CORRECTION/AMENDMENT AFFIDAVIT FORM JCOR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00084317 34 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Brittanye L. 02/27/2024 NAME NICKNAME LAST **SUFFIX** Morris Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed X 8th day before election Final Report (Attach C/OH-FR) **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged COVERED **THROUGH** 02/01/2024 02/24/2024 **EXPLANATION OF CORRECTION** A FEW PAGES FROM BANK STATEMENT WERE INADVERTENTLY LEFT OUT OF ORIGINAL REPORT. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

> Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084317 34 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Brittanye L. NAME Date Received **ELECTRONICALLY FILED** 02/27/2024 NICKNAME LAST **SUFFIX** Morris CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Adolf R. NAME NICKNAME LAST **SUFFIX** Morris **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 569-6966 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/01/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 333 Harris District Judge District 333

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Morris, Brittanye L. (1	he Honorable)	14 Filer ID 00084317	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political to the sexpenditures may have been not officeholders are required to report the	nade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION TOTALS		 ZED POLITICAL CONTRIBUTIONS(0 ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	\$ 30,700.00
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 49,558.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY OF THE	\$ 26,838.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			under penalty of perjury, that the ac nd includes all information required t ection Code.	
			The Honorable Brittanye L. Mo	
			Signature of Candidate or Officeho	lder
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
		aid ertify which, witness my hand and seal		day
	er administering oath	Printed name of officer administr		r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	4 of 34						
18 FILI		ME ittanye L. (The Honorable)	19 Filer ID 00084317	(Ethics Co	mmission Filers)		
l		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	30,700.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)						
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	49,558.11		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J	J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 5/34	
2	FILER NAME				3 Filer ID (Ethics Commission Fil	ers)
	Morris, Britta	anye L. (The Honorable)			00084317	
4	Date 02/15/2024	5 Full name of contributor ALLEN & NUNNALLY LL	out-of-state PAC (ID#:_P		7 Amount of Contribution (\$)	500.00
		6 Contributor address; City; S HOUSTON, TX 77098	itate; Zip Code			
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			spouse (if any)		
12	! If contributor is	s a child, law firm of parent(s) (if	any)	l		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	02/20/2024 Ahmad J.D., Sufi (Mr.)		\$5,	00.00		
	Contributor address; City; State; Zip Code					
		Spring, TX 77386				
	Contributor's I	I Principal Occupation		Contributor's Job Title	_ L	
	ATTORNEY			ATTORNEY		
	Contributor's 6	employer/law firm		Law firm of contributor's s	spouse (if any)	
		s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	02/15/2024	BROOKS HARRISON AT			\$1,	000.00
		Contributor address; City; S	itate; Zip Code			
		HOUSTON, TX 77028				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			
_						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		pages Schedule A(J)1 2/10 Rpt: 6/34	:
2	FILER NAME				3 Filer I	D (Ethics Commission	on Filers)
	Morris, Britta	anye L. (The Honorable)	L. (The Honorable)			4317	
4	Date 02/24/2024			7 Amou	nt of Contribution (\$)	\$750.00	
		HOUSTON, TX 77092					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	ATTORNEY						
10	10 Contributor's employer/law firm DICK LAW FIRM 11 Law firm of contributor's specific points and the contributor's specific points are contributor.			oouse (if ar	ny)		
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1			
H	Date	Full name of contributor	D out of state BAC (ID#:		I Amou	nt of Contribution (\$)	
	02/15/2024	GARDNER, ANDREW Contributor address; City;	out-of-state PAC (ID#:		Alliou 	in or Contribution (5)	\$100.00
		DALLAS, TX 75219					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	attorney			ATTORNEY			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if ar	ny)	
			f \				
