

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH INSTRUCTIONS

Filer ID 4

Candidate Name BRITTANYE MORRIS

Total pages filed: 25

### 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 <a href="#">What is this?</a>                           |                      | <a href="#">Page Help</a> |  |           |
|--|----------------------|---------------------------|--|-----------|
| Schedule Subtotals   | Reported Itemized    | Reported Unitemized       | User Entered Lump Sum Totals <a href="#">What is this?</a> | Subtotal  |
| Monetary Political Contributions (A1)                                      | Contributions.csv    |                           | 100.00   | 37,600.00 |
| 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**

|   |                                     |   |   |                                    |   |           |  |            |
|---|-------------------------------------|---|---|------------------------------------|---|-----------|--|------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                                       |                                     | <b>1</b> Filer ID (Ethics Commission Filers)<br>4 | <b>2</b> Total pages filed:<br>25                           |                                    |   |           |  |            |
| <b>3</b> CANDIDATE/<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR                       | FIRST<br>BRITTANYE                                | MI  | <b>OFFICE USE ONLY</b>             |   |           |  |            |
|   | NICKNAME                            | LAST<br>MORRIS                                    | SUFFIX  |                                    |   |           |  |            |
| <b>4</b> CANDIDATE/<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;<br>PO BOX 42546   |   | APT / SUITE #;  | CITY;                              | STATE;  | ZIP CODE  | <b>RECVD VIA EMAIL<br/>02/23/2026</b>  |            |
|   | HOUSTON, TX 77742                   |   |   |                                    |   |           |  |            |
| <b>5</b> CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE                           | PHONE NUMBER                                      | EXTENSION   |                                    |   |           |  |            |
|   | ( )                                 |   |   |                                    |   |           |  |            |
| <b>6</b> CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR                       | FIRST<br>AGNES                                    | MI  |                                    | Receipt #                                     | Amount \$ |  |            |
|   | NICKNAME                            | LAST<br>UROSO-UMOH                                | SUFFIX  |                                    | Date Processed                                |           |  |            |
|   |                                     |   |   |                                    | Date Imaged                                   |           |  |            |
| <b>7</b> CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                    | STREET ADDRESS (NO PO BOX PLEASE);  |   | APT/SUITE #;  | CITY;                              | STATE;  | ZIP CODE  |  |            |
| <b>8</b> CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE                           | PHONE NUMBER                                      | EXTENSION   |                                    |   |           |  |            |
|   | ( )                                 |   |   |                                    |   |           |  |            |
| <b>9</b> 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)                                   |            |
| <b>10</b> PERIOD<br>COVERED   | Month / Day / Year                  |   |   | Month / Day / Year                 |   |           |  |            |
|   | 01/23/2026                          |   |   | THROUGH                            |   |           |  | 02/21/2026 |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month / Day / Year |   | ELECTION TYPE   |                                    |   |           |  |            |
|   | 03/03/2026                          |   | <input checked="" type="checkbox"/> Primary                 |                                    | <input type="checkbox"/> Runoff               |           | <input type="checkbox"/> Other Description   |            |
|   |                                     | <input type="checkbox"/> General                  |   | <input type="checkbox"/> Special   |   |           |  |            |
| <b>12</b> OFFICE  | OFFICE HELD (if any)                |   |   | <b>13</b> OFFICE SOUGHT (if known) |   |           |  |            |
|   |                                     |   |   |                                    |   |           |  |            |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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|  |   |
|--|---|
| <b>14</b> C/OH NAME<br><p style="text-align: center;">BRITTANYE MORRIS</p> | <b>15</b> Filer ID (Ethics commission Filers)<br><p style="text-align: center;">4</p> |
|--|---|

|  |   |  |
|--|---|--|
| <b>16</b> 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |              |
|-------------------------------|---|--------------|
| <b>17</b> CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100.00    |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                        | \$ 37,600.00 |
| EXPENDITURE TOTALS            | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 626.22    |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 14,142.15 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 24,157.85 |
| 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**

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|   |  |  |
|---|--|--|
| <b>19</b> FILER NAME<br>BRITTANYE MORRIS  |  | <b>20</b> Filer ID (Ethics commission Filers)<br>4 |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                                 |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |  | \$ 37,600.00                                       |
| 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

