

# 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)

2 Total pages filed: **22**

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Ms. Brittanye</b> <hr/> NICKNAME LAST SUFFIX <b>Morris</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>RECVD VIA EMAIL 05/18/2026</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged								
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 42546 Houston, TX 77742</b>									
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (      )									
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs. Agnes</b> <hr/> NICKNAME LAST SUFFIX <b>Uroso-Umoh</b>									
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2702 Scarlet Sunset, Sugar Land, TX 77478</b>									
<b>8</b> CAMPAIGN TREASURER 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year <b>01 / 23 / 2026      THROUGH      02 / 21 / 2026</b>									
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>03 / 03 / 2026</b> <input type="checkbox"/> General <input type="checkbox"/> Special									
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>Fort Bend County Precinct 4 Commissioner</b>								
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		<input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL	COMMITTEE NAME									
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Brittanye Morris		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 167.57
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 14,808.67
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,068.77
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

**18 SIGNATURE** 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

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

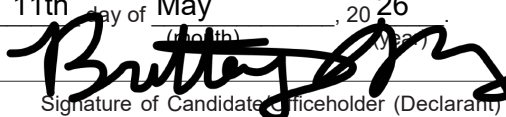
OR

**(2) Unsworn Declaration**

My name is Brittanye Morris, and my date of birth is 12/19/1990.

My address is PO Box 42546, Houston, TX, 77742, USA.  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 11th day of May, 2026.  
(month) (year)



Signature of Candidate or Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME  Brittanye Morris	<b>20</b> Filer ID (Ethics Commission Filers)
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<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,050.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,641.10
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <p style="text-align: center;">Brittanye Morris</p>		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Ahmad Alyasin</p>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <p style="text-align: center;">9000 Richmond Ave., Houston, TX 77063</p>		
8 Principal occupation / Job title (See Instructions) Chairman & CEO		9 Employer (See Instructions) Optima Global Financial
Date 1/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Eureka Slaughter</p>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <p style="text-align: center;">11918 Green Isle Dr., Houston, TX 77044</p>		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Aetna
Date 1/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Scott West</p>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <p style="text-align: center;">6908 Brisbane Ct., 3rd FLR, Sugar Land, TX 77479</p>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The West Law Firm
Date 1/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jacob Karam</p>	Amount of contribution (\$) <b>1,500.00</b>
Contributor address; City; State; Zip Code <p style="text-align: center;">1 Sugar Creek Center Blvd., UNIT 1010, Sugar Land, TX 77478</p>		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Karam 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

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The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**10**

**2** FILER NAME

Brittanye Morris

**3** Filer ID (Ethics Commission Filers)

**4** Date  
1/29/2026

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marcus Spagnoletti

**7** Amount of contribution (\$)  
2,500.00

**6** Contributor address; City; State; Zip Code  
401 Louisiana, 8th FLR, Houston, TX 77002

**8** Principal occupation / Job title (See Instructions)  
Attorney

**9** Employer (See Instructions)  
Spagnoletti Law Firm

Date  
1/29/2026

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nahom Tesfaselassie

Amount of contribution (\$)  
500.00

Contributor address; City; State; Zip Code  
105 Engel St., Houston, TX 77011

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self

Date  
1/30/2026

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Abdolahim Sharifan

Amount of contribution (\$)  
500.00

Contributor address; City; State; Zip Code  
12603 Louetta Rd., STE 105, Cypress, TX 77429

Principal occupation / Job title (See Instructions)  
self-employed

Employer (See Instructions)  
Self

Date  
1/30/2026

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Angie Moore

Amount of contribution (\$)  
100.00

Contributor address; City; State; Zip Code  
7403 Dayhill Dr., Spring, TX 77379

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Harris County Public Defender's Office