	if contributor is	s a child, law firm of parent(s) (i	rany)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	int of Contribution (\$)	
	02/14/2024	GOLDBERG, DANIEL					\$100.00
		Contributor address; City; HOUSTON, TX 77004	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	ATTORNEY	·		ATTORNEY			
		employer/law firm		Law firm of contributor's sp	oouse (if ar	nv)	
		S LAW OFFICE		Law min or contributor 5 5	ouoo (ii ui	.37	
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/10 Rpt: 7/34
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Morris, Britta	anye L. (The Honorable)				00084317
4	Date 02/07/2024	Full name of contributor GROSSMAN, MICHELLContributor address; City; S)	7	Amount of Contribution (\$) \$50.00
		HOUSTON, TX 77002				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	ATTORNEY			ATTORNEY		
10	10 Contributor's employer/law firm			oous	se (if any)	
12		s a child, law firm of parent(s) (if	anv)	<u> </u>		
		(-)(
-	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
	02/07/2024 HOROWITZ, DANIEL			\$500.00		
	02/01/2024		State: Zin Code			Ψ300.00
		Contributor address; City; S	state; Zip Code			
		HOUSTON, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	ATTORNEY			ATTORNEY		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	LAW OFFIC	E OF DANIEL HOROWITZ				
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/16/2024	HUGHES, CARLOS				\$500.00
		Contributor address; City; S	State; Zip Code			
		HOUSTON, TX 77017				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	ATTORNEY			ATTORNEY		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	THE HUGH	ES LAW FIRM				
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/10 Rpt: 8/34
2	FILER NAME				1	Filer ID (Ethics Commission Filers)
	Morris, Britta	anye L. (The Honorable)				00084317
4	Date 02/17/2024	5 Full name of contributor KIM, JOHN6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		HOUSTON, TX 77006				
8	3 Contributor's Principal Occupation 9 Contributor's Job Title					
	ATTORNEY					
10	10 Contributor's employer/law firm 11 Law firm of contributor's specified THE KIM LAW FIRM 11 Law firm of contributor's specified			oous	e (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/15/2024	LAW OFFICE OF ROGE Contributor address; City;	ELIO GARCIA			\$500.00
		HOUSTON, TX 77023				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/08/2024	MARKLAND, CLIVE				\$2,000.00
		Contributor address; City; S	State; Zip Code			
Г	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	ATTORNEY			ATTORNEY		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	ROBERTS N	MARKLAND LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J))1
	The Instru	ction Guide explains ho	w to complete this	form.		al pages Schedule A(J)1: n: 5/10 Rpt: 9/34	
2	FILER NAME	anye L. (The Honorable)			1	r ID (Ethics Commission File 084317	ers)
4	Date 02/01/2024	Full name of contributor Newport, Jeffrey Contributor address; City;	out-of-state PAC (ID#:		ļ	ount of Contribution (\$)	00.00
		HOUSTON, TX 77024					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title ATTORNEY			
10	10 Contributor's employer/law firm JEFFREY R NEWPORT LAW OFFICES 11 Law firm of contributor's specific properties of the contributor's specific properties of t			oouse (if	any)		
12		s a child, law firm of parent(s) (i					
	Date 02/15/2024	Full name of contributor OMONDI, TOM Contributor address; City;	out-of-state PAC (ID#:		Amo	ount of Contribution (\$) \$2	200.00
		HOUSTON, TX 77007					
		Principal Occupation		Contributor's Job Title			
	Contributor's of SORRELS L	employer/law firm		ATTORNEY Law firm of contributor's sp	oouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	I .			
	Date 02/20/2024	Full name of contributor OSBORN, WILLIAM Contributor address; City;	out-of-state PAC (ID#:		Amo	ount of Contribution (\$) \$5	600.00
		HOUSTON, TX 77002					
	Contributor's I	Principal Occupation		Contributor's Job Title ATTORNEY			
	MARTIN, DI	employer/law firm SIERE, JEFFERSON & WIS		Law firm of contributor's sp	oouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (i	i any)				

	MONET	ARY POLITICAL	CONTRIBUTION	DNS		SCHEDULE A	(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 6/10 Rpt: 10/34	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Morris, Britta	anye L. (The Honorable)	2)			00084317	
4	Date 02/14/2024	5 Full name of contributor PAXTON, RICHARD	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$750.00
	02/14/2024	6 Contributor address; City;	State; Zip Code				Ψ100.00
		HOUSTON, TX 77056					
8		Principal Occupation		9 Contributor's Job Title			