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1 / 14pages Rpt: 1 25                |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                              |
| <b>4</b> Date<br>02/11/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>WINFIELD WILLIAMS  | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00                          |
| <b>6</b> Contributor address; City; State; Zip Code<br>5212 GIBSON ST<br>HOUSTON, TX 77007    |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                      |  | <b>9</b> Employer (See Instructions)<br>MUKERJI LAW FIRM                       |
| <b>4</b> Date<br>01/29/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>NAHOM TESFAELASSIE | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00                          |
| <b>6</b> Contributor address; City; State; Zip Code<br>105 ENGEL ST<br>HOUSTON, TX 77011      |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER                        |  | <b>9</b> Employer (See Instructions)<br>SELF EMPLOYED                          |
| <b>4</b> Date<br>02/02/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>CHEVAZZ BROWN      | <b>7</b> Amount of contribution (\$)<br><br>\$ 200.00                          |
| <b>6</b> Contributor address; City; State; Zip Code<br>4723 MCKINNEY ST<br>HOUSTON, TX 77023  |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER                        |  | <b>9</b> Employer (See Instructions)<br>JACKSON WALKER LLP                     |
| <b>4</b> Date<br>01/30/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ANGIE MOORE        | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00                          |
| <b>6</b> Contributor address; City; State; Zip Code<br>7403 DAYHILL DRIVE<br>SPRING, TX 77379 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                      |  | <b>9</b> Employer (See Instructions)<br>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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2 / 14pages Rpt: 2 25                |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                              |
| <b>4</b> Date<br>01/28/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>EUREKA SLAUGHTER   | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00                           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>11918 GREEN ISLE DR<br>HOUSTON, TX 77044                |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>NURSE        |  | <b>9</b> Employer (See Instructions)<br>AETNA                                  |
| <b>4</b> Date<br>02/11/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>SHAH HALEEM        | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00                          |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>7514 SAN CLEMENTE POINT CT<br>KATY, TX 77494            |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>NOT EMPLOYED |  | <b>9</b> Employer (See Instructions)<br>NOT EMPLOYED                           |
| <b>4</b> Date<br>01/30/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ANGIE MOORE        | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00                          |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>7403 DAYHILL DRIVE<br>SPRING, TX 77379                  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY     |  | <b>9</b> Employer (See Instructions)<br>HARRIS COUNTY PUBLIC DEFENDER'S OFFICE |
| <b>4</b> Date<br>01/29/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>MARCUS SPAGNOLETTI | <b>7</b> Amount of contribution (\$)<br><br>\$ 2,500.00                        |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>401 LOUISIANA 8TH FL<br>HOUSTON, TX 77002               |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY     |  | <b>9</b> Employer (See Instructions)<br>SPAGNOLETTI LAW FIRM                   |

**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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3 / 14pages Rpt: 3 25    |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                  |
| <b>4</b> Date<br>01/29/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>NAHOM TESFASELASSIE | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>105 ENGEL ST<br>HOUSTON, TX 77011         |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER                           |   | <b>9</b> Employer (See Instructions)<br>SELF EMPLOYED              |
| <b>4</b> Date<br>02/12/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>WILLIE HOWARD       | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>1603 MARTIN LAKE DR<br>RICHMOND, TX 77406 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>FINANCIAL ADVISOR                |   | <b>9</b> Employer (See Instructions)<br>HOWARD INVESTMENT SERVICES |
| <b>4</b> Date<br>02/05/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>KENT ALTSULER       | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>6158 ELLA LEE<br>HOUSTON, TX 77057        |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>MEDIATOR                         |   | <b>9</b> Employer (See Instructions)<br>ALTSULER ADR               |
| <b>4</b> Date<br>02/01/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>NAZEK SALAHUDEEN    | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>523 GRAND FAIR LN.<br>RICHMOND, TX 77469  |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>NOT EMPLOYED                     |   | <b>9</b> Employer (See Instructions)<br>NOT EMPLOYED               |

