

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms. FIRST Brittanye MI NICKNAME LAST Morris SUFFIX	OFFICE USE ONLY Date Received RECVD VIA EMAIL 06/07/2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 42546 Houston, TX 77742										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 716-5604										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Agnes MI NICKNAME LAST Usoro SUFFIX MD										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2702 Scarlet Sunset, Sugar Land, TX 77478										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 466-9714										
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☒ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 2 / 22 / 2026 THROUGH Month Day Year 5 / 16 / 2026										
11 ELECTION	ELECTION DATE Month Day Year 5 / 26 / 2026 ELECTION TYPE ☐ Primary ☒ Runoff ☐ Other Description ☐ General ☐ Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Bend County Precinct 4 Commissioner									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 5px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">☐ GENERAL</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">☐ SPECIFIC</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Brittanye Morris		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,735.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,512.97
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,416.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,387.57
OUTSTANDING LOAN TOTALS	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, X, 77742, USA.
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 18th day of May, 20 26.
(month) (year)

/s/ Brittanye Morris

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 44,385.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 43,903.23
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 10
2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Nazek Salahudeen 6 Contributor address; City; State; Zip Code 523 Grand Fair Ln., Richmond, TX 77469	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 3/1/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Angie Moore Contributor address; City; State; Zip Code 7403 Dayhill Dr., Spring, TX 77379	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Harris County Public Defender's Office
Date 3/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Naureen Ali Contributor address; City; State; Zip Code 5402 Queensloch Dr., Houston, TX 77096	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self
Date 3/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Matthew Stano Contributor address; City; State; Zip Code 19747 Highway 59 N Ste 400, Humble TX 77338	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stano 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**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: 10
2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sarah Syed 6 Contributor address; City; State; Zip Code 12054 Miramar Shores Dr., Houston, TX 77065	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) The Movement Strategy Center
Date 3/31/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rod Hill Contributor address; City; State; Zip Code 126 E Amite St., Jackson, MS 39201	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) IMS
Date 3/31/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) John Calhoun Contributor address; City; State; Zip Code 126 E Amite St., Jackson, MS 39201	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CEO
Date 3/31/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kennard Taylor Contributor address; City; State; Zip Code 7806 Sleepy Rose Ct., Humble, TX 77396	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) UT MD Anderson Cancer Center
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 4/1/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Brandon Cofield 6 Contributor address; City; State; Zip Code 708 Cage St., Houston, TX 77020	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Harris County
Date 4/2/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rajesh Mahadass Contributor address; City; State; Zip Code 2504 Inwood Dr., Houston, TX 77019	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) PMR Law
Date 4/19/2026	Full name of contributor ☐ 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 5/4/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tahir Javed Contributor address; City; State; Zip Code 2295 Avalon St., Beaumont, TX 77407	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Riceland Healthcare
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 5/4/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Assad Siddiqui 6 Contributor address; City; State; Zip Code 17407 Woodlands Ln., Richmond, TX 77407	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Software engineer		9 Employer (See Instructions) Chevron
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Siraj Narsi Contributor address; City; State; Zip Code 14426 Ayers Rock Rd., Sugar Land, TX 77498	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Financial Consultant		Employer (See Instructions) Integrated Business Finance
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shajee Ajalali Contributor address; City; State; Zip Code 607 Barringer Ln., APT A, Webster, TX 77598-2157	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Food service		Employer (See Instructions) HMF Enterprise LLC
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Syed Akhtar Contributor address; City; State; Zip Code 11930 Matagorda Ln., Sugar Land, TX 77498	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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: 10
2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Arshad Sohail 6 Contributor address; City; State; Zip Code 2510 Texas Orange Trail, Richmond, TX 77406	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Total Rewards Professional		9 Employer (See Instructions) Accenture
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Syed Ahmed Contributor address; City; State; Zip Code 23607 Rimini Court, Richmond, TX 77406	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Information Security		Employer (See Instructions) CenterPoint Energy
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Minhas Vellani Contributor address; City; State; Zip Code 11403 Lago Bella Dr., Richmond, TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) ATM Link
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ausaf Salman Contributor address; City; State; Zip Code 22015 Bridgestone Pine Ct., Spring, TX 77388	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) Mythics Inc.
