11/2024	Brown, Ben			\$166.67
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78704	I		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Software De		Microsoft		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/18/2024	Bustamante, Elizabeth			\$5.27
	Contributor address; City; State; Zip Code			
	Austin, TX 78705	I		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Founder		TillerXR		
Date	Full name of contributor X out-of-state PAC (ID#:_	C00248716)	Amount of Contribution (\$)	
10/30/2024	Comcast Corporation & NBC Universal PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Dhiladalphia DA 10102			
Dringinglasse	Philadelphia, PA 19103			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	»)	
Date	Full name of contributor X out-of-state PAC (ID#:	<u>C00112896</u> )	Amount of Contribution (\$)	¢1 000 00
11/05/2024	ConocoPhillips SPIRIT PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Bartlesville, OK 74004			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
i incipal occu			5)	
Doto	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (1)	
Date 10/30/2024	Full name of contributor out-of-state PAC (ID#: Cooper, Susanne	)	Amount of Contribution (\$)	\$2,500.00
10/30/2024				φ2,300.00
	Contributor address; City; State; Zip Code			
	Olmos Park, TX 78212			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Self Employ		Self	,	
5				

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/51	
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 (\$)	
	10/28/2024	Democracy Engine, LLC				\$164.79
		6 Contributor address; City; State; Zip Code	,			
_		Washington, DC 20001				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/30/2024	Democracy Engine, LLC				\$2.93
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
			I			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/05/2024	Democracy Engine, LLC				\$6.37
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/05/2024	Democracy Engine, LLC				\$6.39
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/28/2024	Enbridge (U.S) Inc. PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77056				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
			l			
		·				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Sc Sch: 4/17 Rpt		
2 FILER NAME			3 Filer ID (Ethic	s Commission I	Filers)
	lorgan J. (The Honorable)		00086109		,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Con	tribution (\$)	
11/05/2024	Espinosa, Lydia				\$10.00
	6 Contributor address; City; State; Zip Code				
	Harlingen, TX 78550				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	)		
Not Employe		Not Employed	)		
			Amount of Oom	tuile stiese ( <b>d</b> )	
Date	—	)	Amount of Con		1 000 00
10/30/2024				Ф.	1,000.00
	Contributor address; City; State; Zip Code				
	Irving, TX 75039				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
r meipai occu			)		
Data		<u> </u>	Amount of Con	tribution (¢)	
Date 11/05/2024	Full name of contributor out-of-state PAC (ID#: Foley & Lardner LLP Texas Campaign Fund	)	Amount of Con		1,500.00
11/05/2024				φ.	1,500.00
	Contributor address; City; State; Zip Code				
	Dallas, TX 75201				
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Con	tribution (\$)	
11/11/2024	Fonseca, Xavier				\$25.00
	Contributor address; City; State; Zip Code				
	·····, ····				
	Corpus Christi, TX 78415				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
Not Employ	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:	· )	Amount of Con	tribution (\$)	
11/18/2024	Fuentes, Ana				\$100.00
	Contributor address; City; State; Zip Code				
	Grand Prairie, TX 75052				
-	pation / Job title (See Instructions)	Employer (See Instructions	)		
Not Employe	ed	Not Employed			

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	The Instru	ction Guide explains how to cor	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/51	
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-o	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/05/2024	Fuentes, Michelle					\$1.00
		6 Contributor address; City; State; Zip C	Code				
Ļ	Duta staal aaay	Missouri City, TX 77459			Ĺ		
8	Field Superv	ipation / Job title (See Instructions)		9 Employer (See Instructions DHHS	5)		
					-		
	Date		of-state PAC (ID#:	)		Amount of Contribution (\$)	t= 222.00
	11/05/2024						\$5,000.00
		Contributor address; City; State; Zip C	Code				
		Anna, TX 75409					
┝	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Chairman			Gallagher Construction		nagement	
╞					I		
	Date 11/18/2024		of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	11/10/2024	Garcia, Sara					ΦT00'00
		Contributor address; City; State; Zip C	Code				
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>.</b> ;)		
	Legal Opera	tions		Google			
⊨	Date	Full name of contributor out-o	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Gates, Frances Diane					\$1,000.00
		Contributor address; City; State; Zip C					
		Corpus Christi, TX 78401					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Opthalmolog	jist		Self Employed			
	Date	Full name of contributor out-o	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/11/2024	Godfrey, Justin					\$100.00
		Contributor address; City; State; Zip C	Code				
		Austin, TX 78721	r				
		ipation / Job title (See Instructions)		Employer (See Instructions			
	Vice Preside	ent/Treasurer		Barilla Management Inc			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	organ J. (The Honorable)		00086109
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/11/2024	Godines, Viola		\$250.00
	6 Contributor address; City; State; Zip Code		
	Laredo, TX 78041		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Not Employe	ed	Not Employed	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/28/2024	Gomez, Elpidio J. Balderas	/	\$10,000.00
10/20/2021			
	Contributor address; City; State; Zip Code		
	Nissian TX 70572		
	Mission, TX 78572		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Pef Oil & Ga	S	Principal	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/05/2024	Gould, Michael		\$1.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Design		Meta	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/18/2024	Grunwald, Elizabeth		\$25.00
	Contributor address; City; State; Zip Code		
	Los Fresnos, TX 78566		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) 3)
Wildlife Rese		Texas A&M - Kingsville	
Data	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date		)	Amount of Contribution (\$)
11/11/2024	Haddad, Roberto		\$250.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
	pation / Job title (See Instructions)	Employer (See Instructions	8)
Attorney		DHR Health	

L							
	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/51	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	LaMantia, M	lorgan J. (The Honorable)				00086109	ŕ
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/24/2024	Houston Police Retired Offic					\$1,000.00
		6 Contributor address; City; State	te; Zip Code				
			-				
		Houston, TX 77219					
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 (\$)	
	11/18/2024	Hubbard, John					\$50.00
		Contributor address; City; Stat	te; Zip Code				
			o, <u></u> p				
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Attorney			O'Melveny & Myers LLP	) 		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/05/2024	Hubert, Francis A.					\$250.00
		Contributor address; City; State					
		Diviero TV 79270					
	Dringing occu	Riviera, TX 78379		Employer (See Instructions	<u> </u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
╞					<u> </u>	Amount of Contribution (¢)	
	Date 10/30/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	10/30/2024		to: Zin Codo				Φ2,000.00
		Contributor address; City; State	e, zip code				
		Horseshoe Bay, TX 78657					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/18/2024	Jauregui, Joe	_				\$25.00
		Contributor address; City; State	te; Zip Code				
		Donna, TX 78537					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	.d		Not Employed			
4							

