

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH INSTRUCTIONS

Filer ID 4

Candidate Name BRITTANYE MORRIS

Total pages filed: 6

Filing Instructions

1. Run the ISPolitical report you wish to file and [Download] the .zip file that contains your data files. Also [Download PDF] for your reference report information.
2. After downloading, open the zip file and copy "Contributions.csv" and "Expenditures.csv" to a convenient location.
3. Using the TEC system, log in and start your report. Enter all the cover page information, copying from your PDF. When prompted whether you wish to upload files, answer "Yes", and upload the files.
4. Using this PDF as a reference, enter all of your Loan data (SchE) and Other Income data (SchK) in the TEC system. Pay careful attention to details when entering the information.
5. Go to the "Finalize report" section of TEC and click on "Schedule Subtotals". Using this PDF as a reference, confirm the automatically filled fields and fill in the user fields.
6. Finally, use the TEC [Preview Report PDF] and save the automatically generated PDF as a reference.



Schedule Subtotals What is this?		Page Help		
Schedule Subtotals	Reported Itemized	Reported Unitemized	User Entered Lump Sum Totals What is this?	Subtotal
Monetary Political Contributions (A1)	Contributions.csv		0.00	700.00
Loans (E)	Hand enter from SchE		0.00	3,872.56
Interest, Credits, Gains, Refunds, And Contributions Returned To Filer (K)	Hand enter from SchK	N/A	N/A	0.00
Political Expenditures From Political Contributions (F1)	Expenses.csv		145.47	3,872.56
Political Expenditures From Personal Funds (G)	Expenses.csv		0.00	0.00
Payment From Political Contributions To The Business Of A C/OH (H)	Expenses.csv	N/A	N/A	0.00
Non-Political Expenditures From Political Contributions (I)	Expenses.csv	N/A	N/A	0.00
Purchase Of Investments From Political Contributions (F3)	Expenses.csv	N/A	N/A	0.00
Non-Monetary (In-Kind) Political Contributions (A2)	Contributions.csv		0.00	0.00
Pledged Contributions (B)	Contributions.csv		0.00	0.00
Unpaid Incurred Obligations (F2)	Expenses.csv		0.00	0.00
Expenditures Made by Credit Card (F4)	Expenses.csv		0.00	0.00

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 4	2 Total pages filed: 6	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST BRITTANYE	MI	OFFICE USE ONLY Date Received RECVD VIA EMAIL 02/02/2026 Date Hand-delivered or Date Postmarked
	NICKNAME	LAST MORRIS	SUFFIX	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 42546 HOUSTON, TX 77742			
	AREA CODE PHONE NUMBER EXTENSION ()			
5 CANDIDATE/ OFFICEHOLDER PHONE	RECEIPT # Amount \$			
	Date Processed			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST AGNES	MI	Date Imaged
	NICKNAME	LAST UROSO-UMOH	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 2702 Scarlet Sunset, Sugarland TX 77478			
	AREA CODE PHONE NUMBER EXTENSION ()			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month / Day / Year			
	01/01/2026 THROUGH 01/22/2026			
11 ELECTION	ELECTION DATE Month / Day / Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Precinct 4 COUNTY Commission	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

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14 C/OH NAME BRITTANYE MORRIS	15 Filer ID (Ethics commission Filers) 4
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 145.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,872.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 700.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,122.56

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 3**

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19 FILER NAME BRITTANYE MORRIS		20 Filer ID (Ethics commission Filers) 4
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 700.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 3,872.56
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,872.56
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1 / 1 pages Rpt: 1 6
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 01/15/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAVEN ANDERSON	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 2901 S 26TH PL 232 ROGERS, AR 72758	
8 Principal occupation / Job title (See Instructions) ELEVATOR MECHANIC		9 Employer (See Instructions) MITSUBISHI
4 Date 01/20/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S TAYLOR	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address; City; State; Zip Code 7806 SLEEPY ROSE CT HUMBLE, TX 77396	
8 Principal occupation / Job title (See Instructions) MD		9 Employer (See Instructions) HOSPITAL
4 Date 01/21/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FATIMA ADHI	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address; City; State; Zip Code 914 DUNLEIGH MEADOWS LANE HOUSTON, TX 77055	
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) BAYLOR COLLEGE OF MEDICINE
4 Date 01/22/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NAUREEN ALI	7 Amount of contribution (\$) \$ 150.00
	6 Contributor address; City; State; Zip Code 5402 QUEENSLOCH DR HOUSTON, TX 77096	
8 Principal occupation / Job title (See Instructions) ENTREPRENEUR		9 Employer (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/ 1 pages Rpt: /2 6
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 01/01/2026	7 Name of lender BRITTANYE MORRIS <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) 3,872.56
6 Is lender a financial Institution? NO	8 Lender address; City; State; Zip Code PO BOX 42546 HOUSTON, TX 77742	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1 / 1 pgs Rpt: 3 6	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 01/02/2026	5 Payee name FIVER
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6 Amount (\$) 405.64	7 Payee address; City; State; Zip Code 26 MERCER STREET NEW YORK, NY 10013
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description DESIGN AND GRAPHIC
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date 01/12/2026	5 Payee name M3 GRAPHICS
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6 Amount (\$) 1,321.45	7 Payee address; City; State; Zip Code 11730 WILCREST DRIVE HOUSTON, TX 77099
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date 01/03/2026	5 Payee name MADE DIGITAL
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6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 2000 TAYLOR STREET HOUSTON, TX 77007
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (ADD DESCRIPTION)	(b) Description VIDEOGRAPHY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED