# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00086109		2 Total pages filed: 12		
3	CANDIDATE /	MS / MRS / MR	FIRST		MI			
ľ	OFFICEHOLDER				IVII	OFFICE	USE ONLY	
	NAME	The Honorable	Morgan J.			Date Received		
						ELECTRONIC	VIIVEILED	
						]	ALLI FILLD	
		NICKNAME	LAST		SUFFIX	07/08/2025		
			LaMantia					
Ŀ	OANIDIDATE /	100000000000000000000000000000000000000	/ O. U.T.E. # O.T.	2.4	710.0005	Date Hand-delivered	ar Data Daatmarkad	
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hariu-delivered	or Date Postmarkeu	
	MAILING	1324 E. Madison Ave.						
	ADDRESS					Receipt #	Amount	
	Change of Address	Brownsville, TX 78520						
		Brownsville, 17 76520				Date Processed		
						Date Imaged		
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	-5		
	TREASURER	Mr.	Eduardo R.					
	NAME	IVII.	Ludaido IV.					
		NICKNAME	LAST		SUFFIX			
		PeeWee	Rodriguez					
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	r / SUITE #; CITY;	ST	ATE; ZIP CODE	
ľ	TREASURER	222 North Expressway 83			.,		,	
	ADDRESS	1						
	(Residence or Business)	Suite 203						
	,	Brownsville, TX 78526						
L								
7	CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION				
	TREASURER PHONE	(956) 574-9333						
	PHONE							
8	REPORT							
ľ	TYPE	January 15	30th day before	e election	Runoff	15th day after ca	ampaign treasurer	
				ш	L	appointment (of	ficeholder only)	
		X July 15	8th day before	election	Exceeded modified	Final Report (At	tach C/OH-FR)	
		-		_	reporting limit	-		
9	PERIOD	Month Day Year			Month Day	Year		
ľ	COVERED	01/01/2025	TH	IROUGH	06/30/202			
		01/01/2020			00/00/202	•		
10	ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE			
١٠٠	ELECTION	ELECTION DATE		rim on .	ELECTION TYPE			
I		Month Day Year	∐ <sup>P</sup>	rimary	Runoff	Other		
I			∏G	eneral	Special			
I					_			
14	OFFICE	OFFICE HELD (# am.)			12 OFFICE COLLOUT	(if Impure)		
**	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(II KNOWN)		
		None District 27						
Г					•			
			GO T	O PAGE 2				
				O I AGE Z				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	LaMantia, Morgan J.	(The Honorable)	<b>14</b> Filer ID (E 00086109	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,502.14
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 5,590.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 11,122,000.00
17 AFFIDAVIT	•			
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hener	-hl- Mannan 7 . L-Man	-k:-
			able Morgan J. LaMar f Candidate or Officehold	
AFFIVAIO	TARY (TAMP / 05AL AR	-		
AFFIX NO	TARY STAMP / SEAL ABO	JVE		
		aid	, this the	day
от	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

				3 of 12					
	8 FILER NAME LaMantia, Morgan J. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00086109								
20 SCHE NAME	EDULE E OF S	SUBTOTAL AMOUNT							
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.		SCHEDULE E: LOANS		\$					
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 6,502.14					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$					

#### SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By - Giff/Aw

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction	·		Vages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
┡		_			Guide explains	now to co	ilipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAMI	Ξ					3	Filer ID	(Ethics Commis	sion Filers)
l	Sch: 1/9 Rpt: 4/12		LaMantia, I	Morgan J. (Th	e Honorable)					00086109		
4	Date	5	Payee name									
	01/31/2025		Burton McC	Cumber & Long	joria, LLP							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode					
l	\$1,052.00		205 Pecan									
l	, ,											
l			MaAllan T	V 70E01								
L			McAllen, T									
8	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
l	EXPENDITURE		Consulting	Expense				므		de of Texas. Cor , officeholder livin	nplete Schedule T.	
l								General Cons			y expense	
l								General Cons	Juli	urig		
Ļ	0 1: 0: 1: 1:	L	0 11 1 10 11			0.00	<u> </u>			000		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(	Office sou	ignt			Office h	ela	
L												
l	Date		Payee name									
	02/19/2025		Burton McC	Cumber & Long	joria, LLP							
Г	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
l	\$1,792.00		205 Pecan	Blvd								
			McAllen, T	x 78501								
┡	DUDDOCE	(2)					(1-)					
l	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	nedule)	(D)	Description	outei	de of Teyes Cor	nplete Schedule T.	
l	EXPENDITURE		Consulting	Expense				<b>=</b>		officeholder livin		
								General Cons				
										J		
⊢	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ıaht			Office h	eld	
l	expenditure to benefit C/O				·	J	9			<b>CC</b>	<b></b>	
⊨	5 .											
	Date		Payee name									
	01/01/2025		City of Brov	vnsville								
l	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
l	\$25.00		1001 E Eliz	abeth Street								
l			Brownsville	, TX 78520								
H	PURPOSE	(a)	Category (s	ee Categories listed a	t the ton of this sch	nedule)	(b)	Description				
l	OF	l`		ns/Donations N		icuaic)	`´		outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE			Officeholder/P		nittee		Check if Austin	, TX	officeholder livin	g expense	
								Sponsorship				
ĺ												
	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
Г												
l												
ı												