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	The Instru	ction Guide explains how to complete this	is forn	۱.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/51	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		organ J. (The Honorable)				00086109	/
4	Date	5 Full name of contributor out-of-state PAC (IE	ID#:	)	7	Amount of Contribution (\$)	
	11/11/2024	Jenkins, Christopher					\$25.00
		6 Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78411					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Attorney			Federal Public Defender	•		
	Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:	)		Amount of Contribution (\$)	
	11/18/2024	Kennedy, Sarah					\$10.00
		Contributor address; City; State; Zip Code					
		Brownsville, TX 78526					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired			Retired			
	Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:	)		Amount of Contribution (\$)	
	11/11/2024	King, Gareth					\$1.00
		Contributor address; City; State; Zip Code					
		New York, NY 10040					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Environment	al Engineer		NYC DEP			
	Date	Full name of contributor 🛛 out-of-state PAC (IE	ID#:	)		Amount of Contribution (\$)	
	10/30/2024	Kuhl Jr., P. John					\$500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Partner			SKLaw			
	Date	Full name of contributor out-of-state PAC (IE	D#:	)		Amount of Contribution (\$)	
	11/18/2024	Lamotte, Christopher					\$25.00
		Contributor address; City; State; Zip Code					
		Harlingen, TX 78552					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician As	ssistant		South Heart Clinic			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
	organ J. (The Honorable)		00086109	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/05/2024	Leon, Ivan		\$	\$1.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77020			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Not Employe		Not Employed	)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/05/2024	Leon, Ivana	/		61.00
	Houston, TX 77068			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Senior Mana	ager	Pioneer Works		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/11/2024	Martin, Richard	/		50.00
	Contributor address; City; State; Zip Code			
	Burleson, TX 76028			
Principal occu	pation / 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 (\$)	
11/18/2024	Martinez, Blas		\$50	00.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Insurance Br	roker	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/18/2024	Michaels, Robert		\$	\$1.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77004			
	pation / Job title (See Instructions)	Employer (See Instructions		
Not Employe	ed	Not Employed		

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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 10/17 Rpt: 13/51	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		organ J. (The Honorable)			00086109	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/11/2024	Miller, Kristi				\$15.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78723				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	IS)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/17/2024	Miller, Kristi				\$15.00
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78723				
		pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/11/2024	Moltz, John				\$10.00
		Contributor address; City; State; Zip Code		"		
		Tacoma, WA 98407				
		pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Freelance W	riter	Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/11/2024	Morales, Ricardo				\$10,000.00
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78041				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Person, Mohrer, Boddy,	, Gai	cia & Gutierrez PLLC	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/11/2024	Morales, Ricardo				\$2,000.00
		Contributor address; City; State; Zip Code		]		
L		Laredo, TX 78041				
		pation / Job title (See Instructions)	Employer (See Instructions			
L	Attorney		Person, Mohrer, Boddy,	′, Gai	cia & Gutierrez PLLC	

				1 Total pages Schedule A1:	
		ction Guide explains how to complete this fo	orm.	Sch: 11/17 Rpt: 14/51	
2	FILER NAME			3 Filer ID (Ethics Commission	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 (\$)	
	11/18/2024	Mostyn, Amber			\$1,000.00
		6 Contributor address; City; State; Zip Code			
		Houston, TX 77027	]		
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
	Attorney		Mostyn Law Firm		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/11/2024 Mutch, Andrew				\$100.00
	Contributor address; City; State; Zip Code				
	<u> </u>	Novi, MI 48375		-	
		upation / Job title (See Instructions)	Employer (See Instructions)		
	Library Syste	ems Administrator	Charter Township of Wa	iterford	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/18/2024	Nicolas, Guillermo			\$1,000.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78204	]		
		upation / Job title (See Instructions)	Employer (See Instructions)	;)	
	Not Employe		Not Employed		
	Date	Full name of contributor X out-of-state PAC (ID#: C	) ) )	Amount of Contribution (\$)	
	11/05/2024	OneOk Employees PAC			\$500.00
		Contributor address; City; State; Zip Code			
		Tulsa, OK 74102			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
	Date	Full name of contributor X out-of-state PAC (ID#: C	)	Amount of Contribution (\$)	
	10/30/2024	Pfizer PAC			\$1,500.00
		Contributor address; City; State; Zip Code			
		New York, NY 10001	]		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
			L		

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The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/51	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	lorgan J. (The Honorable)		00086109	,
4 Date	5 Full name of contributor out-of-state PAC (ID;	)#:)	7 Amount of Contribution (\$)	
11/06/2024	Pharm PAC			\$2,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78757			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
•			)	
Date	Full name of contributor out-of-state PAC (IDe	)#:)	Amount of Contribution (\$)	
11/06/2024	Philips Uresti Meachum Partners			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78711			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
T Intoipea corr.			)	
Date	Full name of contributor Out-of-state PAC (ID;	)#:)	Amount of Contribution (\$)	
11/11/2024	Quaintance, Don			\$25.00
	Contributor address; City; State; Zip Code			
Dringing occu	Houston, TX 77006	Employer (See Instructions	N	
Graphic Des	ipation / Job title (See Instructions) sign	Employer (See Instructions) Public Address	.)	
Date	Full name of contributor out-of-state PAC (ID;		Amount of Contribution (\$)	
11/18/2024	Ramirez, Eliazar	#)		\$25.00
±±, = ; = ; = ; = ;	Contributor address; City; State; Zip Code			¥=×
	Harlingen, TX 78550			
	ipation / Job title (See Instructions)	Employer (See Instructions)	;)	
Teacher		South Texas College		
Date	Full name of contributor out-of-state PAC (ID)	)#:)	Amount of Contribution (\$)	÷500.00
11/18/2024	Ramirez, Minita			\$500.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78043			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)	
President		Laredo College		
		•		

	The Instru	ction Guide explains how to complete t	nis fo	rm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/51	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
ľ		organ J. (The Honorable)			ľ	00086109	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:	)	7	Amount of Contribution (\$)	
	10/28/2024	Ramirez, Rene					\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Edinburg, TX 78539					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Consultant			Self Employed			
╞─	Date	Full name of contributor out-of-state PAC	(10#)	)		Amount of Contribution (\$)	
	11/11/2024		(ID#	)			¢2 500 00
	11/11/2024						\$2,500.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Civil Enginee	er		RRP Consulting Engine	ers		
	Date	Full name of contributor 🔲 out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	11/11/2024	Sada, Gilbert					\$15.00
		Contributor address; City; State; Zip Code					
		Harlingen, TX 78552					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employ			Not Employed	,		
⊨			(15.1)		<u> </u>		
	Date		(ID#:	)		Amount of Contribution (\$)	¢2 500 00
	10/28/2024	Spamer, Joaquin M.					\$2,500.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78503					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Commodities	s Integrated Logistics		Founder			
	Date	Full name of contributor 🔲 out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	11/11/2024	Stukenberg, Amanda					\$250.00
		Contributor address; City; State; Zip Code			1		
		Corpus Christi, TX 78411					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	CEO			WAMHS	,		
L							