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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: 10
2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sohail Syed 6 Contributor address; City; State; Zip Code 5623 Grand Floral Blvd., Houston, TX 77041	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions) Winsome
Date 5/5/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nasrudin Ali Contributor address; City; State; Zip Code 3331 Bamberg Way, Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) TW Orem Re LLC
Date 5/6/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Zahid Bitt Contributor address; City; State; Zip Code 11746 Dandy Park Ct., Houston, TX 77047	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 5/6/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kamruddin Sayani Contributor address; City; State; Zip Code 2126 Aravemelon Dr., Richmond, TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 10
2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kia Sutton 6 Contributor address; City; State; Zip Code 1839 Ashland Ave., Evanston, IL 60201	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) VP of BD		9 Employer (See Instructions) IEI
Date 5/7/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Muhammad N Malik Contributor address; City; State; Zip Code 2419 Sandy Point Dr., Richmond, TX 77406	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 5/7/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pervez Sultan Contributor address; City; State; Zip Code 16631 Pecan Dr., Sugar Land, TX 77498	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 5/7/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Misha Khurram Contributor address; City; State; Zip Code 3944 Bluebonnet Dr. Stafford, TX 77477	Amount of contribution (\$) 130.00
Principal occupation / Job title (See Instructions) High School Student		Employer (See Instructions) Unemployed
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 5/8/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mustafa Hussain 6 Contributor address; City; State; Zip Code 5030 Water View Bend., Sugar Land, TX 77479	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 3/13/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Panthers Petroleum II LLC Contributor address; City; State; Zip Code 9642 Huffmeister Rd., STE A, Houston, TX 77095	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) Company		Employer (See Instructions) Panthers Petroleum II LLC
Date 3/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Gallagher Contributor address; City; State; Zip Code 2905 Sackett St, Houston, TX 77098	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gallagher Law Firm
Date 4/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilson Wong Contributor address; City; State; Zip Code 2929 BRIARPARK DR. SUITE 600: HOUSTON, TX 77042;	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) LJA Engineering INC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 4/28/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Aniefiok Usoro 6 Contributor address; City; State; Zip Code P.O. Box 2269, Stafford, TX 77497	7 Amount of contribution (\$) 3000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 5/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Japreena Kaur Contributor address; City; State; Zip Code 325 E 64th, Manhattan, NY 10065	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Marks, O'Neill, O'Brien, Doherty & Kelly, P.C.
Date 5/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Byron Gross Contributor address; City; State; Zip Code 18355 Emerald Oaks Dr., San Antonio, TX 78259	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Director & Field Sales		Employer (See Instructions) Allstate
Date 5/13/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Athar Siddiquee Contributor address; City; State; Zip Code 1317 Lake Pointe Pkwy, Sugar Land, TX 77478	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Millennium Physicians
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

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: 10
2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gerald Wilson 6 Contributor address; City; State; Zip Code 4611 Biggam Dr., Fresno, TX 77545	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions) President & Owner		9 Employer (See Instructions) Wilson Enterprises
Date 5/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sam Banerjee Contributor address; City; State; Zip Code 11E Greenway Plaza, STE C15, Houston, TX 77046	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Sami's
Date 5/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aftab Pirmohammad Contributor address; City; State; Zip Code 5322 Dalton Ranch Ln., Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) AP CPA PLLC
Date	Full name of contributor ☐ 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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2026	5 Payee name Facebook Meta	
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/24/2026	Payee name ACTBLUE Services	
Amount (\$) 3.95	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2/24/2026	Payee name Eprint2Day	
Amount (\$)	Payee address; City; State; Zip Code 17018 Ella Blvd., Houston, TX 77090 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Materials
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/2026		5 Payee name Eprint2Day			
6 Amount (\$) 102.84		7 Payee address; 17018 Ella Blvd., Houston, TX 77090 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Materials	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/24/2026		Payee name Fiver			