	ATTORNEY			ATTORNEY			
10	Contributor's (employer/law firm NW FIRM		11 Law firm of contributor's s	pous	e (if any)	
12	If contributor i	s a child, law firm of parent(s) (i	f any)	L			
-	Date	Full name of contributor	out-of-state PAC (ID#:	,	T	Amount of Contribution (\$)	
	02/22/2024	POLSINELLI, DAVID	U out-of-state PAC (ID#.			Amount of Contribution (4)	\$50.00
	02/22/2024	Contributor address; City;	State: 7in Code				Ψου.σο
			·				
		HOUSTON, TX 77010		,			
		Principal Occupation		Contributor's Job Title			
	ATTORNEY			ATTORNEY		(1)	
		employer/law firm ON & JAMES		Law firm of contributor's s	spous	se (ir any)	
_		s a child, law firm of parent(s) (i	f any)				
	ii Continbutor i	s a crillu, iaw ilim or parent(s) (i	i airy)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Roberts Markland LLP				;	\$2,500.00
		Contributor address; City;	State; Zip Code				
		houston, TX 77004					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pous	e (if any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)				
\vdash							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/10 Rpt: 11/34
2	FILER NAME	anye L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084317
4	Date 02/13/2024	Full name of contributor SCHINLDER, KACY Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		HOUSTON, TX 77098				
8	Contributor's I	Contributor's Principal Occupation ATTORNEY 9 Contributor's Job Title ATTORNEY				
10	10 Contributor's employer/law firm KACY LAW 11 Law firm of contributor's sp				oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	Date 02/15/2024	Full name of contributor SUSMAN GODFREY Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$4,000.00
	Contributor's F	HOUSTON, TX 77002 Principal Occupation		Contributor's Job Title		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 02/01/2024	Full name of contributor Sorrels, Randall Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$1,000.00
		Houston, TX 77007				
	Contributor's I attorney	Principal Occupation		Contributor's Job Title attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Sorrels Law	s a child, law firm of parent(s) (i	f any)	Sorrels Law		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	Total pages Schedule A(J) Sch: 8/10 Rpt: 12/34)1:
2	FILER NAME				3	Filer ID (Ethics Commiss	sion Filers)
	Morris, Britta	anye L. (The Honorable)				00084317	
4	Date 02/15/2024	5 Full name of contributor TAAFFE, PETER6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	O satrila de de la	HOUSTON, TX 77098		In Contributorio lab Title			
8		Principal Occupation		9 Contributor's Job Title			
46	ATTORNEY/MEDIATOR ATTORNEY				(if)		
10	10 Contributor's employer/law firm Comeaux Mediation			pouse	e (if any)		
12		s a child, law firm of parent(s) (i	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	02/16/2024 TERRY, JOE				\$2,500.00		
		Contributor address; City;	State; Zip Code				
		HOUSTON, TX 77009					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	ATTORNEY			ATTORNEY			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse	e (if any)	
	Terry & Thw	eatt, P.C.					
	If contributor i	s a child, law firm of parent(s) (i	if any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	THE ADAMS LAW FIRM	 M				\$1,000.00
		Contributor address; City;	State; Zip Code				
		KATY, TX 77494					
	Contributor's I	Principal Occupation		Contributor's Job Title	'		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse	e (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>			

MON	IETARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
The In	struction Guide explains how to complete	e this form.	1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 13/34
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
Morris,	Brittanye L. (The Honorable)		00084317
4 Date	5 Full name of contributor ut-of-state P	PAC (ID#:)	7 Amount of Contribution (\$)
02/16/2	024 THE COFIELD LAW FIRM PLLC		\$100.00
	6 Contributor address; City; State; Zip Code		
	HOUSTON, TX 77004		
8 Contribu	tor's Principal Occupation	9 Contributor's Job Title	
10 Contribu	tor's employer/law firm	pouse (if any)	
12 If contril	outor is a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of Contribution (\$)
02/15/2	02/15/2024 THORNHILL, CHRISTOPHER		\$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77008		
Contribu	tor's Principal Occupation	Contributor's Job Title	
ATTOF	NEY	ATTORNEY	
Contribu	tor's employer/law firm	Law firm of contributor's s	pouse (if any)
THOR	IHILL LAW		
If contril	outor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of Contribution (\$)