	The Instru	ction Guide explains how to comp	lete this fo	orm.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/51	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		organ J. (The Honorable)				00086109	,
4	Date	5 Full name of contributor out-of-sta	ate PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/11/2024	Summers, William					\$10.00
		6 Contributor address; City; State; Zip Cod					
		Harlingen, TX 78552					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Administrativ	ve Assistant		Davis Equity Realty			
	Date	Full name of contributor out-of-sta	ate PAC (ID#:_	)		Amount of Contribution (\$)	
	10/28/2024	TEXAS SANDS PAC					\$4,500.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ເ</u>		
	i inicipai ooda				')		
⊨	Date	Full name of contributor out-of-sta		)		Amount of Contribution (\$)	
	10/28/2024	Tex-Pipe PAC		/			\$1,000.00
	10/20/2024						Ψ1,000.00
		Contributor address; City; State; Zip Cod	e				
		Austin, TX 78701					
⊢	Duin air al a ann			England (Or a hastmation	Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
╞	<u> </u>						
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	<b>#0 500</b> 00
	10/30/2024	Texas Apartment Association PAC					\$3,500.00
		Contributor address; City; State; Zip Cod	е				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	11/05/2024	Texas Economic Development Coun	cil PAC				\$1,000.00
		Contributor address; City; State; Zip Cod					
		Austin, TX 78701					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions			
⊢							

The Instru	ation Cuido explaine how to complete this f	orm	1 Total pages Schedule A1:	
	ction Guide explains how to complete this f	orm.	Sch: 15/17 Rpt: 18/51	
2 FILER NAME	- /		3 Filer ID (Ethics Commissio	on Filers)
	organ J. (The Honorable)		00086109	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/05/2024	Texas Mortgage Bankers PAC			\$2,500.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
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 (\$)	
11/04/2024	Texas Speech Language Hearing Association P			\$1,000.00
-	Contributor address; City; State; Zip Code			• •
	Austin, TX 78703			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
-				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/05/2024	Texas Sport PAC		I	\$2,500.00
	Contributor address; City; State; Zip Code			
1				
1				
	Austin, TX 78763			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/30/2024	Texas Wildlife Association PAC			\$2,500.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor X out-of-state PAC (ID#:	C00085316 )	Amount of Contribution (\$)	
10/30/2024	The Cigna Group Employee PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Philadelphia, PA 19192			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

The Instruc	ction Guide explains how to complete this		Total pages Schedule A1: Sch: 16/17 Rpt: 19/51		
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
LaMantia, Mo	organ J. (The Honorable)			00086109	
4 Date	5 Full name of contributor X out-of-state PAC (ID#	: <u>C00284885</u> )	7	Amount of Contribution (\$)	
11/06/2024	The Home Depot PAC				\$2,000.00
	6 Contributor address; City; State; Zip Code		"		
	Washington, DC 20004				
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#	±)		Amount of Contribution (\$)	
11/18/2024	Trevino, Guillermo				\$1,000.00
	Contributor address; City; State; Zip Code				
Dringinglogou	Laredo, TX 78045				
Principal occuj President	Principal occupation / Job title (See Instructions)Employer (See InstructionPresidentSouthern Distributing				
	<b></b>		1		
Date	Full name of contributor out-of-state PAC (ID#	·:)	'	Amount of Contribution (\$)	<u>ቀ100 00</u>
11/11/2024	Villarreal, Joaquin				\$100.00
	Contributor address; City; State; Zip Code				
	Brownsville, TX 78526				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Not Employe	d	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
10/28/2024	Villarreal, Rigoberto				\$2,500.00
	Contributor address; City; State; Zip Code		"		
	I				
	Mission, TX 78504				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner		Ares Services, Inc.			
Date	Full name of contributor out-of-state PAC (ID#	ť:)	'	Amount of Contribution (\$)	*1 000 00
11/06/2024	Vistra Employee PAC of Vistra Corp.				\$1,000.00
	Contributor address; City; State; Zip Code				
	Irving, TX 75039				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/51	
2	FILER NAME LaMantia, M	lorgan J. (The Honorable)		3	Filer ID (Ethics Commission 00086109	on Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
4	11/11/2024	Webb, Charles			Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78412				
8	Principal occu Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions Webb, Cason & Manning		PC	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/11/2024	Weis, Anne				\$25.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75218				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date	Date Full name of contributor X out-of-state PAC (ID#: C00034595 )			Amount of Contribution (\$)	
	10/28/2024	Wells Fargo & Co Employee PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/18/2024	Wildman, David				\$500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Owner		Wildman Art Framing			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/30/2024	Zachry Corporation PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78265	· · · · · · · · ·			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
Ĺ						

LOANS							SCHEDULE E
The Instructio	n Guide explains ho	w to complete t	his fo	orm.	1		ages Schedule E: /6 Rpt: 21/51
2 FILER NAME LaMantia, Morga	an J. (The Honorable)				3	Filer ID 00086	(Ethics Commission Filers) 109
⁴ TOTAL OF UN	ITEMIZED LOANS						\$
5 Date of loan 10/28/2024	<ul> <li>7 Name of lender</li> <li>LaMantia, Anthony</li> </ul>	out-of-st	ate PAC	C (ID#:		)	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution?	8 Lender address;	City; Sta	ate;	Zip Code			10 Interest Rate
No	McAllen, TX 78501						<b>11</b> Maturity Date
<b>12</b> Principal occupation Owner	on / Job title (See Instruction	าร)		13 Employer (See Instructions L & F Distributors, LLC	5)		
14 Description of Coll X None	ateral			15 Check if personal funds we	ere o	leposite	d into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)
X not applicable	<b>18</b> Guarantor address;	City; Sta	ate;	Zip Code			
20 Principal occupation	bn			21 Employer (See Instructions	5)		•
Date of loan	Name of lender	out-of-st	ate PAC	C (ID#:		)	Loan Amount (\$) \$20,000.00
11/04/2024 Is lender a financial institution?	LaMantia, Anthony Lender address;	City; Sta	ate;	Zip Code			Interest Rate
No	McAllen, TX 78501						Maturity Date
Principal occupatio Owner	on / Job title (See Instructior	าร)		Employer (See Instructions	5)		1
Description of Coll	ateral			Check if personal funds we	ere o	leposite	d into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)
X not applicable	Guarantor address;	City; Sta	ate;	Zip Code			
Principal occupatio	n D			Employer (See Instructions	6)		1
			L				