Amount (\$) 161.75		Payee address; 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 2/24/2026		Payee name Hazel Lundy			
Amount (\$) 1500.00		Payee address; 17022 Quail Bend Drive, Missouri City, TX 7748 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Oth		Description Campaign Consulting	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2026	5 Payee name Texas Coalition of Black Democrats	
6 Amount (\$) 100.00	7 Payee address; P.O. Box 15707, Austin, Texas 78761 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description GOTV
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/26/2026	Payee name Facebook Meta	
Amount (\$) 80.00	Payee address; 1 Meta Way, Menlo Park, CA 94025, USA ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2/26/2026	Payee name Fiver	
Amount (\$) 770.15	Payee address; 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic Sign
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/2026		5 Payee name ACTBLUE Technical Services			
6 Amount (\$) 772.34		7 Payee address; PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Donation Processing		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/2/2026		Payee name Facebook Meta			
Amount (\$) 80.00		Payee address; 1 Meta Way, Menlo Park, CA 94025, USA ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing Ads		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 3/2/2026		Payee name Fiver			
Amount (\$) 26.71		Payee address; 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2026	5 Payee name Public Service Partners	
6 Amount (\$) 3000.00	7 Payee address; City; State; Zip Code 600 14th St NW, Suite 600, Washington, DC 20005 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising Material
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/2026	Payee name Udeme Usoro	
Amount (\$)	Payee address; City; State; Zip Code 20535 Hillside Park Dr, Cypress, Texas, 77433 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Consulting
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/2/2026	Payee name Facebook Meta	
Amount (\$) 80.00	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/2026		5 Payee name Facebook Meta			
6 Amount (\$) 80.00		7 Payee address; 1 Meta Way, Menlo Park, CA 94025, USA City; State; Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Marketing Ads	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/3/2026		Payee name Famous Signs			
Amount (\$) 162.37		Payee address; 6701 Harwin Dr., Suite 221-B, Houston, TX 77036 City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 3/4/2026		Payee name Hazel Lundy			
Amount (\$) 1500.00		Payee address; 17022 Quail Bend Drive, Missouri City, TX 7748 City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		Description Campaign Consulting	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)				
4 Date 3/5/2026		5 Payee name Infinite Loop Media						
6 Amount (\$) 85.00		7 Payee address; City; State; Zip Code 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. ☐ Check if individual's residence address.						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Marketing Ads					
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 3/10/2026		Payee name ACTBLUE Services						
Amount (\$) 1.98		Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Donation Processing					
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 3/10/2026		Payee name Facebook Meta						
Amount (\$) 67.54		Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA ☐ Check if individual's residence address.						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing Ads					
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 3/16/2026		5 Payee name Fiver			
6 Amount (\$) 24.60		7 Payee address; 26 Mercer St., New York, NY 10013 City; State; Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Design & Graphic		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/16/2026		Payee name Fiver			
Amount (\$) 49.48		Payee address; 26 Mercer St., New York, NY 10013 City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 3/16/2026		Payee name Fiver			
Amount (\$) 140.65		Payee address; 26 Mercer St., New York, NY 10013 City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2026	5 Payee name Fiver	
6 Amount (\$) 182.85	7 Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design & Graphic
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/2026	Payee name Udeme Usoro	
Amount (\$) 500.00	Payee address; City; State; Zip Code 20535 Hillsdale Park Dr, Cypress, Texas, 77433 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Consulting
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/20/2026	Payee name ACTBLUE Services	
Amount (\$) 39.50	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2026	5 Payee name Rumbleup	
6 Amount (\$) 459.00	7 Payee address; City; State; Zip Code 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting Platform
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/30/2026	Payee name ACTBLUE Services	
Amount (\$) 3.95	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/31/2026	Payee name ACTBLUE Services	
Amount (\$) 246.88	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2026	5 Payee name Eprint2Day	
6 Amount (\$) 300.00	7 Payee address; 17018 Ella Blvd., Houston, TX 77090 City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/2026	Payee name Famous Signs	
Amount (\$) 676.56	Payee address; 6701 Harwin Dr., Suite 221-B, Houston, TX 77036 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 3/31/2026	Payee name Fiver	
Amount (\$) 98.45	Payee address; 26 Mercer St., New York, NY 10013 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2026	5 Payee name Rumbleup	
6 Amount (\$) 743.75	7 Payee address; City; State; Zip Code 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting Platform
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/1/2026	Payee name ACTBLUE Services	
Amount (\$) 5.93	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/2/2026	Payee name ACTBLUE Services	
Amount (\$) 98.75	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2026	5 Payee name Infinite Loop Media	
6 Amount (\$) 500.00	7 Payee address; 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/2/2026	Payee name Rumbleup	
Amount (\$) 650.25	Payee address; 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting Platform
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/2/2026	Payee name Tractor Supply	
Amount (\$) 137.25	Payee address; 27127 Southwest Fwy, Rosenberg, TX 77471 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Posting Supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 4/2/2026		5 Payee name Tractor Supply			
6 Amount (\$) 155.23		7 Payee address; City; State; Zip Code 27127 Southwest Fwy, Rosenberg, TX 77471 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Sign Posting Supplies	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/3/2026		Payee name Texas Coalition of Black Democrats			
Amount (\$) 500.00		Payee address; City; State; Zip Code P.O. Box 15707, Austin, Texas 78761 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		Description GOTV	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 4/3/2026		Payee name Turo			
Amount (\$) 125.96		Payee address; City; State; Zip Code 116 New Montgomery St, Suite 700, San Francisco, CA 94105 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		Description Campaign Supplies/Rental	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2026	5 Payee name Wanda Jacobs	
6 Amount (\$) 1022.00	7 Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Consulting
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/6/2026	Payee name Fiver	
Amount (\$) 38.05	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/6/2026	Payee name Fiver	
Amount (\$) 83.72	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2026	5 Payee name Fiver	
6 Amount (\$) 117.99	7 Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design & Graphic
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/6/2026	Payee name Fiver	
Amount (\$) 117.99	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/6/2026	Payee name Infinite Loop Media	
Amount (\$) 150.00	Payee address; City; State; Zip Code 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2026	5 Payee name Innovative Marketing	
6 Amount (\$) 3000.00	7 Payee address; 701 Commerce St., Dallas, TX 75202 City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/6/2026	Payee name Rumbleup	
Amount (\$) 106.25	Payee address; 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting Platform
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/6/2026	Payee name Rumbleup	
Amount (\$) 212.50	Payee address; 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting Platform
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 4/7/2026		5 Payee name Fiver			
6 Amount (\$) 40.43		7 Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Design & Graphic	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/9/2026		Payee name Fiver			
Amount (\$) 172.30		Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 4/10/2026		Payee name Facebook Meta			
Amount (\$) 155.70		Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025, USA ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing Ads	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2026	5 Payee name Famous Signs	
6 Amount (\$) 730.69	7 Payee address; City; State; Zip Code 6701 Harwin Dr., Suite 221-B, Houston, TX 77036 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/10/2026	Payee name Wanda Jacobs	
Amount (\$) 1022.00	Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Consulting
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/13/2026	Payee name Fiver	
Amount (\$) 117.99	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2026	5 Payee name Fiver	
6 Amount (\$) 182.85	7 Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design & Graphic
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/14/2026	Payee name Tractor Supply	
Amount (\$) 243.57	Payee address; City; State; Zip Code 27127 Southwest Fwy, Rosenberg, TX 77471 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Posting Supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/14/2026	Payee name Turo	
Amount (\$) 160.77	Payee address; City; State; Zip Code 116 New Montgomery St, Suite 700, San Francisco, CA 94105 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Supplies/Rental
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2026	5 Payee name Eprint2Day	
6 Amount (\$) 18.40	7 Payee address; City; State; Zip Code 17018 Ella Blvd., Houston, TX 77090 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Materials
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/17/2026	Payee name Infinite Loop Media	
Amount (\$) 96.40	Payee address; City; State; Zip Code 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/17/2026	Payee name Udeme Usoro	
Amount (\$) 300.00	Payee address; City; State; Zip Code 20535 Hillsdale Park Dr, Cypress, Texas, 77433 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Consulting
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2026	5 Payee name Wanda Jacobs	