02/17/2	_		\$2,500.00
	Contributor address; City; State; Zip Code		
O toille	SUGAR LAND, TX 77479	Occasion and Tale Title	
ATTOF	tor's Principal Occupation	Contributor's Job Title ATTORNEY	
	tor's employer/law firm	Law firm of contributor's s	nouse (if any)
	EST LAW FIRM	Law IIIII of Collabutors s	pouse (ii ariy)
	outor is a child, law firm of parent(s) (if any)		

МО	NET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
The I	nstruc	tion Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 14/34
2 FILER Morris		nye L. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00084317
4 Date	Date 02/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Zwernemann, Allen 6 Contributor address; City; State; Zip Code Houston, TX 77057		7 Amount of Contribution (\$) \$250.00		
		Houston, TX 77057			
8 Contrib	butor's P	rincipal Occupation		9 Contributor's Job Title	•
attorn				ATTORNEY	
		mployer/law firm NN LAW		11 Law firm of contributor's s	pouse (if any)
		a child, law firm of parent(s) (if	any)		
Date	I	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/20/	/2024	orihuela & associates			\$1,000.00
		Contributor address; City; S WEBSTER, TX 77598	tate; Zip Code		
Contrib	butor's P	rincipal Occupation		Contributor's Job Title	
Contrib	butor's e	mployer/law firm		Law firm of contributor's s	pouse (if any)
If contr	ributor is	a child, law firm of parent(s) (if	any)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadyla 51:	· · · · · · · · · · · · · · · · · · ·	4
1	Total pages Schedule F1: Sch: 1/20 Rpt: 15/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317	
4	Date	5 Payee name	_
	02/20/2024	Amegy Bank	
Ļ			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.39	17046 Stubner Airline	
		spring, TX 77379	
8	PURPOSE	(b) Description	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		FOREIGN TRANSACTION FEE	
		TONEIGN TO THE TOTAL PROPERTY OF THE PROPERTY	
Ļ	0 1: 0		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	02/14/2024	BATTEAU, J. BRAD	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$420.00	3408 DELANO ST	
	Φ420.00	3406 DELANO 31	
		HOUSTON, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Τ
	OF	Polling Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		POLL SIGNAGE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	5.		=
	Date	Payee name	
L	02/20/2024	BELL, YONA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,400.00	16500 POCONO DR	
		AUSTIN, TX 78717	
L	DUDDOOF		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayes, Complete Schedule T	
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOTV POLLS	
		GOTV FOLLS	
_	0 1. 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	<u> </u>	-
_	Sch: 2/20 Rpt: 16/34	Morris, Brittanye L. (The Honorable)	
4	Date	5 Payee name	
	02/02/2024	CALLTURE COMMUNICATIONS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.95	2800 SKYMARK AVE	
		STE 403	
		MISSISSAUGA ONTARIO L4W5A6 Canada	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		TEXT BLAST ADVERTISING	
_	Complete ONLY if allower	Condidate/Officeholder name	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	=
	02/20/2024	CM COMMERCE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$413.52		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		ADVERTISING	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			=
	Date	Payee name	
	02/20/2024	CRP CONSULTING CORP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	6122 CAVALIER ST	
		HOUSTON, TX 77087	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOTV	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed abo	ove)
		_		The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 3/20 Rpt: 17/34		Morris, Britta	anye L. (The Ho	onorable)					00084317		
4	Date	5	Payee name									
	02/09/2024		DREAMS F	ILM STUDIO								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$1,000.00		26009 BUD	DE RD								
			SUITE D									
			SPRING, TX	K 77380								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		=			plete Schedule T.	
								—		officeholder living	g expense	
								PRODUCTIO	אוע			
_	Commiste ONLY if dispost	<u> </u>	Condidate/Offi		0.5	w:	a. la 4			Office h	ماط	
9	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Onic	ceholder name	Oi	ffice souç	gnı			Office h	eid	
_		_										
	Date		Payee name	II M CTUDIO								
	02/20/2024			ILM STUDIO								
	Amount (\$)		Payee addres	•	State;	Zip Coo	de					
	\$787.07		26009 BUD	DE RD								
			SUITE D									
			SPRING, T	K 77380								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				=		de of Texas. Con officeholder livin	plete Schedule T.	