LOANS					SCHEDULE E
The Instructio	on Guide explains hov	v to complete this f	orm.	-	ges Schedule E: 6 Rpt: 22/51
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers) 09
⁴ TOTAL OF UN	IITEMIZED LOANS			•	\$
5 Date of loan 10/28/2024	<ul> <li>Name of lender</li> <li>LaMantia, Greg</li> </ul>	out-of-state PA	.C (ID#:	)	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate
No	McAllen, TX 78501				<b>11</b> Maturity Date
<b>12</b> Principal occupation Owner	on / Job title (See Instructions	s)	13 Employer (See Instructions L & F Distributors, LLC	5)	
14 Description of Colle X None	ateral		<b>15</b> 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;	City; State;	Zip Code		
20 Principal occupatio	bn		21 Employer (See Instructions	6)	
Date of loan 11/04/2024	Name of lender LaMantia, Greg	out-of-state PA		)	Loan Amount (\$) \$20,000.00
Is lender a financial institution?	_	City; State;	Zip Code		Interest Rate
No	McAllen, TX 78501				Maturity Date
Principal occupatio Owner	n / Job title (See Instructions	s)	Employer (See Instructions L & F Distributors, LLC	5)	I
Description of Colle	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;	City; State;	Zip Code		
Principal occupatio	ม		Employer (See Instructions	5)	I

LOANS					SCHEDULE E
The Instructio	n Guide explains how to c	omplete this f	orm.	-	bages Schedule E: 3/6 Rpt: 23/51
<ul> <li>FILER NAME</li> <li>LaMantia, Morga</li> </ul>	an J. (The Honorable)			3 Filer II 0008	D (Ethics Commission Filers) 6109
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 10/28/2024	7 Name of lender LaMantia III, Joseph	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
No	McAllen, TX 78501				11 Maturity Date
<b>12</b> Principal occupation Owner	on / Job title (See Instructions)		13 Employer (See Instructi L & F Distributors, LL		
14 Description of Coll	ateral		<b>15</b> Check if personal funds	were deposit	ed 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 Instruct	ons)	
Date of loan	Name of lender	out-of-state PA	C (ID#:		_) Loan Amount (\$)
10/30/2024	LaMantia III, Joseph Lender address; City;	State;	Zip Code		\$100,000.00
financial institution?		Ciato,			Maturity Date
No	McAllen, TX 78501				Waturity Date
Principal occupatio Owner	on / Job title (See Instructions)		Employer (See Instructi L & F Distributors, LL	,	•
Description of Coll X None	ateral		Check if personal funds	were deposit	ed 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 Instruct	ons)	1

LOANS					SCHEDULE E
The Instructio	n Guide explains how to c	omplete this f	orm.		ages Schedule E: /6 Rpt: 24/51
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 00086	(Ethics Commission Filers) 109
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 11/04/2024	7 Name of lender LaMantia III, Joseph	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$20,000.00
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 X None	ateral		<b>15</b> 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	<b>18</b> Guarantor address; City;	State;	Zip Code		
20 Principal occupatio	on		21 Employer (See Instruction	ons)	
Date of loan	Name of lender	out-of-state PA	C (ID#:		Loan Amount (\$)
10/28/2024 Is lender a financial	LaMantia, Stephen L. Lender address; City;	State;	Zip Code		\$100,000.00 Interest Rate
institution? No					Maturity Date
	McAllen, TX 78501				
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 to c	omplete this f	orm.	1		ges Schedule E: 6 Rpt: 25/51
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3	Filer ID 000861	(Ethics Commission Filers) 09
⁴ TOTAL OF UN	ITEMIZED LOANS			·		\$
5 Date of loan 11/04/2024	<ul> <li>7 Name of lender</li> <li>LaMantia, Stephen L.</li> </ul>	out-of-state PA	C (ID#:		)	9 Loan Amount (\$) \$20,000.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate
No	McAllen, TX 78501					<b>11</b> Maturity Date
<b>12</b> Principal occupation Owner	on / Job title (See Instructions)		13 Employer (See Instruct L & F Distributors, L			
14 Description of Coll	ateral		15 Check if personal fund	ls were	deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupatio	n		21 Employer (See Instruc	tions)		
Date of loan 11/27/2024	Name of lender	out-of-state PA	C (ID#:		)	Loan Amount (\$)
Is lender a financial institution?	LaMantia, Stephen L. Lender address; City;	State;	Zip Code			\$7,000.00 Interest Rate
No	McAllen, TX 78501					Maturity Date
Principal occupatio	n / Job title (See Instructions)		Employer (See Instruc L & F Distributors, L			
Description of Coll	ateral		Check if personal fund	ls were	deposited	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 Instruc	tions)		1

LOANS					SCHEDULE E
The Instructio	n Guide explains how t	to complete this	form.		iges Schedule E: 6 Rpt: 26/51
2 FILER NAME LaMantia, Morga	an J. (The Honorable)			3 Filer ID 000861	(Ethics Commission Filers) L09
⁴ TOTAL OF UN	ITEMIZED LOANS				\$
5 Date of loan 10/28/2024	<ul> <li>Name of lender</li> <li>LaMantia, Verna A.</li> </ul>	out-of-state P/	AC (ID#:	)	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution?	8 Lender address; Cit	ty; State;	Zip Code		10 Interest Rate
No	McAllen, TX 78501				<b>11</b> Maturity Date
12 Principal occupation Owner	on / Job title (See Instructions)		13 Employer (See Instruction L & F Distributors, LLC	,	
14 Description of Coll	ateral		15 Check if personal funds w	vere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; Cit	ty; State;	Zip Code		
20 Principal occupation	bn		21 Employer (See Instruction	IS)	•
Date of loan	Name of lender	out-of-state P/	AC (ID#:	)	Loan Amount (\$)
11/04/2024	LaMantia, Verna A.				\$20,000.00
Is lender a financial institution?	Lender address; Cit	ty; State;	Zip Code		Interest Rate
No	McAllen, TX 78501				Maturity Date
Principal occupation Owner	on / Job title (See Instructions)		Employer (See Instruction		
Description of Coll	ateral		Check if personal funds w	vere deposited	d into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; Cit	ty; State;	Zip Code		
Principal occupation	DN		Employer (See Instruction	is)	

