

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH INSTRUCTIONS

Filer ID 4

Candidate Name BRITTANYE MORRIS

Total pages filed: 24

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	35,750.00
Loans (E)	Hand enter from SchE		0.00	0.00
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		626.22	14,142.15
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: 24		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST BRITTANYE	MI	OFFICE USE ONLY Date Received RECD VIA EMAIL 02/23/2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	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	AREA CODE PHONE NUMBER EXTENSION ()				
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST AGNES	MI	OFFICE USE ONLY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
NICKNAME		LAST UROSO-UMOH	SUFFIX		
STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE (Residence or Business)					
7 CAMPAIGN TREASURER ADDRESS	AREA CODE PHONE NUMBER EXTENSION ()				
	AREA CODE PHONE NUMBER EXTENSION ()				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()				
	AREA CODE PHONE NUMBER EXTENSION ()				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 Month / Day / Year 01/23/2026 THROUGH 02/21/2026				
	Month / Day / Year Month / Day / Year 01/23/2026 THROUGH 02/21/2026				
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		
	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)				
	OFFICE HELD (if any)				
13 OFFICE SOUGHT (if known)					

GO TO PAGE 2

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)	\$ 35,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 626.22
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,142.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,307.85
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**

3 of 24

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		\$ 35,750.00
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 type="checkbox"/> SCHEDULE E: LOANS		\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 14,142.15
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 / 13pages Rpt: 1 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 01/26/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AHMAD ALYASIN	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 9000 RICHMOND AVE HOUSTON, TX 77063		
8 Principal occupation / Job title (See Instructions) CHAIRMAN AND CEO		9 Employer (See Instructions) OPTIMA GLOBAL FINANCIAL
4 Date 01/26/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AHMAD ALYASIN	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 9000 RICHMOND AVE HOUSTON, TX 77063		
8 Principal occupation / Job title (See Instructions) CHAIRMAN AND CEO		9 Employer (See Instructions) OPTIMA GLOBAL FINANCIAL
4 Date 02/04/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DERIAN JORDON	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 4630 KNOXVILLE ST HOUSTON, TX 77051-2652		
8 Principal occupation / Job title (See Instructions) SHOP OWNER		9 Employer (See Instructions) DONE BY D
4 Date 01/30/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ABDOLRAHIM SHARIFAN	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 12603 LOUETTA ROAD SUITE 105 CYPRESS, TX 77429		
8 Principal occupation / Job title (See Instructions) SELF		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2 / 13pages Rpt: 2 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 01/30/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANGIE MOORE	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 7403 DAYHILL DRIVE SPRING, TX 77379		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) HARRIS COUNTY PUBLIC DEFENDER'S OFFICE
4 Date 02/16/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HUSEIN HADI	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 4110 THISTLE HILL CT. SUGAR LAND, TX 77479-3822		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) THE HADI LAW FIRM
4 Date 02/02/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHEVAZZ BROWN	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 4723 MCKINNEY ST HOUSTON, TX 77023		
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) JACKSON WALKER LLP
4 Date 02/10/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KELLY PRATHER	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 2009 NORTH DURHAM DRIVE HOUSTON, TX 77008		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3 / 13pages Rpt: 3 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/12/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EBONG AKPAN	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 11135 MINERAL ISLAND LANE RICHMOND, TX 77406	
8 Principal occupation / Job title (See Instructions) PHARMACIST		9 Employer (See Instructions) SELF
4 Date 01/31/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RYAN ZEHL	7 Amount of contribution (\$) \$ 1,000.00
	6 Contributor address; City; State; Zip Code 2700 POST OAK HOUSTON, TX 77056	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) ZEHL & ASSOCIATES
4 Date 02/19/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EARL LATCHLEY	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 3322 CALUMET ST HOUSTON, TX 77004	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) WILSON CRIBBS AND GOREN
4 Date 02/05/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KENT ALTSULER	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 6158 ELLA LEE HOUSTON, TX 77057	
8 Principal occupation / Job title (See Instructions) MEDIATOR		9 Employer (See Instructions) ALTSULER ADR

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4 / 13pages Rpt: 4 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/19/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT LANNIE	7 Amount of contribution (\$) \$ 150.00
	6 Contributor address; City; State; Zip Code 1300 ROLLINGBROOK DR. SUITE 612 BAYTOWN, TX 77521	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SCOTT C LANNIE
4 Date 02/01/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NAZEK SALAHUDEEN	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 523 GRAND FAIR LN. RICHMOND, TX 77469	
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
4 Date 02/02/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MUHAMMAD AZIZ	7 Amount of contribution (\$) \$ 5,000.00
	6 Contributor address; City; State; Zip Code 800 COMMERCE STREET HOUSTON, TX 77002	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) ABRAHAM WATKINS NICHOLS AGOSTO AZIZ & STOGNER
4 Date 02/20/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEVI BENTON	7 Amount of contribution (\$) \$ 200.00
	6 Contributor address; City; State; Zip Code 3417 MILAM ST HOUSTON, TX 77002	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) LEVI BENTON & ASSOC. PLLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5 / 13pages Rpt: 5 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KEVAN SHELTON	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 12110 FUNICULAR WAY HOUSTON, TX 77047	
8 Principal occupation / Job title (See Instructions) CONSTRUCTION		9 Employer (See Instructions) PARK STREET HOMES
4 Date 01/29/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACOB KARAM	7 Amount of contribution (\$) \$ 1,500.00
	6 Contributor address; City; State; Zip Code 1 SUGAR CREEK CENTER BLVD UNIT 1010 SUGAR LAND, TX 77478	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) KARAM LAW OFFICE
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUSAN WILSON	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 1135 MOSAICO LANE HOUSTON, TX 77055	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SBSB
4 Date 01/28/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EUREKA SLAUGHTER	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 11918 GREEN ISLE DR HOUSTON, TX 77044	
8 Principal occupation / Job title (See Instructions) NURSE		9 Employer (See Instructions) AETNA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6 / 13pages Rpt: 6 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/16/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICHARD PRESUTTI	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 525 NORTHBELT SUITE 600 HOUSTON, TX 77060	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) RICHARD J PRESUTTI PC
4 Date 02/12/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JASON WEBSTER	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 6200 SAVOY SUITE 150 HOUSTON, TX 77036	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) SELF
4 Date 01/29/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NAHOM TEFASELASSIE	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 105 ENGEL ST HOUSTON, TX 77011	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) SELF EMPLOYED
4 Date 02/02/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHEVAZZ BROWN	7 Amount of contribution (\$) \$ 200.00
	6 Contributor address; City; State; Zip Code 4723 MCKINNEY ST HOUSTON, TX 77023	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) JACKSON WALKER LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7 / 13pages Rpt: 7 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/05/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRANDON COFIELD	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 708 CAGE STREET HOUSTON, TX 77020	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) HARRIS COUNTY
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WINFIELD WILLIAMS	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 5212 GIBSON ST HOUSTON, TX 77007	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) MUKERJI LAW FIRM