								PRODUCTIO		omoonolaar man	g expense	
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	ffice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/05/2024		Door Dash									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$9.99		901 Market	St								
			#600									
			San Francis	co, TX 94103								
	PURPOSE	(a)		e Categories listed at t	ha tan of this sahar	dulo)	(b)	Description				
	OF	``	Fees	e Calegories listed at t	ne top of this sched	uuie)	(-)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							—		officeholder living	g expense	
								DELIVERY F	EΕ	S		
	2											
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Of	ffice souç	ght			Office h	eld	
		•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 18/34	Morris, Brittanye L. (The Honorable) 00084317
4	Date	5 Payee name
	02/12/2024	EARTH CRAFT JUICER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.62	2400 Mid Ln
		Ste 130
		HOUSTON, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense EVENT BEVERAGES
		EVENT BEVERVICES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/08/2024	Fiverr
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.94	401 Broadway
		STE 1600
		New York, NY 10013-3020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GRAPHICS
		G.W.W. Pilling
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/08/2024	Fiverr
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.78	401 Broadway
		STE 1600
		New York, NY 10013-3020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		ADVERTISING
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/20 Rpt: 19/34 Morris, Brittanye L. (The Honorable) 00084317 4 Date Payee name 02/20/2024 Fiverr 6 Amount (\$) Payee address; City; State; Zip Code \$279.58 401 Broadway STE 1600 New York, NY 10013-3020 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/08/2024 Go Daddy Amount (\$) Payee address; City; State; Zip Code \$35.16 14455 N. Hayden Rd Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **WEB SITE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/21/2024 HOUSTON INFORMER FOUNDATION Amount (\$) Payee address: City: State; Zip Code \$1,200.00 4542 RIPPLE RIDGE DR HOUSTON, TX 77053 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADS & EMAIL BLASTS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/20 Rpt: 20/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317
4	Date 02/20/2024	5 Payee name JACOBS, WANDA
6	Amount (\$) \$7,000.00	7 Payee address; City; State; Zip Code 8811 SPAULDING
		HOUSTON, TX 77016
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/15/2024	Payee name JEWISH HERALD PUBLISHING
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3403 AUDLEY ST
		HOUSTON, TX 77098
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISING
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/09/2024	Payee name JOHNSTON CAMPAIGNS
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIRECT MAIL & MARKETING
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	Total pages Schedule F1: Sch: 7/20 Rpt: 21/34	2 FILER NAME Morris, Brittanye L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084317
4	Date 02/05/2024	5 Payee name KWWJ 1360 AM RADIO	
6	Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 4638 DECKER DR	
8	PURPOSE OF EXPENDITURE	Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense D ADS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/22/2024	Payee name M3 GRAPHICS	
	Amount (\$) \$1,963.43	Payee address; City; State; Zip Code 11730 WILCREST DR	
		HOUSTON, TX 77099	
	PURPOSE OF EXPENDITURE	Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense RTISING
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/21/2024	Payee name M3 GRAPHICS	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 11730 WILCREST DR	
		HOUSTON, TX 77099	
	PURPOSE OF EXPENDITURE	Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense RTISING
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/20 Rpt: 22/34	Morris, Brittanye L. (The Honorable) 00084317
4 Date	5 Payee name
02/02/2024	M3 GRAPHICS
6 Amount (\$) \$2,200.00	7 Payee address; City; State; Zip Code 11730 WILCREST DR HOUSTON, TX 77099
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GRAPHIC DESIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	M3 GRAPHICS
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	11730 WILCREST DR
	HOUSTON, TX 77099
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GRAPHIC DESIGN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	M3 GRAPHICS
Amount (\$)	Payee address; City; State; Zip Code
\$2,800.00	11730 WILCREST DR
	HOUSTON, TX 77099
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 9/20 Rpt: 23/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317
4	Date 02/23/2024	5 Payee name MALDONADO CONSULTING
6	Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6814 EVANS ST
8	PURPOSE OF EXPENDITURE	HOUSTON, TX 77061 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/20/2024	Payee name MALDONADO CONSULTING
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6814 EVANS ST
		HOUSTON, TX 77061
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/06/2024	Payee name MALDONADO CONSULTING
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 6814 EVANS ST
		HOUSTON, TX 77061