	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	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 1/25 Rpt: 27/51	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date 12/31/2024	Payee name ActBlue								
6	Amount (\$) \$862.19	7 Payee address;       City;       State; Zip Code         366 Summer Street       Somerville, MA 02144								
8	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 Online Contribution Processing Fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/01/2024	Alcala, Daphne								
	Amount (\$) \$1,000.00	Payee address;City;State;Zip Code5350 Burnet Rd, Apt 327								
		Austin, TX 78756								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Of							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/14/2024	Anetik								
	Amount (\$) \$39.97	Payee address;City;State;Zip Code1021 Calle Recodo - Suite B								
		San Clemente, CA 92673								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       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	Filer ID (Ethics Commission Filers)							
	Sch: 2/25 Rpt: 28/51	LaMantia, Morgan J. (The Honorable)	00086109							
4	Date 10/28/2024	Payee name Arena Analytics								
6	Amount (\$) \$23,366.00	7 Payee address; City; State; Zip Code 801 E Fern Ave STE 101 McAllen, TX 78501								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Program									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/28/2024	Ayala's Bakery								
	Amount (\$) \$14.80	Payee address; City; State; Zip Code 844 Military Hwy Brownsville, TX 78520								
	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								
	10/29/2024	Best Buy								
	Amount (\$) \$357.19	Payee address;     City;     State;     Zip     Code       2701 Pablo Kisel Blvd								
		Brownsville, TX 78526								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Office Materials</li> </ul> </li> </ul>								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

				EXPENDITU	JRE CATEGO	RIES 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 Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W		se	Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FII FR NAME		-		•		Filer ID	(Ethics Commission Filers)		
-	Sch: 3/25 Rpt: 29/51			lorgan J. (Th	e Honorable)				00086109	(Lance Commerce		
4	Date	5	Payee name									
	11/03/2024		Blue Action									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$56,513.10		P.O. Box 41424									
		Austin, TX 78704										
8	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this sch	nedule)	(b) Description	1				
	OF EXPENDITURE		Consulting I	Expense					ide of Texas. Com			
									, officeholder living			
							Dala, Tec	Π, α Τ	raining Mate	ildis		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sou	ght		Office he	eld		
	Date		Payee name									
	11/05/2024	I	Brand Boos	ters								
	Amount (\$)		Payee addres		Stato	; Zip Co	ho					
	.,	I				, zip co	le					
	\$1,786.13 301 North McColl Rd STE G											
			McAllen, TX	78501								
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising		at the top of this sch	nedule)		avel outs	ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	C	Office sou	ght		Office he	eld		
	Date		Payee name									
	11/03/2024		Breeden Mo	Cumber, Inc.								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$1,792.89		P.O. Box 56	86								
			Brownsville,	TX 78523								
	PURPOSE OF			-	at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Advertising	Expense				ustin, TX	ide of Texas. Com , officeholder living			
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	(	Dffice sou	ght		Office he	eld		

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards Imittee Legal Servio	age Expense /Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2		• •		<b>•</b> · ·	3	Filer ID (Ethics Commission Filers)		
-	Sch: 4/25 Rpt: 30/51		LaMantia, Morgan J	. (The Honorable)			ľ	00086109		
4	Date	5	Payee name							
	11/18/2024		Burton McCumber & Longoria, LLP							
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Coo	le				
	\$6,800.00		205 Pecan Blvd							
			McAllen, TX 78501							
8	PURPOSE	(a)	Category (See Categorie	s listed at the ten of this scho	odulo)	(b) Description				
			Consulting Expense		cuuic)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		<b>.</b> .					officeholder living expense		
						General Con	sult	ling		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name O	Office soug	ht		Office held		
	Date		Payee name							
	12/27/2024		Burton McCumber &	& Longoria, LLP						
⊢	Amount (\$)		Payee address; C	ity; State;	Zip Coo	le				
	\$557.00		205 Pecan Blvd							
			McAllen, TX 78501							
	PURPOSE OF		Category (See Categorie		edule)	(b) Description	:			
	EXPENDITURE		Consulting Expense	2				de of Texas. Complete Schedule T. officeholder living expense		
						General Con				
	Complete ONLY if direct		andidate/Officeholder	name O	)ffice souc	ht		Office held		
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	10/28/2024		Cantu, Javier							
-	Amount (\$)		Payee address; C	ity; State;	Zip Coo	le				
	\$910.00		1307 W. Durante Av		2.0 000					
	+0_0.00									
			Alamo, TX 78516							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	e				de of Texas. Complete Schedule T.		
	-						ι, TX,	officeholder living expense		
						Advertising				
	Complete ONIL V if direct		andidata/Officabaldar			bt.		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name O	Office soug	m		Office held		

			EXPENDITURE	CATEGO	RIES 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: nmittee Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labo	se r		Solicitation/Fundraising Expense Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed		
1	Total pages Schedule F1:	2		ao onp				3	Filer ID (Ethics Commi	ecion Filers)	
1	Sch: 5/25 Rpt: 31/51		LaMantia, Morgan J. (The H	onorable)					00086109		
4	Date	5	Payee name				•				
	10/29/2024		Canva								
6	Amount (\$) \$144.00	7	Payee address; City; State; Zip Code 200 E 6th St								
			Austin, TX 78701								
8	PURPOSE	(a)	Catagony			(b) Descriptior					
ľ	OF		Category (See Categories listed at the Advertising Expense	top of this sch	iedule)			utsid	e of Texas. Complete Schedule T.		
	EXPENDITURE								officeholder living expense		
						Graphic E	Desig	jn F	Platform Expense		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	Jht			Office held		
	Date		Payee name								
	11/03/2024		Carrera Communications								
	Amount (\$)		Payee address; City;	State	; Zip Coo	le					
	\$12,183.94		135 Paseo Del Prado Ave.	Oldio,	, בוף סטנ						
	φ12,103.94		135 Faseo Dei Flauo Ave.								
			Edinburg, TX 78541								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Consulting Expense	top of this sch	edule)		ravel ou Austin, ⁻	TX, c	e of Texas. Complete Schedule T. Ifficeholder living expense NG		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht			Office held		
	Date		Payee name								
	10/28/2024		Convergence Targeted Com	municatio	ns						
-	Amount (\$)		Payee address; City;		; Zip Coo	de					
	\$89,061.37		1250 Connecticut Ave North								
			Washington , DC 20036								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sch	edule)		ravel ou Austin, ⁻		e of Texas. Complete Schedule T. Ifficeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	Jht			Office held		

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Ex           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense         Printing Expense			pense kpense /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: 6/25 Rpt: 32/51		LaMantia, Morgan J. (The Honorable)	1			00086109
4	Date	5	Payee name				
	10/28/2024		Convergence Targeted Communicatio	ns			
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$93,393.34		1250 Connecticut Ave Northwest STE	700			
			Washington , DC 20036				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.
					Mailing Flyer	, IX,	, officeholder living expense
					Maining Fiyer		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	10/29/2024		Convergence Targeted Communicatio	ns			
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$68,164.58		1250 Connecticut Ave Northwest STE	700			
	PUPPopp	<u> </u>	Washington , DC 20036				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	11/18/2024		Convergence Targeted Communicatio	ns			
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$84,927.67		1250 Connecticut Ave Northwest STE				
			Washington , DC 20036				
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description	·	ide of Touron Complete Ontentials T
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held