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<b>2</b> FILER NAME Brittanye Morris		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Zehl <b>6</b> Contributor address; City; State; Zip Code 2700 Post Oak, Houston, TX 77056	<b>7</b> Amount of contribution (\$) 1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Zehl & Associates
Date 2/1/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazek Salahudeen Contributor address; City; State; Zip Code 523 Grand Fair Ln., Richmond, TX 77469	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 2/2/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Zwernemann Contributor address; City; State; Zip Code 114 Byrne St., Houston, TX 77009	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Zwernemann Law Firm
Date 2/2/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevazz Brown Contributor address; City; State; Zip Code 4723 McKinney St., Houston, TX 77023	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker LLP
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME Brittanye Morris		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/2/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad Aziz <b>6</b> Contributor address; City; State; Zip Code 800 Commerce St., Houston, TX 77002	<b>7</b> Amount of contribution (\$) 5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Abraham Watkins Nichols Agosto Aziz & Stogner
Date 2/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derian Jordan Contributor address; City; State; Zip Code 4630 Knoxville St., Houston, TX 77051-2652	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Shop Owner		Employer (See Instructions) Done by D
Date 2/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphael Vallier Contributor address; City; State; Zip Code 2040 North Loop West Freeway, STE 012, Houston, TX 77018	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Precision Financial Planning Services
Date 2/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Adams Contributor address; City; State; Zip Code 16231 Saxon Hollow Ln., Houston, TX 77084	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Timothy Adams PLLC
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2026	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 St., Houston, TX 77020		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Harris County
Date 2/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy White	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 5326 Deer Valley Ct., Manvel, TX 77578		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 2/5/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Altsuler	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6158 Ella Lee, Houston, TX 77057		
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Altsuler ADR
Date 2/6/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soroush Montazari	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 615 Memorial Heights Dr., Houston, TX 77007		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Abraham Watkins Nichols Agosto Aziz & Stogner
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME Brittanye Morris		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Prather <b>6</b> Contributor address; City; State; Zip Code 2009 N Durham Dr., Houston, TX 77008	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 2/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevan Shelton Contributor address; City; State; Zip Code 12110 Funicular Way, Houston, TX 77047	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Park Street Homes
Date 2/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latoya Hurley Contributor address; City; State; Zip Code 26210 Riley Green Dr., Richmond, TX 77406	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Sr. Publicist		Employer (See Instructions) Innovating Marketing Group
Date 2/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mubashir Chaudhry Contributor address; City; State; Zip Code 1 Sugar Creek Center Blvd., Sugar Land, TX 77478	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) USA Inc.

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah Haleem 6 Contributor address; City; State; Zip Code 7514 San Clemente Point Ct., Katy, TX 77494	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 2/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Wilson Contributor address; City; State; Zip Code 1135 Mosaico Ln., Houston, TX 77055	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SBSB
Date 2/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuananh Mai Contributor address; City; State; Zip Code 9999 Bellaire, STE 508, Houston, TX 77036	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mai & Na PLLC
Date 2/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winfield Williams Contributor address; City; State; Zip Code 5212 Gibson St., Houston, TX 77007	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mukerji Law Firm

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<b>2</b> FILER NAME Brittanye Morris		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebong Akpan <b>6</b> Contributor address; City; State; Zip Code 11135 Mineral Island Ln., Richmond, TX 77406	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Self
Date 2/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Webster Contributor address; City; State; Zip Code 6200 Savoy, STE 150, Houston, TX 77036	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 2/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie Howard Contributor address; City; State; Zip Code 1603 Martin Lake Dr., Richmond, TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Howard Investment Services
Date 2/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aniefiok Usoro Contributor address; City; State; Zip Code 39 Cadence Ct., Richmond, TX 77469	Amount of contribution (\$) 650.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>2</b> FILER NAME Brittanye Morris		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husein Hadi <b>6</b> Contributor address; City; State; Zip Code 4110 Thistle Hill Ct., Sugar Land, TX 77479-3822	<b>7</b> Amount of contribution (\$)  1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) The Hadi Law Firm
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabila Choudhury Contributor address; City; State; Zip Code 4328 Darsey St., Bellaire, TX 77401	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Private Practice
Date 2/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Presutti Contributor address; City; State; Zip Code 525 Northbelt, STE 600, Houston, TX 77060	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Richard J Presutti PC
Date 2/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl Latchley Contributor address; City; State; Zip Code 3322 Calumet St., Houston, TX 77004	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wilson Cribbs & Goren
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Brittanye Morris		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Lannie <b>6</b> Contributor address; City; State; Zip Code 1300 Rollingbrook Dr., STE 612, Baytown, TX 77521	<b>7</b> Amount of contribution (\$) 150.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 2/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levi Benton Contributor address; City; State; Zip Code 3417 Milam St., Houston, TX 77002	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Levi Benton & Associates, PLLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: <u>  9  </u>	<b>2</b> FILER NAME Brittanye Morris	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/23/2026	<b>5</b> Payee name Facebook Meta	
<b>6</b> Amount (\$) 34.00	<b>7</b> Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Marketing Ads
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/26/2026	Payee name Facebook Meta	
Amount (\$) 34.00	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/27/2026	Payee name Madison Lenard	
Amount (\$) 645.00	Payee address; City; State; Zip Code 1815 caldbeck ln, fresno, texas 77545 <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Put signs out
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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: 9	<b>2</b> FILER NAME Brittanye Morris	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/28/2026	<b>5</b> Payee name Facebook Meta	
<b>6</b> Amount (\$) 24.00	<b>7</b> Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Marketing Ads
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/2/2026	Payee name ACTBLUE Technical Services	
Amount (\$) 608.33	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/2/2026	Payee name Facebook Meta	
Amount (\$) 69.00	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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