**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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4 / 14pages Rpt: 4 25          |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                        |
| <b>4</b> Date<br>01/26/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>AHMAD ALYASIN | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00                    |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>9000 RICHMOND AVE<br>HOUSTON, TX 77063             |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CHAIRMAN AND CEO |   | <b>9</b> Employer (See Instructions)<br>OPTIMA GLOBAL FINANCIAL          |
| <b>4</b> Date<br>02/04/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>DIANE HSIUNG  | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00                    |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>6100 CORPORATE DRIVE<br>HOUSTON, TX 77036          |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY         |   | <b>9</b> Employer (See Instructions)<br>HSIUNG AND ASSOCIATES            |
| <b>4</b> Date<br>02/04/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>TIMOTHY ADAMS | <b>7</b> Amount of contribution (\$)<br><br>\$ 250.00                    |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>16231 SAXON HOLLOW LN<br>HOUSTON, TX 77084         |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY         |   | <b>9</b> Employer (See Instructions)<br>LAW OFFICE OF TIMOTHY ADAMS PLLC |
| <b>4</b> Date<br>02/05/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>JOY WHITE     | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>5326 DEER VALLEY COURT<br>MANVEL, TX 77578         |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>NURSE            |   | <b>9</b> Employer (See Instructions)<br>HOSPITAL                         |

**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

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5 / 14pages Rpt: 5 25 |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4               |
| <b>4</b> Date<br>01/28/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>SCOTT WEST    | <b>7</b> Amount of contribution (\$)<br><br>\$ 2,500.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>6908 BRISBANE CT THIRD FLOOR<br>SUGAR LAND, TX 77479        |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY   |   | <b>9</b> Employer (See Instructions)<br>THE WEST LAW FIRM       |
| <b>4</b> Date<br>02/04/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>DERIAN JORDON | <b>7</b> Amount of contribution (\$)<br><br>\$ 150.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br>4630 KNOXVILLE ST<br>HOUSTON, TX 77051-2652                 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SHOP OWNER   |   | <b>9</b> Employer (See Instructions)<br>DONE BY D               |
| <b>4</b> Date<br>01/31/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>RYAN ZEHL     | <b>7</b> Amount of contribution (\$)<br><br>\$ 1,000.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>2700 POST OAK<br>HOUSTON, TX 77056                          |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER   |   | <b>9</b> Employer (See Instructions)<br>ZEHL & ASSOCIATES       |
| <b>4</b> Date<br>01/29/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>JACOB KARAM   | <b>7</b> Amount of contribution (\$)<br><br>\$ 1,500.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br>1 SUGAR CREEK CENTER BLVD UNIT 1010<br>SUGAR LAND, TX 77478 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY   |   | <b>9</b> Employer (See Instructions)<br>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