		EXPENDITURE CATEGORIES FOR	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	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:			Filer ID (Ethics Commission Filers)						
	Sch: 7/25 Rpt: 33/51	aMantia, Morgan J. (The Honorable)		00086109						
4	Date 11/07/2024	Payee name Cordova, Carlos								
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2222 Pearl Street Austin, TX 78705								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Internship									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office soug	ht	Office held						
	Date	ayee name								
	11/03/2024	DLR Consulting and Management Group LLC								
	Amount (\$) \$1,400.00	Payee address; City; State; Zip Cod 21 South Valley View Road	le							
		Donna, TX 78537								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		tside of Texas. Complete Schedule T. "X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office souc	ht	Office held						
	Date	ayee name								
	10/29/2024	Dollar General								
	Amount (\$) \$15.86	Payee address; City; State; Zip Coo 300 W Ruben M Torres Blvd	le							
		Brownsville, TX 78520								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. 'X, officeholder living expense Vent						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name 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 Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid		Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 8/25 Rpt: 34/51	LaN	antia, Morgan J. (The H	onorable)				00086109	
4	Date 10/28/2024		e name ar Tree						
6	Amount (\$) \$41.95	172	e address; City; 5 E Ruben Torres Sr Blvo vnsville, TX 78520		; Zip Cod )	e			
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Strength Provide the texpense       Check if travel outside of Texas. Complete Strength Provide the texpense         Image: Check if Austin, TX, officeholder living expense       Materials for Event									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	nt		Office held	
	Date	Paye	e name						
	10/28/2024	Esp	noza, Jose						
	Amount (\$)	Paye	e address; City;	State;	; Zip Cod	е			
	\$1,000.00	-	) Alta Mesa Blvd vnsville, TX 78520						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the ries/Wages/Contract Lab		edule) (			de of Texas. Complete officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	nt		Office held	
	Date	Paye	e name						
	10/28/2024	Five	Below						
	Amount (\$) \$131.74	-	e address; City; ) Pablo Kisel Blvd	State;	; Zip Cod	e			
		Brov	vnsville, TX 78526						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the nt Expense	top of this sch	edule) (		I, TX,	de of Texas. Complete officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	nt		Office held	

			EXPENDITURE CATE	GORIE	ES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	C P S	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:	5	· · ·		W 10 00		3	Filer ID (Ethics Commission Filers)			
1	Sch: 9/25 Rpt: 35/51		LaMantia, Morgan J. (The Honorab	ole)				00086109			
4	Date	5	Payee name								
	11/01/2024		Galvan, Grecia								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,000.00		6556 Carolina Pine								
			Brownsville, TX 78526								
8	PURPOSE	<u> </u>			(I) (	Description					
Ũ	OF		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedu	ule) (		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Calance, Wages, Contract Eabor			Check if Austin	, TX	, officeholder living expense			
						Contract Lab	or				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offi	ice sougl	nt		Office held			
	Date		Payee name								
	10/27/2024		Garcia, David								
	Amount (\$)		Payee address; City; St	ate: Z	Zip Cod	9					
	\$350.00		207 N 3rd Street	,							
			Kingsville, TX 78363								
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedu	ule) (I	Description					
	OF EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Con	mmitte	ee	Sponsorship	I, I X,	, officeholder living expense			
						Sponsorship					
	Complete ONLY if direct		Candidate/Officeholder name	Offi	ice sougl			Office held			
	expenditure to benefit C/OF			Om	ice sougi	n					
	Data	<u> </u>									
	Date 11/25/2024		Payee name Golden Corral								
	Amount (\$)			ate; 2	Zip Cod	9					
	\$487.13		4555 N Expressway								
			Brownsville, TX 78520								
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedu	ule) (I	<b>b)</b> Description					
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.			
	LAFENDITORE							, officeholder living expense			
						Food for Eve	nt				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offi	ice sougl	nt		Office held			
<u> </u>											