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 10/20 Rpt: 24/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317
	•	
4	Date	5 Payee name
	02/05/2024	MEEK'S VEGAN PIZZA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.65	33 VAUGHN DR
		HOUSTON, TX 77007
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		JUROR LUNCH
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
H	Date	Payee name
	02/20/2024	MOUNT HEBRON BAPTIST CHURCH
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7817 Calhoun Rd
		HOUSTON, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		DONATION
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>
	Date	Payee name
	02/12/2024	Maxum Digital Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6650 s texas 6
		houston, TX 77083
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ADVERTISING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/20 Rpt: 25/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317
L	<u> </u>	
4	Date	5 Payee name
	02/21/2024	PATH SOCIAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.00	1150 S OLIVE ST
		LOC ANOCIEC CA 00015
L		LOS ANGELES, CA 90015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		SOCIAL MEDIA
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/15/2024	PREMIER MOBILE BILLBOARDS
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	1408 N RIVERFRONT BLVD
		#276
		DALLAS, TX 75207
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MOBILE ADS
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/20/2024	Premier Parking
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.99	
1		
		TX
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		EVENT PARKING
1		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
\vdash		
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 26/34	Morris, Brittanye L. (The Honorable) 00084317
4	Date	5 Payee name
	02/05/2024	ROLLIS FONTENOT INC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.00	18906 GIARA PONY TRL
		TOMBALL, TX 77377
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ADVERTISING
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/6	<u> </u>
	Date	Payee name
	02/21/2024	SMITH, JOHN
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1502 STRAND
		APT 421
		GALVESTON, TX 77550
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Polling Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experioriture to beriefit C/O	
	Date	Payee name
	02/05/2024	SPROUTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.40	195 YALE ST
		HOUSTON, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense JUROR SNACKS
		JUNUN SIVACNS
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 13/20 Rpt: 27/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317	_
4	Date 02/12/2024	5 Payee name TEXAS VICTORY CONSULTING	
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1034 SAULNIER HOUSTON, TX 77019	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/23/2024	Payee name TURO INC	
	Amount (\$) \$507.55	Payee address; City; State; Zip Code 116 NEW MONTGOMERY ST Suite 7100 SAN FRANCISCO, CA 90015	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TRANSPORTATION	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/14/2024	Payee name Texas Ethics Commission	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 201 E 14th Street Suite 10 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LATE FEES	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 28/34	Morris, Brittanye L. (The Honorable) 00084317
4	Date	5 Payee name
	02/21/2024	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.30	405 HOWARD
		SAN FRANCISCO, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORTATION
		THU WOLL SKITCHION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Davies warms
	02/23/2024	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.91	405 HOWARD
		SAN FRANCISCO, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORTATION
		The wast of the state of the st
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies wares
	Date 02/05/2024	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.52	405 HOWARD
		SAN FRANCISCO, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORTATION
		TRANSFORTATION
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 15/20 Rpt: 29/34	2 FILER NAME Morris, Brittanye L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084317	_
L			_
4	Date 02/09/2024	5 Payee name UBER	
6	Amount (\$) \$16.12	7 Payee address; City; State; Zip Code 405 HOWARD SAN FRANCISCO, CA 94105	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TRANSPORTATION	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/20/2024	UBER	
	Amount (\$) \$85.48	Payee address; City; State; Zip Code 405 HOWARD SAN FRANCISCO, CA 94105	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TRANSPORTATION	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/16/2024	Payee name USPS	
	Amount (\$) \$225.85	Payee address; City; State; Zip Code 2909 Rogerdale Rd, HOUSTON, TX 77042	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POST OFFICE BOX FEE	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a extraory not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction C	·		Vages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
╙		_		The Instruction G	uiue expiairis	now to co	ilipie	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	on Filers)