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|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6 / 14pages Rpt: 6 25 |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4               |
| <b>4</b> Date<br>02/19/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>SCOTT LANNIE           | <b>7</b> Amount of contribution (\$)<br><br>\$ 150.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>1300 ROLLINGBROOK DR. SUITE 612<br>BAYTOWN, TX 77521        |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |  | <b>9</b> Employer (See Instructions)<br>SCOTT C LANNIE          |
| <b>4</b> Date<br>01/29/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>JACOB KARAM            | <b>7</b> Amount of contribution (\$)<br><br>\$ 1,500.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>1 SUGAR CREEK CENTER BLVD UNIT 1010<br>SUGAR LAND, TX 77478 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |  | <b>9</b> Employer (See Instructions)<br>KARAM LAW OFFICE        |
| <b>4</b> Date<br>02/06/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>SOROUSH MONTAZARI      | <b>7</b> Amount of contribution (\$)<br><br>\$ 250.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>615 MEMORIAL HEIGHTS DR<br>HOUSTON, TX 77007                |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER   |  | <b>9</b> Employer (See Instructions)<br>ABRAHAM WATKINS         |
| <b>4</b> Date<br>02/11/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>MUBASHIR CHAUDHRY      | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>1 SUGAR CREEK CENTER BLVD<br>SUGAR LAND, TX 77478           |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO      |  | <b>9</b> Employer (See Instructions)<br>USA INC.                |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7 / 14pages Rpt: 7 25    |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                  |
| <b>4</b> Date<br>02/11/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>LATOYA HURLEY    | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br>26210 RILEY GLEN DRIVE<br>RICHMOND, TX 77406 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SR PUBLICIST                        |  | <b>9</b> Employer (See Instructions)<br>INNOVATING MARKETING GROUP |
| <b>4</b> Date<br>01/26/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>AHMAD ALYASIN    | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>9000 RICHMOND AVE<br>HOUSTON, TX 77063       |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CHAIRMAN AND CEO                    |  | <b>9</b> Employer (See Instructions)<br>OPTIMA GLOBAL FINANCIAL    |
| <b>4</b> Date<br>02/02/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ALLEN ZWERNEMANN | <b>7</b> Amount of contribution (\$)<br><br>\$ 250.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>114 BYRNE ST<br>HOUSTON, TX 77009            |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                            |  | <b>9</b> Employer (See Instructions)<br>THE ZWERNEMANN LAW FIRM    |
| <b>4</b> Date<br>02/11/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>TUANANH MAI      | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br>9999 BELLAIRE SUITE 508<br>HOUSTON, TX 77036 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER                              |  | <b>9</b> Employer (See Instructions)<br>MAI & NA PLLC              |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8 / 14pages Rpt: 8 25 |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4               |
| <b>4</b> Date<br>02/16/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>RICHARD PRESUTTI | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>525 NORTHBELT SUITE 600<br>HOUSTON, TX 77060          |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |  | <b>9</b> Employer (See Instructions)<br>RICHARD J PRESUTTI PC   |
| <b>4</b> Date<br>02/05/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>BRANDON COFIELD  | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00            |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>708 CAGE STREET<br>HOUSTON, TX 77020                  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |  | <b>9</b> Employer (See Instructions)<br>HARRIS COUNTY           |
| <b>4</b> Date<br>02/11/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>SUSAN WILSON     | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>1135 MOSAICO LANE<br>HOUSTON, TX 77055                |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |  | <b>9</b> Employer (See Instructions)<br>SBSB                    |
| <b>4</b> Date<br>02/02/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ALLEN ZWERNEMANN | <b>7</b> Amount of contribution (\$)<br><br>\$ 250.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>114 BYRNE ST<br>HOUSTON, TX 77009                     |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |  | <b>9</b> Employer (See Instructions)<br>THE ZWERNEMANN LAW FIRM |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9 / 14pages Rpt: 9 25 |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4               |
| <b>4</b> Date<br>02/12/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>EBONG AKPAN         | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>11135 MINERAL ISLAND LANE<br>RICHMOND, TX 77406          |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>PHARMACIST   |   | <b>9</b> Employer (See Instructions)<br>SELF                    |
| <b>4</b> Date<br>02/11/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>KEVAN SHELTON       | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>12110 FUNICULAR WAY<br>HOUSTON, TX 77047                 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CONSTRUCTION |   | <b>9</b> Employer (See Instructions)<br>PARK STREET HOMES       |
| <b>4</b> Date<br>02/19/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>EARL LATCHLEY       | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00            |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>3322 CALUMET ST<br>HOUSTON, TX 77004                     |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY     |   | <b>9</b> Employer (See Instructions)<br>WILSON CRIBBS AND GOREN |
| <b>4</b> Date<br>01/30/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ABDOLRAHIM SHARIFAN | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>12603 LOUETTA ROAD SUITE 105<br>CYPRESS, TX 77429        |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SELF         |   | <b>9</b> Employer (See Instructions)<br>SELF                    |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10 / 14pages Rpt: 10 25                     |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                                     |
| <b>4</b> Date<br>02/14/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ANIEFIOK USORO        | <b>7</b> Amount of contribution (\$)<br><br>\$ 650.00                                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>39 CADENCE COURT<br>RICHMOND, TX 77469             |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                                  |   | <b>9</b> Employer (See Instructions)<br>SELF EMPLOYED                                 |
| <b>4</b> Date<br>02/04/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>HSIUNG AND ASSOCIATES | <b>7</b> Amount of contribution (\$)<br><br>\$ 250.00                                 |
| <b>6</b> Contributor address; City; State; Zip Code<br>6100 CORPORATE DRIVE<br>HOUSTON, TX 77036          |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)  |
| <b>4</b> Date<br>02/02/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>MUHAMMAD AZIZ         | <b>7</b> Amount of contribution (\$)<br><br>\$ 5,000.00                               |
| <b>6</b> Contributor address; City; State; Zip Code<br>800 COMMERCE STREET<br>HOUSTON, TX 77002           |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                                  |   | <b>9</b> Employer (See Instructions)<br>ABRAHAM WATKINS NICHOLS AGOSTO AZIZ & STOGNER |
| <b>4</b> Date<br>02/16/2026   | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>HUSEIN HADI           | <b>7</b> Amount of contribution (\$)<br><br>\$ 1,000.00                               |
| <b>6</b> Contributor address; City; State; Zip Code<br>4110 THISTLE HILL CT.<br>SUGAR LAND, TX 77479-3822 |   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                                  |   | <b>9</b> Employer (See Instructions)<br>THE HADI LAW FIRM                             |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |   |
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| <b>The Instruction Guide explains how to complete this form.</b>                                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11 / 14pages Rpt: 11 25 |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                 |
| <b>4</b> Date<br>01/29/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>JASON WEBSTER      | <b>7</b> Amount of contribution (\$)<br><br>\$ 1,000.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br>6200 SAVOY SUITE 150<br>HOUSTON, TX 77036 |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER                           |  | <b>9</b> Employer (See Instructions)<br>SELF                      |
| <b>4</b> Date<br>01/29/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>MARCUS SPAGNOLETTI | <b>7</b> Amount of contribution (\$)<br><br>\$ 2,500.00           |
| <b>6</b> Contributor address; City; State; Zip Code<br>401 LOUISIANA 8TH FL<br>HOUSTON, TX 77002 |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY                         |  | <b>9</b> Employer (See Instructions)<br>SPAGNOLETTI LAW FIRM      |
| <b>4</b> Date<br>02/16/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>NABILA CHOUDHURY   | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00             |
| <b>6</b> Contributor address; City; State; Zip Code<br>4328 DARSEY ST<br>BELLAIRE, TX 77401      |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>PHYSICIAN                        |  | <b>9</b> Employer (See Instructions)<br>PRIVATE PRACTICE          |
| <b>4</b> Date<br>02/02/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>CHEVAZZ BROWN      | <b>7</b> Amount of contribution (\$)<br><br>\$ 200.00             |
| <b>6</b> Contributor address; City; State; Zip Code<br>4723 MCKINNEY ST<br>HOUSTON, TX 77023     |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER                           |  | <b>9</b> Employer (See Instructions)<br>JACKSON WALKER LLP        |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |   |
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| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12 / 14pages Rpt: 12 25                     |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                                     |
| <b>4</b> Date<br>01/31/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>RYAN ZEHL           | <b>7</b> Amount of contribution (\$)<br><br>\$ 1,000.00                               |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>2700 POST OAK<br>HOUSTON, TX 77056                       |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER   |   | <b>9</b> Employer (See Instructions)<br>ZEHL & ASSOCIATES                             |
| <b>4</b> Date<br>01/30/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>ABDOLRAHIM SHARIFAN | <b>7</b> Amount of contribution (\$)<br><br>\$ 500.00                                 |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>12603 LOUETTA ROAD SUITE 105<br>CYPRESS, TX 77429        |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SELF     |   | <b>9</b> Employer (See Instructions)<br>SELF  |
| <b>4</b> Date<br>02/02/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>MUHAMMAD AZIZ       | <b>7</b> Amount of contribution (\$)<br><br>\$ 5,000.00                               |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>800 COMMERCE STREET<br>HOUSTON, TX 77002                 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |   | <b>9</b> Employer (See Instructions)<br>ABRAHAM WATKINS NICHOLS AGOSTO AZIZ & STOGNER |
| <b>4</b> Date<br>01/28/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>EUREKA SLAUGHTER    | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00                                  |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>11918 GREEN ISLE DR<br>HOUSTON, TX 77044                 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>NURSE    |   | <b>9</b> Employer (See Instructions)<br>AETNA   |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |  |   |
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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 13 / 14pages Rpt: 13 25             |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                             |
| <b>4</b> Date<br>02/01/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>NAZEK SALAHUDEEN     | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00                         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>523 GRAND FAIR LN.<br>RICHMOND, TX 77469                  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>NOT EMPLOYED |  | <b>9</b> Employer (See Instructions)<br>NOT EMPLOYED                          |
| <b>4</b> Date<br>02/04/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>RAPHAEL VALLIER      | <b>7</b> Amount of contribution (\$)<br><br>\$ 250.00                         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>2040 NORTH LOOP WEST FREEWAY STE#012<br>HOUSTON, TX 77018 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>FINANCE      |  | <b>9</b> Employer (See Instructions)<br>PRECISION FINANCIAL PLANNING SERVICES |
| <b>4</b> Date<br>02/12/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>JASON WEBSTER        | <b>7</b> Amount of contribution (\$)<br><br>\$ 50.00                          |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>6200 SAVOY SUITE 150<br>HOUSTON, TX 77036                 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER       |  | <b>9</b> Employer (See Instructions)<br>SELF                                  |
| <b>4</b> Date<br>02/20/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>LEVI BENTON          | <b>7</b> Amount of contribution (\$)<br><br>\$ 200.00                         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>3417 MILAM ST<br>HOUSTON, TX 77002                        |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>LAWYER       |  | <b>9</b> Employer (See Instructions)<br>LEVI BENTON & ASSOC. PLLC             |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |   |
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| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14 / 14pages Rpt: 14 25 |
| <b>2</b> FILER NAME<br>BRITTANYE MORRIS                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                 |
| <b>4</b> Date<br>01/28/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>SCOTT WEST      | <b>7</b> Amount of contribution (\$)<br><br>\$ 2,500.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>6908 BRISBANE CT THIRD FLOOR<br>SUGAR LAND, TX 77479 |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |   | <b>9</b> Employer (See Instructions)<br>THE WEST LAW FIRM         |
| <b>4</b> Date<br>02/10/2026  | <b>5</b> Full Name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>KELLY PRATHER   | <b>7</b> Amount of contribution (\$)<br><br>\$ 100.00             |
|  | <b>6</b> Contributor address; City; State; Zip Code<br>2009 NORTH DURHAM DRIVE<br>HOUSTON, TX 77008         |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>ATTORNEY |   | <b>9</b> Employer (See Instructions)<br>SELF                      |

**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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/ 8 pgs Rpt: 15 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
|---|---|---|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/02/2026 | <b>5</b> Payee name<br>ACTBLUE TECHNICAL SERVICES |
|-----------------------------|---|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>608.33 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. BOX 441146<br>SOMERVILLE, MA 02144 |
|--------------------------------|--|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>CREDIT CARD FEES                                |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/06/2026 | <b>5</b> Payee name<br>ACTBLUE TECHNICAL SERVICES |
|-----------------------------|---|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>831.54 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. BOX 441146<br>SOMERVILLE, MA 02144 |
|--------------------------------|--|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>CREDIT CARD FEES                                |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>4</b> Date<br>02/18/2026 | <b>5</b> Payee name<br>AFROVIBES |
|-----------------------------|----------------------------------|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>1,500.00 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77242 |
|----------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>MARKETING                                       |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/ 8 pgs Rpt: 16 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
|---|---|---|

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>02/06/2026 | <b>5</b> Payee name<br>DOPE MARKETING |
|-----------------------------|---------------------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>399.00 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77252 |
|--------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>MARKETING                                       |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>01/23/2026 | <b>5</b> Payee name<br>FACEBOOK META |
|-----------------------------|--------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>6</b> Amount (\$)<br>34.00 | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025 |
|-------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>ADS   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>01/26/2026 | <b>5</b> Payee name<br>FACEBOOK META |
|-----------------------------|--------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>6</b> Amount (\$)<br>34.00 | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025 |
|-------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>ADS   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/ 8 pgs Rpt: 1/7 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
| <b>4</b> Date<br>01/28/2026                                    | <b>5</b> Payee name<br>FACEBOOK META  |   |
| <b>6</b> Amount (\$)<br>24.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>ACCOUNTING/BANKING   | <b>(b)</b> Description<br>ADS                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   |   |   |
|  | Candidate / Officeholder name   | Office sought                                     |
|  | Office held   |   |
| <b>4</b> Date<br>02/02/2026                                    | <b>5</b> Payee name<br>FACEBOOK META  |   |
| <b>6</b> Amount (\$)<br>69.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>ACCOUNTING/BANKING   | <b>(b)</b> Description<br>ADS                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   |   |   |
|  | Candidate / Officeholder name   | Office sought                                     |
|  | Office held   |   |
| <b>4</b> Date<br>02/09/2026                                    | <b>5</b> Payee name<br>FACEBOOK META  |   |
| <b>6</b> Amount (\$)<br>80.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>ACCOUNTING/BANKING   | <b>(b)</b> Description<br>ADS                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   |   |   |
|  | Candidate / Officeholder name   | Office sought                                     |
|  | Office held   |   |