4 Date 01/28/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EUREKA SLAUGHTER	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 11918 GREEN ISLE DR HOUSTON, TX 77044	
8 Principal occupation / Job title (See Instructions) NURSE		9 Employer (See Instructions) AETNA
4 Date 02/06/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SOROUSH MONTAZARI	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address; City; State; Zip Code 615 MEMORIAL HEIGHTS DR HOUSTON, TX 77007	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) ABRAHAM WATKINS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8 / 13pages Rpt: 8 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/16/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NABILA CHOUDHURY	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 4328 DARSEY ST BELLAIRE, TX 77401		
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) PRIVATE PRACTICE
4 Date 01/29/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARCUS SPAGNOLETTI	7 Amount of contribution (\$) \$ 2,500.00
6 Contributor address; City; State; Zip Code 401 LOUISIANA 8TH FL HOUSTON, TX 77002		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SPAGNOLETTI LAW FIRM
4 Date 02/02/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALLEN ZWERNEMANN	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 114 BYRNE ST HOUSTON, TX 77009		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) THE ZWERNEMANN LAW FIRM
4 Date 01/30/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ABDOLRAHIM SHARIFAN	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 12603 LOUETTA ROAD SUITE 105 CYPRESS, TX 77429		
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9 / 13pages Rpt: 9 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/02/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALLEN ZWERNEMANN	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address; City; State; Zip Code 114 BYRNE ST HOUSTON, TX 77009	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) THE ZWERNEMANN LAW FIRM
4 Date 01/31/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RYAN ZEHL	7 Amount of contribution (\$) \$ 1,000.00
	6 Contributor address; City; State; Zip Code 2700 POST OAK HOUSTON, TX 77056	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) ZEHL & ASSOCIATES
4 Date 02/02/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MUHAMMAD AZIZ	7 Amount of contribution (\$) \$ 5,000.00
	6 Contributor address; City; State; Zip Code 800 COMMERCE STREET HOUSTON, TX 77002	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) ABRAHAM WATKINS NICHOLS AGOSTO AZIZ & STOGNER
4 Date 01/29/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NAHOM TESFAELASSIE	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 105 ENGEL ST HOUSTON, TX 77011	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10 / 13pages Rpt: 10 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TUANANH MAI	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 9999 BELLAIRE SUITE 508 HOUSTON, TX 77036	
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) MAI & NA PLLC
4 Date 02/05/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOY WHITE	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 5326 DEER VALLEY COURT MANVEL, TX 77578	
8 Principal occupation / Job title (See Instructions) NURSE		9 Employer (See Instructions) HOSPITAL
4 Date 02/01/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NAZEK SALAHUDEEN	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 523 GRAND FAIR LN. RICHMOND, TX 77469	
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LATOYA HURLEY	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 26210 RILEY GLEN DRIVE RICHMOND, TX 77406	
8 Principal occupation / Job title (See Instructions) SR PUBLICIST		9 Employer (See Instructions) INNOVATING MARKETING GROUP