			EXPENDITURE C	CATEGOF	RIES 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 Exp mittee Legal Services The Instruction Guide		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:	2					3	Filer ID (Ethics Commission Filers)			
1	Sch: 10/25 Rpt: 36/51	I	LaMantia, Morgan J. (The Ho	norable)			5	00086109			
4	Date	5	Payee name								
	11/01/2024	(	Google Gsuite								
6	Amount (\$)	7 1	Payee address; City;	State;	; Zip Cod	e					
	\$76.75	:	1600 Amphitheatre Parkway								
		I	Mountain View, CA 94043								
8	PURPOSE	(a) (	Category (See Categories listed at the to	on of this sch	edule) (	b) Description					
	OF EXPENDITURE		Office Overhead/Rental Exper		cuaic,	Check if travel		de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
						Domain and	Em	ail Hosting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held			
	Date		Payee name								
	12/02/2024		Google Gsuite								
	Amount (\$)		Payee address; City;	State;	; Zip Cod	e					
	\$76.75	:	1600 Amphitheatre Parkway								
			Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE							Description 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		andidate/Officeholder name	C	Dffice soug	ht		Office held			
	Date		Payee name								
	10/28/2024	I	H-E-B								
-	Amount (\$)	+	Payee address; City;	State:	; Zip Cod	P.					
	\$266.02		2250 Boca Chica Blvd		, _,	•					
		1	Brownsville, TX 78521								
	PURPOSE OF		Category (See Categories listed at the to	op of this sche	edule)	b) Description					
	EXPENDITURE	'	Event Expense					de of Texas. Complete Schedule T.			
						Food for Eve		officeholder living expense			
						FOUL IOI EVE	i it				
	Complete ONLY if direct	<u>с</u>	andidate/Officeholder name	C	Office soug	ht		Office held			
	expenditure to benefit C/OF	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitf/Awards/Memorials Expense	Loa Offi Poll Prir Sala	an Repayr ice Overh ling Exper nting Expe aries/Wag	nent/Reimbursement ead/Rental Expense ise inse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 37/51		LaMantia, Morgan J. (The Honora	ble)				00086109
4			Payee name					
	10/30/2024		BC Bank					
6	Amount (\$) \$35.00		Payee address; City; S 1200 San Bernardo Laredo, TX 78040	state; Zij	p Code	2		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Fees	is schedule	₎ (t			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sough	t		Office held
	Date		Payee name					
	11/18/2024		IBC Bank					
	Amount (\$)		Payee address; City; S	state; Zi	p Code	)		
	\$35.00		1200 San Bernardo Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Fees	is schedulej	₎ (t		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sough	t		Office held
	Date		Payee name					
	11/18/2024		BC Bank					
	Amount (\$)		Payee address; City; S	itate; Zi	p Code	<u>,</u>		
	\$35.00		1200 San Bernardo					
			Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Fees	is schedule	₎ (k		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sough	t		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reinbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Committee       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: 12/25 Rpt: 38/51	LaMantia, Morgan J. (The Honorable)	00086109				
4	Date 12/20/2024	Payee name IBC Bank					
6	Amount (\$) \$12.00	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040					
8	PURPOSE OF EXPENDITURE	F Eques					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/20/2024	IBC Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	1200 San Bernardo Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Return				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/31/2024	IBC Bank					
	Amount (\$) \$23.88	Payee address; City; State; Zip Code 1200 San Bernardo					
		Laredo, TX 78040					
	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	-	office Over nse Polling Ex s Expense Printing E	kpense /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:		•	•	<b>3</b> Filer ID (Ethics Commission Filers)	
-	Sch: 13/25 Rpt: 39/51	aMantia, Morgan J. (The	Honorable)		00086109	
4	Date 11/12/2024	ayee name ohnson, Reed H.E.				
6	Amount (\$)	ayee address; City;	State; Zip Co	de		
	\$6,367.00	122 Colorado St Ste 208				
		ustin, TX 78701				
8	PURPOSE	ategory (See Categories listed at	the top of this schedule)	(b) Description		
	OF EXPENDITURE	oan Repayment/Reimbur	sement		outside of Texas. Complete Schedule T.	
	-			General Rein	n, TX, officeholder living expense	
				General Rein	indusement	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sou	ght	Office held	
	Date	ayee name				
	11/01/2024	ohnson, Reed H.E.				
		·	Stata: Zip Co	do		
	Amount (\$)	ayee address; City;	State; Zip Co	ue		
	\$5,000.00	122 Colorado St Ste 208				
		ustin, TX 78701				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at Consulting Expense	the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sulting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held	
	Date	ayee name				
	12/13/2024	ohnson, Reed H.E.				
	Amount (\$)	ayee address; City;	State; Zip Co	de		
	\$1,465.00	122 Colorado St Ste 208	,p			
		ustin, TX 78701				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at oan Repayment/Reimbur			outside of Texas. Complete Schedule T. n, TX, officeholder living expense nbursement	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sou	ght	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/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 NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 14/25 Rpt: 40/51	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date 11/30/2024	Payee name LULAC 4444						
6	Amount (\$) \$1,000.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>5922 King Trail</li> <li>Corpus Christi, TX 78414</li> </ul>						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Sponsorship</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/28/2024	Lasara ISD						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 11932 Jones St						
		Raymondville, TX 78580						
	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					
	Date	Payee name						
	11/04/2024	MailChimp						
	Amount (\$) \$303.81	Payee address;City;State;ZipCode405 N Angier Ave NE						
		Atlanta, GA 30308						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense I <b>Q</b>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)
_	Sch: 15/25 Rpt: 41/51	LaMantia, Morgan J. (The Honorable)	00086109
4	Date 10/28/2024	5 Payee name Marroquin, Diana	
6	Amount (\$) \$1,600.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>4844 Galicia Drive</li> <li>Brownsville , TX 78521</li> </ul>	
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/27/2024	Mendoza, Billy Joe	
	Amount (\$) \$110.00	Payee address; City; State; Zip Code 111 North Washington	
		Brownsville , TX 78520	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense S
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/12/2024	Mendoza, Ebany	
	Amount (\$) \$1,000.00	Payee address;City;State;Zip Code2430 Roosevelt Street	
		Brownsville, TX 78521	
	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 E Inmittee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		ao onp			3	Filer ID (Ethics Commission Filers)
T	Sch: 16/25 Rpt: 42/51		LaMantia, Morgan J. (The H	onorable)			3	00086109
4	Date	5	Payee name					
	11/04/2024		Michaels					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$140.80		5400 Brodie Ln STE 350					
			Austin, TX 78745					
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	OF		Office Overhead/Rental Expe		iouuloj		el outs	side of Texas. Complete Schedule T.
	EXPENDITURE							K, officeholder living expense
						Office Mate	rials	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	lht		Office held
	Date		Payee name					
	10/29/2024		Montelango, Jocelyn					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le		
	\$1,000.00		875 Pine More Drive	e tato,	, <u> </u>			
	\$1,000.00							
			Brownsville, TX 78526					
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Contract Lab	oor				side of Texas. Complete Schedule T. K, officeholder living expense
						Contract La		, oncenduer living expense
						Contract Ed	.001	
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	t		Office held
	expenditure to benefit C/OF				Juice Soug	jiit		Office field
	_	_						
	Date		Payee name					
	11/01/2024		O'Bell, Ruben					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$2,980.60		4681 Larkspur Drive					
			Brownsville, TX 78526					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Loan Repayment/Reimburse	ment				side of Texas. Complete Schedule T.
								c, officeholder living expense
						General Re	imbi	ursement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	C	Office soug	jht		Office held
		•						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/R Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 17/25 Rpt: 43/51	aMantia, Morgan J. (The Honorable)	00086109					
4	Date 11/21/2024	Payee name D'Bell, Ruben						
6	Amount (\$) \$307.08	7 Payee address;       City;       State; Zip Code         \$307.08       4681 Larkspur Drive         Brownsville, TX 78526						
8	PURPOSE OF EXPENDITURE	Loan Renavment/Reimbursement						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/01/2024	O'Bell, Ruben						
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4681 Larkspur Drive						
		Brownsville, TX 78526						
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/27/2024	DAV Post 101 Harlingen						
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 504 American Legion Drive						
		Harlingen, TX 78550						
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ponsorship					