	Sch: 16/20 Rpt: 30/34		Morris, Brit	tanye L. (The H	onorable)					00084317		
4	Date	5	Payee name	!								
	02/21/2024			IEDIA GROUP I	NC							
Ļ		 				. 7:- 0-	-1-					
l٥	Amount (\$)	'	Payee addre	•	State	; Zip Co	ae					
l	\$1,500.00		7322 SOU	THWEST FWY								
			STE 800									
			HOUSTON	, TX 77074								
8	PURPOSE	(a)	Category (c	ee Categories listed at	41 4 - £ 41-i1-		(b)	Description				
ľ	OF	(",	Advertising		tne top of this scr	iedule)	(~)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Auvertising	Lxperise						officeholder living		
l								ADVERTISIN	IG			
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
⊨	Date	Π	Davies ::-:									
			Payee name		INIC							
L	02/12/2024		VASKETIV	IEDIA GROUP I	INC							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$300.00		7322 SOU	THWEST FWY								
			STE 800									
			HOUSTON	, TX 77074								
⊢	PURPOSE	(a)	Category	see Categories listed at			(b)	Description				
	OF	(~,	Advertising		tne top of this scr	iedule)	(~)	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising	Схрепас				=		officeholder living		
								ADVERTISIN	IG			
┢	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н										
⊨	D-t-	_										
	Date		Payee name									
L	02/12/2024		WALMARI	SUPERCENTE	<u>-</u> R							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$54.04		11210 W A	irport Blvd								
			STAFFORI	D, TX 77477								
\vdash	PURPOSE	(2)		ee Categories listed at			(h)	Description				
l	OF	(4)	Event Expe	~	the top of this sch	nedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Event Expe	iise						officeholder living		
								EVENT DEC				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	(Office sou	aht aht			Office h	eld	
	expenditure to benefit C/OI		Canadato, On	.conoladi namo	`	coc 50u	ar			Since II	···	
\vdash												
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense uting Expense aries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 31/34	Morris, Brittanye L. (The Honorable)		00084317
4	Date	5 Payee name		<u>I</u>
	02/20/2024	WARD, SHAKIRIA		
-	Amount (\$)	7 Payee address; City; State; Zi	n Code	
Ū	\$130.00	TX	p Code	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule		and the of Tours Countries Cabadala T
	EXPENDITURE	Polling Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			GOTV POLL	
9	Complete ONLY if direct expenditure to benefit C/OF		e sought	Office held
	Date	Payee name		
	02/01/2024	paypal		
		Payee address; City; State; Zi	p Code	
	\$58.78	2211 North First Street		
		San Jose, CA 95131		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
	OF EXPENDITURE	Fees	′ I — ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		, <u>–</u>	n, TX, officeholder living expense
			PROCESSIN	IG FEES
	•		e sought	Office held
	experiantific to belieff 6/01	'		
	Date	Payee name		
	02/07/2024	paypal		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$16.88	2211 North First Street		
expenditure to benefit C/C Date 02/01/2024 Amount (\$) \$58.78 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 02/07/2024 Amount (\$) \$16.88 PURPOSE OF EXPENDITURE		San Jose, CA 95131		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
		Fees		outside of Texas. Complete Schedule T.
	LAFENDITORE		<u>-</u>	n, TX, officeholder living expense
			PROCESSIN	IG FEES
	Occupated Chilly 2. "	Overdidate IOW and the		Office hall
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 32/34	Morris, Brittanye L. (The Honorable) 00084317
4	Date	5 Payee name
	02/08/2024	paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.29	2211 North First Street
		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PROCESSING FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/13/2024	paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.72	2211 North First Street
	···-	
		San Jose, CA 95131
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PROCESSING FEES
	0 1: 01!! \(\frac{1}{2} \)	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2024	paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.27	2211 North First Street
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PROCESSING FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide 6		-	cte this form.	C	THER (enter a	category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM	IE			3	F	iler ID	(Ethics Commis	sion Filers)
	Sch: 19/20 Rpt: 33/34	Morris, Bri	ttanye L. (The Honor	able)			0	0084317		
4	Date	5 Payee nam	е							
	02/15/2024	paypal								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$57.36	2211 Nort	n First Street							
		San Jose,	CA 95131							
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees	ooc categories noted at the top	or and correduct,		Check if travel out	tside	of Texas. Comp	olete Schedule T.	
	EXPENDITURE					Check if Austin, TX			expense	
						PROCESSING	FE	EES		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office he	eld	
	experience to benefit Gree									
	Date	Payee nam	е							
	02/16/2024	paypal								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$87.68	2211 Nort	n First Street							
		San Jose,	CA 95131							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		,		Check if travel out	tside	of Texas. Comp	olete Schedule T.	
	EXPENDITURE					Check if Austin, TX			expense	
						PROCESSING	FE	ES		
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office he	eld	
	experientare to benefit Grot									
	Date	Payee nam	е							
	02/17/2024	paypal								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$102.13	2211 Nort	n First Street							
		San Jose,	CA 95131							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				Check if travel out				
						Check if Austin, TX			expense	
						FRUCESSING	, ,-0	_L3		
	Complete ONLY if direct	Candidata/O	fficabalder name	Office	laht			Office ha	ıld	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ignt			Office he	eiu	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/20 Rpt: 34/34	Morris, Brittanye L. (The Honorable) 00084317
4	Date	5 Payee name
	02/20/2024	paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.65	2211 North First Street
		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PROCESSING FEES
		FNOCESSING FEES
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/6/	
	Date	Payee name
	02/22/2024	paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.94	2211 North First Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PROCESSING FEES
		PROCESSING FEES
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/24/2024	paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.17	2211 North First Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
I		PROCESSING FEES
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorale to belieff C/OI	
_		