6 Amount (\$) 1022.00	7 Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Consulting
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/2026	Payee name ACTBLUE Services	
Amount (\$) 3.95	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/20/2026	Payee name Dope Marketing	
Amount (\$) 399.00	Payee address; City; State; Zip Code 3225 Neil Armstrong Blvd, STE 100, Eagan, MN 55121 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2026	5 Payee name Fort Bend Seniors	
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 1330 Band Rd, Rosenberg, TX 7747 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Meals on Wheels Event
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/23/2026	Payee name PDYear dengu	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1201 N Orange Street, Suite #7185, Wilmington, DE 19801 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/24/2026	Payee name PDYear dengu	
Amount (\$) 695.00	Payee address; City; State; Zip Code 1201 N Orange Street, Suite #7185, Wilmington, DE 19801 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2026	5 Payee name Turo	
6 Amount (\$) 1.94	7 Payee address; City; State; Zip Code 116 New Montgomery St, Suite 700, San Francisco, CA 94105 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Supplies/Rental
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/27/2026	Payee name Wanda Jacobs	
Amount (\$) 500.00	Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Consulting
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/29/2026	Payee name Disney Campaign Manager	
Amount (\$) 359.58	Payee address; City; State; Zip Code 7 Hudson Square, New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 4/29/2026		5 Payee name Innovagrow			
6 Amount (\$) 600.00		7 Payee address; City; State; Zip Code 700 Smith St, #61070, Ste 38229, Houston, TX 77002 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Calling	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/29/2026		Payee name Rumbleup			
Amount (\$) 229.50		Payee address; City; State; Zip Code 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Texting Platform	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 5/1/2026		Payee name Rumbleup			
Amount (\$) 106.25		Payee address; City; State; Zip Code 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Texting Platform	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/2026		5 Payee name Wanda Jacobs			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Campaign Consulting	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/4/2026		Payee name ACTBLUE Services			
Amount (\$) 237.00		Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Donation Processing	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 5/4/2026		Payee name Fiver			
Amount (\$) 109.00		Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 5/5/2026		5 Payee name ACTBLUE Services			
6 Amount (\$) 104.88		7 Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Donation Processing	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/5/2026		Payee name Infinite Loop Media			
Amount (\$) 250.00		Payee address; City; State; Zip Code 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing Ads	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/6/2026		Payee name ACTBLUE Services			
Amount (\$) 7.90		Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Donation Processing	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2026	5 Payee name Caroline Captures	
6 Amount (\$) 268.04	7 Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Photography & Videos
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/7/2026	Payee name ACTBLUE Services	
Amount (\$) 19.75	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/7/2026	Payee name Disney Campaign Manager	
Amount (\$) 140.27	Payee address; City; State; Zip Code 7 Hudson Square, New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2026	5 Payee name Innovagrow	
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 700 Smith St, #61070, Ste 38229, Houston, TX 77002 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Calling
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/7/2026	Payee name Tractor Supply	
Amount (\$) 191.67	Payee address; City; State; Zip Code 27127 Southwest Fwy, Rosenberg, TX 77471 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Posting Supplies
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/8/2026	Payee name ACTBLUE Services	
Amount (\$) 19.75	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39		2 FILER NAME Brittanye Morris		3 Filer ID (Ethics Commission Filers)	
4 Date 5/8/2026		5 Payee name Famous Signs			
6 Amount (\$) 1029.00		7 Payee address; City; State; Zip Code 6701 Harwin Dr., Suite 221-B, Houston, TX 77036 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/8/2026		Payee name Fiver			
Amount (\$) 41.34		Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/8/2026		Payee name Fiver			
Amount (\$) 175.10		Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design & Graphic	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2026	5 Payee name Wanda Jacobs	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Consulting
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/11/2026	Payee name Uber	
Amount (\$) 49.95	Payee address; City; State; Zip Code 1725 3rd Street, San Francisco, CA 94158 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/11/2026	Payee name Uber	
Amount (\$) 39.32	Payee address; City; State; Zip Code 1725 3rd Street, San Francisco, CA 94158 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2026	5 Payee name Fort Bend Human Needs Ministry	