	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	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           By -         Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 18/25 Rpt: 44/51		LaMantia, Morgan J. (The Honorable)				00086109
4	Date	5	Payee name				
	10/28/2024		Ollie's Bargain Outlet				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$75.73		3000 Pablo Kisel Blvd				
			Brownsville, TX 78526				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Event Expense	cuule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Event Materi	als	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	lht		Office held
	Date		Payee name				
	10/27/2024		Our Lady of Guadalupe Catholic Churc	h			
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$500.00		693 N 3rd St				
			Raymondville, TX 78580				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittoo			ide of Texas. Complete Schedule T. , officeholder living expense
			Candidate/Onicenoide//Fonical Comm	lilee	Sponsorship	,	
_	Complete ONLY if direct		Candidate/Officeholder name C	office sout	iht		Office held
	expenditure to benefit C/OI	Η					
	Date		Payee name				
	11/01/2024		Pereida, Jose				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$1,200.00		3725 Amanda Lane				
			Robstown, TX 78380				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense
					Contract Lab		
-	Complete ONLY if direct		Candidate/Officeholder name C	office soug	ıht		Office held
	expenditure to benefit C/OI		······				
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	5	Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo ains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 19/25 Rpt: 45/51	Mantia, Morgan J. (The Honora	ole)	00086109		
4	Date 10/27/2024	iyee name GSC Citizen's Volunteer Council				
6	Amount (\$) \$250.00	iyee address; City; S O. Box 451 arlingen, TX 78551	tate; Zip Code			
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ontributions/Donations Made By andidate/Officeholder/Political Co	Check if t	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/Officeholder name	Office sought	Office held		
	Date	lyee name				
	11/06/2024	aising Canes				
	Amount (\$) \$136.57	iyee address; City; S .5 Morrison Road	tate; Zip Code			
		ownsville, TX 78520	La s			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th vent Expense	Check if t	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/O	didate/Officeholder name	Office sought	Office held		
	Date	iyee name				
	10/31/2024	eady Tee Golf				
	Amount (\$) \$500.00	iyee address; City; S 800 W San Marcelo	tate; Zip Code			
		ownsville , TX 78520				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of the ontributions/Donations Made By andidate/Officeholder/Political Co	Check if t	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/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 Offit/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 20/25 Rpt: 46/51	LaMantia, Morgan J. (The Honorable)	00086109					
4	Date 10/27/2024	Payee name Riviera ISD						
6	Amount (\$) \$1,000.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>203 Seahawk Drive</li> <li>Riviera, TX 78379</li> </ul>						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Sponsorship</li> </ul> </li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/03/2024	Robledo , Mike						
	Amount (\$) \$10,000.00	Payee address;     City;     State;     Zip Code       000.00     914 S. 15th St, STE A						
		McAllen, TX 78501						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense sulting					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/12/2024	Rodriguez, Kenya						
	Amount (\$) \$500.00	Payee address;     City;     State;     Zip     Code       2501 Pearl Street						
		Austin, TX 78705						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	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/R Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gitf/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)			
-	Sch: 21/25 Rpt: 47/51	_aMantia, Morgan J. (The Honorable)	00086109			
4	Date 11/11/2024	^D ayee name Rosenbaum, Lucio				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$4,560.00	374 Hortencia Blvd				
		Brownsville , TX 78520				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Consulting Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       General Consulting				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/04/2024	Saenz, Mario				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	P.O. Box 1634 Elsa, TX 78543				
	PURPOSE OF EXPENDITURE	Event Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ables & Chairs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/27/2024	Salinas, Obidio				
	Amount (\$) \$107.24	Payee address; City; State; Zip Code 202 Janet Circle South				
		_a Feria, TX 78559				
	PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense eneral Reimbursement			
	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimburseme rrhead/Rental Expense pense kpense /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: 22/25 Rpt: 48/51		LaMantia, Morgan J. (The Honorable)				00086109
4	Date 10/28/2024		Payee name Sam's Club				
6	Amount (\$) \$59.93		Payee address; City; State; 3570 W Alton Gloor Bvld Brownsville, TX 78520	; Zip Co	de		
8	PURPOSE OF EXPENDITURE	Event Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	10/28/2024		Sanchez, Romo				
	Amount (\$)		Payee address; City; State;	; Zip Co	de		
	\$1,400.00		673 Webb St Mercedes, TX 78570				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Loan Repayment/Reimbursement	iedule)		ıstin, TX	ide of Texas. Complete Schedule T. , officeholder living expense I <b>ISEMENT</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	11/01/2024		Sanchez, Romo				
	Amount (\$) \$2,500.00		Payee address; City; State; 673 Webb St	; Zip Co	de		
			Mercedes, TX 78570				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	iedule)		ıstin, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ittee Legal Services	Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 23/25 Rpt: 49/51	LaMantia, Morgan J. (The Honorable)							
4	Date 11/30/2024	5 Payee name Scarlett Begonia Productions							
6	Amount (\$) \$600.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>110 E Bowie Street</li> <li>Beeville, TX 78102</li> </ul>							
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o dvertising Expense	of this schedule) (b		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sough	t	Office held				
	Date	ayee name							
	10/27/2024	DCJ							
	Amount (\$)	ayee address; City;	State; Zip Code						
	\$330.16	.O. Box 4013 untsville, TX 77342							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o ift/Awards/Memorials Expense			outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held								
	Date	ayee name							
	10/30/2024	eddlie Stuart Media Partners, I	nc.						
	Amount (\$) Payee address; City; State; Zip Code								
	\$377,156.50	11 Washburn St							
		aylor, TX 76574		-					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o dvertising Expense	of this schedule) (b		outside of Texas. Complete Schedule T. , TX, officeholder living expense acement				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sough	t	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political 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: 24/25 Rpt: 50/51	LaMantia, Morgan J. (The Honorable)	00086109						
4	Date 11/20/2024	5 Payee name The Texan							
6	Amount (\$) \$10.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>1011 San Jacinto Blvd STE 315</li> <li>Austin, TX 78701</li> </ul>							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Newspaper Subscription</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
12/20/2024 The Texan									
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1011 San Jacinto Blvd STE 315 Austin, TX 78701							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense Ibscription						
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held									
	Date	Payee name							
	12/19/2024	Two Men and a Truck							
	Amount (\$)     Payee address;     City;     State;     Zip     Code       \$195.00     1066 S Padre Island Drive     1066 S Padre Island Drive     1066 S Padre Island Drive								
	Corpus Christi, TX 78416								
PURPOSE OF EXPENDITURE			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Moving Furniture						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loau Fees Offic Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Prin		Office Overl Polling Expe Printing Exp Salaries/Wa	Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	1 Total pages Schedule F1:       2 FILER NAME       3 Filer ID       (Ethics Commission File)								
-	Sch: 25/25 Rpt: 51/51	ZFILER NAME3LaMantia, Morgan J. (The Honorable)0							
4	Date 12/26/2024	5 Payee name Two Men and a Truck							
6	Amount (\$) \$1,755.00	7 Payee address; City; State; Zip Code 1066 S Padre Island Drive							
		Corpus Christi, T	X 78416						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Averhead/Rental Expense Moving Furniture							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office soug	ht		Office held	1	
	Date	Payee name							
	10/29/2024 Walmart								
	Amount (\$) \$59.14	Payee address; 2721 Boca Chica		e; Zip Cod	e				
		Brownsville, TX							
	PURPOSE OF EXPENDITURE	Category _{(See Cate} Event Expense	gories listed at the top of this sc	hedule) (		I, TX,	de of Texas. Comple officeholder living e		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office soug	ht		Office held	t	
	Date	Payee name							
	10/31/2024 Walmart								
	Amount (\$) \$67.08								
	Brownsville, TX 78521								
	PURPOSE OF EXPENDITURE	OF Food/Boyersage Expense					de of Texas. Comple officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office soug	ht		Office held	t	