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 5/12	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/02/2025	Google Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Domain and Email Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Domain and Email Hosting
		Domain and Email Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Para and a second secon
	Date 03/03/2025	Payee name
		Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Domain and Email Hosting
		_ =
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/9 Rpt: 6/12 LaMantia, Morgan J. (The Honorable) 00086109 4 Date Payee name 04/01/2025 Google Gsuite 6 Amount (\$) Payee address; City; State; Zip Code \$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain and Email Hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/02/2025 Google Gsuite Amount (\$) Payee address; City; State; Zip Code \$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain and Email Hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 Google Gsuite Amount (\$) Payee address: City; State; Zip Code \$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain and Email Hosting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	oriais Expense			se s/Contract Labor		OTHER (enter	r a category not lister	d above)
	Great Gara F ayment			The Instructio	n Guide exp	olains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 4/9 Rpt: 7/12		LaMantia, M	organ J. (T	he Honora	able)				00086109	)	
4	Date	5	Payee name									
	01/31/2025		IBC Bank									
6	Amount (\$)	7	Payee addres	s; City;	:	State; Zip Co	ode					
	\$23.04		1200 San Be	ernardo								
			Laredo, TX	78040								
8	PURPOSE	⊢					(b)	Description				
ľ	OF	(")	Category (Se Fees	e Categories liste	d at the top of t	this schedule)	(5)		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		1 003					Check if Austin,				
								Banking Fee				
9	Complete ONLY if direct		Candidate/Offic	eholder nam	е	Office sou	ught			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/28/2025		IBC Bank									
	Amount (\$)		Payee addres	s; City;	:	State; Zip Co	ode					
	\$22.60		1200 San Be	ernardo								
			Laredo, TX	78040								
_	PURPOSE	_	Category (Se			Main and a deal and	(b)	Description				
	OF	( ,	Fees	e Calegories liste	u at the top of t	iriis scriedule)	"	_ `	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	, TX,	officeholder liv	ing expense	
								Banking Fee				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder nam	е	Office sou	ught			Office	held	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	03/31/2025		IBC Bank									
	Amount (\$)		Payee addres	s; City;	,	State; Zip Co	ode					
	\$21.94		1200 San Be	ernardo								
			Laredo, TX	78040								
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of t	this schedule)	(b)	Description				
	OF EXPENDITURE	ı	Fees	Ü	•	,					omplete Schedule T.	
	LAFENDITORE							Check if Austin,	, TX,	officeholder livi	ing expense	
								Banking Fee				
	0 1: 0	L	- P. L. 10.00			0.5	Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder nam	е	Office sou	ught			Office	neld	
	p = 1 = 1 12											

### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food//
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 8/12	LaMantia, Morgan J. (The Honorable)	00086109
4	Date	5 Payee name	·
	04/30/2025	IBC Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.94	1200 San Bernardo	
		Laredo, TX 78040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Banking Fee
			5
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Т	Date	Payee name	
	05/31/2025	IBC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.94	1200 San Bernardo	
		Laredo, TX 78040	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Banking Fee
			balking ree
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	06/30/2025	IBC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.94	1200 San Bernardo	
		Laredo, TX 78040	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			Banking Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cine field
l			

#### SCHEDULE F1

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

Food/Beverage Expense Contributions/ Donations Made By -Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 9/12	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/13/2025	Johnson, Reed H.E.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,300.00	1122 Colorado St Ste 208
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbursement
		Rembursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/01/2025	TDCJ
L	Amount (\$)	Payee address; City; State; Zip Code
	\$658.70	P.O. Box 4013
	φ030.70	F.O. Box 4013
		Huntsville, TX 77342
┝	PURPOSE	I so
	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Silent Auction Item
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/01/2025	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.75	1200 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Flags
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 10/12	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	01/01/2025	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$725.00	1200 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Gavels
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	01/02/2025	The Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.79	1900 N Expressway STE G
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense  Staff Lunch
		Stan Eurich
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 01/21/2025	Payee name The Texan
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1011 San Jacinto Blvd STE 315
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 11/12	LaMantia, Morgan J. (The Honorable) 00086109
4 Date	5 Payee name
02/18/2025	The Texan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	1011 San Jacinto Blvd STE 315
	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Newspaper Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	
Date	Payee name
03/20/2025	The Texan
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1011 San Jacinto Blvd STE 315
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Newspaper Subscription
Complete Chill V if all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/21/2025	The Texan
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1011 San Jacinto Blvd STE 315
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Newspaper Subscription
Complete ONLY if direct	Candidate/Officebalder name Office accept
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/9 Rpt: 12/12	LaMantia, Morgan J. (The Honorable) 00086109
4	Date	5 Payee name
	05/19/2025	The Texan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1011 San Jacinto Blvd STE 315
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Newspaper Subscription
l		Newspaper Subscription
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9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	06/18/2025	The Texan
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1011 San Jacinto Blvd STE 315
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experiorations to benefit C/O	'
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