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### 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: <b>9</b>	<b>2</b> FILER NAME <b>Brittanye Morris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/3/2026</b>	<b>5</b> Payee name <b>Press My Design</b>	
<b>6</b> Amount (\$) <b>399.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>8679 NW 66 st #6, Doral, FL 33166</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>T-shirts</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>2/4/2026</b>	Payee name <b>Dope Marketing</b>	
Amount (\$) <b>399.00</b>	Payee address; City; State; Zip Code <b>3225 Neil Armstrong Blvd, STE 100, Eagan, MN 55121</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signage</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>2/5/2026</b>	Payee name <b>Famous Signs</b>	
Amount (\$) <b>882.23</b>	Payee address; City; State; Zip Code <b>6701 Harwin Dr., Suite 221-B, Houston, TX 77036</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>9</b>	<b>2</b> FILER NAME <b>Brittanye Morris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/6/2026</b>	<b>5</b> Payee name <b>ACTBLUE Technical Services</b>	
<b>6</b> Amount (\$) <b>831.54</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 441146, Somerville, MA 02144</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Donation Processing</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/6/2026</b>	Payee name <b>Dope Marketing</b>	
Amount (\$) <b>399.00</b>	Payee address; City; State; Zip Code <b>3225 Neil Armstrong Blvd, STE 100, Eagan, MN 55121</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/9/2026</b>	Payee name <b>Facebook Meta</b>	
Amount (\$) <b>80.00</b>	Payee address; City; State; Zip Code <b>1 Meta Way, Menlo Park, CA 94025, USA</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: <b>9</b>	<b>2</b> FILER NAME <b>Brittanye Morris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/9/2026</b>	<b>5</b> Payee name <b>Famous Signs</b>	
<b>6</b> Amount (\$) <b>350.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>6701 Harwin Dr., Suite 221-B, Houston, TX 77036</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Signs</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>2/9/2026</b>	Candidate / Officeholder name <b>Fiver</b>	
Amount (\$) <b>499.35</b>	Office sought <b>26 Mercer St., New York, NY 10013</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Design &amp; Graphic</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Office held</b>		
Date <b>2/9/2026</b>	Payee name <b>Caroline Captures Photography</b>	
Amount (\$) <b>200.00</b>	City; State; Zip Code <b>Address Requested, Houston TX 770</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Photography</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Office held</b>		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>9</b>	<b>2</b> FILER NAME <b>Brittanye Morris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/10/2026</b>	<b>5</b> Payee name <b>Facebook Meta</b>	
<b>6</b> Amount (\$) <b>22.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Meta Way, Menlo Park, CA 94025, USA</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Marketing Ads</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/12/2026</b>	Payee name <b>Facebook Meta</b>	
Amount (\$) <b>80.00</b>	Payee address; City; State; Zip Code <b>1 Meta Way, Menlo Park, CA 94025, USA</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/12/2026</b>	Payee name <b>Long Plan Printing</b>	
Amount (\$) <b>3,459.45</b>	Payee address; City; State; Zip Code <b>3029 Crossview Dr, Houston, TX 77063</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Printing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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

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### 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: 9	<b>2</b> FILER NAME Brittanye Morris	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/17/2026	<b>5</b> Payee name Tractor Supply	
<b>6</b> Amount (\$) 207.27	<b>7</b> Payee address; City; State; Zip Code 27127 Southwest Fwy, Rosenberg, TX 77471 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Sign Posting Supplies
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/17/2026	Payee name USPS	
Amount (\$) 118.90	Payee address; City; State; Zip Code 2909 Rogerdale Rd, Houston, TX 77042 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Post Office Box Rent Renewal
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/17/2026	Payee name Fiver	
Amount (\$) 262.83	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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: <b>9</b>	<b>2</b> FILER NAME <b>Brittanye Morris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/18/2026</b>	<b>5</b> Payee name <b>Afrovibes</b>	
<b>6</b> Amount (\$) <b>1,500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>6776 Southwest Fwy, Houston, TX 77074</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Marketing Ads</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>2/18/2026</b>	Candidate / Officeholder name <b>Facebook Meta</b>	
Amount (\$) <b>80.00</b>	Payee address; City; State; Zip Code <b>1 Meta Way, Menlo Park, CA 94025, USA</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Facebook Meta</b>		
Date <b>2/18/2026</b>	Candidate / Officeholder name <b>Infinite Loop Media</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia.</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Infinite Loop Media</b>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>9</b>	<b>2</b> FILER NAME <b>Brittanye Morris</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/18/2026</b>	<b>5</b> Payee name <b>Long Plan Printing</b>	
<b>6</b> Amount (\$) <b>496.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>3029 Crossview Dr, Houston, TX 77063</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Printing</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/19/2026</b>	Payee name <b>Urban One</b>	
Amount (\$) <b>1,219.50</b>	Payee address; City; State; Zip Code <b>1990 Post Oak Blvd, Suite 2300, Houston, TX 77056</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Radio Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/20/2026</b>	Payee name <b>Univision Mangement</b>	
Amount (\$) <b>1,540.00</b>	Payee address; City; State; Zip Code <b>5100 Southwest Fwy, Houston, Texas, 77056</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Radio Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**