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# 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/ 8 pgs Rpt: 1/8 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
|--|---|---|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>02/10/2026 | <b>5</b> Payee name<br>FACEBOOK META |
|-----------------------------|--------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>6</b> Amount (\$)<br>22.30 | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025 |
|-------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>ADS   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>02/12/2026 | <b>5</b> Payee name<br>FACEBOOK META |
|-----------------------------|--------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>6</b> Amount (\$)<br>80.00 | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025 |
|-------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>ADS   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>02/18/2026 | <b>5</b> Payee name<br>FACEBOOK META |
|-----------------------------|--------------------------------------|

|                               |   |
|-------------------------------|---|
| <b>6</b> Amount (\$)<br>80.00 | <b>7</b> Payee address; City; State; Zip Code<br>1 HACKER WAY<br>MENLO PARK, CA 94025 |
|-------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>ADS   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5 / 8 pgs Rpt: 1/9 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
|---|---|---|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>02/05/2026 | <b>5</b> Payee name<br>FAMOUS SIGNS |
|-----------------------------|-------------------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>882.23 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77252 |
|--------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>SIGNS   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>02/09/2026 | <b>5</b> Payee name<br>FAMOUS SIGNS |
|-----------------------------|-------------------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>350.00 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77252 |
|--------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>SIGNS   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |                              |
|-----------------------------|------------------------------|
| <b>4</b> Date<br>02/09/2026 | <b>5</b> Payee name<br>FIVER |
|-----------------------------|------------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>499.35 | <b>7</b> Payee address; City; State; Zip Code<br>26 MERCER STREET<br>NEW YORK, NY 10013 |
|--------------------------------|---|

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE | <b>(b)</b> Description<br>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 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/ 8 pgs Rpt: 20 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
| <b>4</b> Date<br>02/17/2026                                   | <b>5</b> Payee name<br>FIVER  |   |
| <b>6</b> Amount (\$)<br>262.83                                | <b>7</b> Payee address; City; State; Zip Code<br>26 MERCER STREET<br>NEW YORK, NY 10013   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>ADVERTISING EXPENSE  | <b>(b)</b> Description<br>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 |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  |   |   |
|   | Candidate / Officeholder name   | Office sought      Office held                    |
| <b>4</b> Date<br>01/27/2026                                   | <b>5</b> Payee name<br>MADISON LENARD   |   |
| <b>6</b> Amount (\$)<br>645.00                                | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77214   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>ACCOUNTING/BANKING   | <b>(b)</b> Description<br>SIGN DELIVERY           |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  |   |   |
|   | Candidate / Officeholder name   | Office sought      Office held                    |
| <b>4</b> Date<br>02/12/2026                                   | <b>5</b> Payee name<br>LONG PLAN PRINTING   |   |
| <b>6</b> Amount (\$)<br>3,459.45                              | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77242   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>ACCOUNTING/BANKING   | <b>(b)</b> Description<br>PRINTING                |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  |   |   |
|   | Candidate / Officeholder name   | Office sought      Office held                    |

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# 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7 / 8 pgs Rpt: 21 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS | <b>3</b> Filer ID (Ethics Commission Filers)<br>4 |
|--|---|---|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/18/2026 | <b>5</b> Payee name<br>LONG PLAN PRINTING |
|-----------------------------|---|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>496.40 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77242 |
|--------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>PRINTING  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>02/03/2026 | <b>5</b> Payee name<br>PRESS MY DESIGN |
|-----------------------------|--|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>399.00 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77252 |
|--------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>TSHIRTS   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/20/2026 | <b>5</b> Payee name<br>UNIVISION MANAGEMENT |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>1,540.00 | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77242 |
|----------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>RADIO   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8 / 8 pgs Rpt: 22 25 | <b>2</b> FILER NAME<br>BRITTANYE MORRIS   | <b>3</b> Filer ID (Ethics Commission Filers)<br>4                         |
| <b>4</b> Date<br>02/19/2026                                    | <b>5</b> Payee name<br>URBAN ONE  |   |
| <b>6</b> Amount (\$)<br>1,219.50                               | <b>7</b> Payee address; City; State; Zip Code<br>REQUESTED<br>HOUSTON, TX 77242               |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING | <b>(b)</b> Description<br>RADIO ADVERTISEMENT                             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   |
|  |   | Office held   |

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