6 Amount (\$) 1000.00	7 Payee address; 435 Stafford Run Rd, Stafford, TX 77477 City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Event Expense
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/11/2026	Payee name Infinite Loop Media	
Amount (\$) 250.00	Payee address; 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/11/2026	Payee name Facebook Meta	
Amount (\$) 166.68	Payee address; 1 Meta Way, Menlo Park, CA 94025, USA City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2026	5 Payee name Connectovo	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code support@connectovo.com ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting Platform
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/11/2026	Payee name Fiver	
Amount (\$) 300.68	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/11/2026	Payee name Fiver	
Amount (\$) 172.30	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2026	5 Payee name ACTBLUE Services	
6 Amount (\$) 404.88	7 Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Donation Processing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/11/2026	Payee name Uber	
Amount (\$) 47.04	Payee address; City; State; Zip Code 1725 3rd Street, San Francisco, CA 94158 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/11/2026	Payee name Uber	
Amount (\$) 18.61	Payee address; City; State; Zip Code 1725 3rd Street, San Francisco, CA 94158 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/2026	5 Payee name Long Plan Printing	
6 Amount (\$) 2,155.26	7 Payee address; 3029 Crossview Dr, Houston, TX 77063 City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/13/2026	Payee name Uber	
Amount (\$) 15.49	Payee address; 1725 3rd Street, San Francisco, CA 94158 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/13/2026	Payee name Uber	
Amount (\$) 42.82	Payee address; 1725 3rd Street, San Francisco, CA 94158 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2026	5 Payee name Rumbleup	
6 Amount (\$) 824.50	7 Payee address; City; State; Zip Code 2300 Clarendon Blvd, Suite 620, Arlington, VA 22201 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting Platform
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/13/2026	Payee name Turo	
Amount (\$) 95.01	Payee address; City; State; Zip Code 116 New Montgomery St, Suite 700, San Francisco, CA 94105 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Supplies/Rental
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/13/2026	Payee name Eprint2Day	
Amount (\$) 687.39	Payee address; City; State; Zip Code 17018 Ella Blvd., Houston, TX 77090 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Materials
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2026	5 Payee name Tractor Supply	
6 Amount (\$) 245.57	7 Payee address; City; State; Zip Code 27127 Southwest Fwy, Rosenberg, TX 77471 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Sign Posting Supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/14/2026	Payee name Uber	
Amount (\$) 41.90	Payee address; City; State; Zip Code 1725 3rd Street, San Francisco, CA 94158 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Event Expense
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/14/2026	Payee name Press My Design	
Amount (\$) 649.00	Payee address; City; State; Zip Code 8679 NW 66 st #6, Doral, FL 33166 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2026	5 Payee name Aubrey Taylor Communications	
6 Amount (\$) 1400.00	7 Payee address; City; State; Zip Code 957 NASA Parkway, #251, Houston, TX 77058 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/14/2026	Payee name Infinite Loop Media	
Amount (\$) 75.00	Payee address; City; State; Zip Code 29-01, Jalan Aliff 6, Taman Damansara Aliff, 81200 Johor Bahru, Johor, Malaysia. ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Ads
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/14/2026	Payee name Fiver	
Amount (\$) 93.18	Payee address; City; State; Zip Code 26 Mercer St., New York, NY 10013 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design & Graphic
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2026	5 Payee name Uber	
6 Amount (\$) 26.95	7 Payee address; City; State; Zip Code 1725 3rd Street, San Francisco, CA 94158 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Event Expense
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/15/2026	Payee name ACTBLUE Services	
Amount (\$) 13.83	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/15/2026	Payee name Wanda Jacobs	
Amount (\$) 1050.00	Payee address; City; State; Zip Code 7635 Rhobell St, Houston, TX 77016-3937 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Consulting
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME Brittanye Morris	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2026	5 Payee name Latoya Faye Hurley	
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 26210 Riley Glen Dr Richmond, TX 77406 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Election Poll Worker
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/15/2026	Payee name Innovagrow	
Amount (\$) 600.00	Payee address; City; State; Zip Code 700 Smith St, #61070, Ste 38229, Houston, TX 77002 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Calling
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 5/16/2026	Payee name ACTBLUE Services	
Amount (\$) 7.90	Payee address; City; State; Zip Code PO Box 441146, Somerville, MA 02144 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation Processing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		