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11 / 13pages Rpt: 11 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 01/28/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT WEST	7 Amount of contribution (\$) \$ 2,500.00
	6 Contributor address; City; State; Zip Code 6908 BRISBANE CT THIRD FLOOR SUGAR LAND, TX 77479	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) THE WEST LAW FIRM
4 Date 02/14/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANIEFIOK USORO	7 Amount of contribution (\$) \$ 650.00
	6 Contributor address; City; State; Zip Code 39 CADENCE COURT RICHMOND, TX 77469	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
4 Date 02/04/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TIMOTHY ADAMS	7 Amount of contribution (\$) \$ 250.00
	6 Contributor address; City; State; Zip Code 16231 SAXON HOLLOW LN HOUSTON, TX 77084	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) LAW OFFICE OF TIMOTHY ADAMS PLLC
4 Date 01/29/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACOB KARAM	7 Amount of contribution (\$) \$ 1,500.00
	6 Contributor address; City; State; Zip Code 1 SUGAR CREEK CENTER BLVD UNIT 1010 SUGAR LAND, TX 77478	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) KARAM LAW OFFICE

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12 / 13pages Rpt: 12 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/12/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIE HOWARD	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1603 MARTIN LAKE DR RICHMOND, TX 77406		
8 Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		9 Employer (See Instructions) HOWARD INVESTMENT SERVICES
4 Date 01/29/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARCUS SPAGNOLETTI	7 Amount of contribution (\$) \$ 2,500.00
6 Contributor address; City; State; Zip Code 401 LOUISIANA 8TH FL HOUSTON, TX 77002		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SPAGNOLETTI LAW FIRM
4 Date 02/04/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAPHAEL VALLIER	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 2040 NORTH LOOP WEST FREEWAY STE#012 HOUSTON, TX 77018		
8 Principal occupation / Job title (See Instructions) FINANCE		9 Employer (See Instructions) PRECISION FINANCIAL PLANNING SERVICES
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHAH HALEEM	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 7514 SAN CLEMENTE POINT CT KATY, TX 77494		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13 / 13pages Rpt: 13 24
2 FILER NAME BRITTANYE MORRIS		3 Filer ID (Ethics Commission Filers) 4
4 Date 02/11/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MUBASHIR CHAUDHRY	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 1 SUGAR CREEK CENTER BLVD SUGAR LAND, TX 77478	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) USA INC.
4 Date 01/28/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCOTT WEST	7 Amount of contribution (\$) \$ 2,500.00
	6 Contributor address; City; State; Zip Code 6908 BRISBANE CT THIRD FLOOR SUGAR LAND, TX 77479	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) THE WEST LAW FIRM
4 Date 01/30/2026	5 Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANGIE MOORE	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 7403 DAYHILL DRIVE SPRING, TX 77379	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) HARRIS COUNTY PUBLIC DEFENDER'S OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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/ 8 pgs Rpt: 14 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 02/02/2026	5 Payee name ACTBLUE TECHNICAL SERVICES
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6 Amount (\$) 608.33	7 Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 02/06/2026	5 Payee name ACTBLUE TECHNICAL SERVICES
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6 Amount (\$) 831.54	7 Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 02/18/2026	5 Payee name AFROVIBES
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6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77242
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description MARKETING
	<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

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: 2/ 8 pgs Rpt: 15 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 02/06/2026	5 Payee name DOPE MARKETING
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6 Amount (\$) 399.00	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77252
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 01/23/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 34.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 01/26/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 34.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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

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: 3/ 8 pgs Rpt: 16 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 01/28/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 24.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 02/02/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 69.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 02/09/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ADS
	<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

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: 4/ 8 pgs Rpt: 1/7 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 02/10/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 22.30	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ADS
	<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 02/12/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ADS
	<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 02/18/2026	5 Payee name FACEBOOK META
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6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code REQUESTED REQUESTED, CA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ADS
	<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

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: 5/ 8 pgs Rpt: 1/8 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
4 Date 02/05/2026	5 Payee name FAMOUS SIGNS	
6 Amount (\$) 882.23	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77252	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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	
4 Date 02/09/2026	5 Payee name FAMOUS SIGNS	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77252	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(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	
4 Date 02/09/2026	5 Payee name FIVER	
6 Amount (\$) 499.35	7 Payee address; City; State; Zip Code 26 MERCER STREET NEW YORK, NY 10013	
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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6/ 8 pgs Rpt: 1/9 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 02/17/2026	5 Payee name FIVER
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6 Amount (\$) 262.83	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 01/27/2026	5 Payee name MADISON LENARD
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6 Amount (\$) 645.00	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77214
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 02/12/2026	5 Payee name LONG PLAN PRINTING
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6 Amount (\$) 3,459.45	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77242
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description PRINTING
	<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

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: 7 / 8 pgs Rpt: 20 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
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4 Date 02/18/2026	5 Payee name LONG PLAN PRINTING
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6 Amount (\$) 496.40	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77242
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description PRINTING
	<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 02/03/2026	5 Payee name PRESS MY DESIGN
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6 Amount (\$) 399.00	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77252
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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 02/20/2026	5 Payee name UNIVISION MANAGEMENT
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6 Amount (\$) 1,540.00	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77242
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description RADIO
	<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

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: 8/ 8 pgs Rpt: 21 24	2 FILER NAME BRITTANYE MORRIS	3 Filer ID (Ethics Commission Filers) 4
4 Date 02/19/2026	5 Payee name URBAN ONE	
6 Amount (\$) 1,219.50	7 Payee address; City; State; Zip Code REQUESTED HOUSTON, TX 77242	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCOUNT
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED