JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Commis 00084317		2 Total pages filed	:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	
	The Honorable	Brittanye L.				
NAME		····· ,·			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Morris				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Da	ate Postmarked
OFFICEHOLDER MAILING						
ADDRESS	REDACTED PER	254.0313, GOV'T C	ODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Adolf R.				
NAME	1111.	Addi IX.				
	NICKNAME	LAST Morris			SUFFIX	
		MOITIS				
C CAMDAICN			4.07		CTAT	
6 CAMPAIGN TREASURER	STREET ADDRESS (NC	PO BOX PLEASE);	AP	r / SUITE #; CITY;	STATE	E; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER	254.0313, GOV'T C	CODE			
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
TREASURER	(713) 569-6966					
PHONE	(120) 000 0000					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after camp	
				Even and a stand if and	appointment (officeh	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach	C/OH-FR)
	Manth Davi Vi			Manth Davi	Veer	
9 PERIOD COVERED	Month Day Ye 02/26/2024	ear ⊤⊦	IROUGH	Month Day 06/30/202	Year	
	02/20/2024		INCOGIN	00/30/202	-4	
10 ELECTION	ELECTION DAT					
10 ELECTION			rimary	ELECTION TYPE	Other	
	Buy It		IIIIdiy	Kulloli		
		G	ieneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Judge District	333 Harris				
				•		
		GO 1	O PAGE 2			
				-		
Forms provided by Le	xas Ethics Commission	www.et	hics.state.tx.u	5	version	V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 21

I

13 C / OH NAME	Morris, Brittanye L. (⁻	he Honorable)	14 Filer ID 00084317	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made officeholders are required to report this info	without the candidate's or offic	ceholder's knowledge or						
Additional Pages		COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER N	NAME							
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MAI		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF		\$ 8,100.00						
EXPENDITURE TOTALS	\$ 0.00									
	\$ 29,340.78									
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	\$ 275.60							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under true and correct and inc under Title 15, Election	r penalty of perjury, that the ac cludes all information required Code.	ccompanying report is to be reported by me						
		The	Honorable Brittanye L. Mo	orris						
		Sign	ature of Candidate or Officeho	older						
AFFIX NO										
Sworn to and subso	day									
of	, 20, to c	ertify which, witness my hand and seal of of	fice.							
Signature of offic	cer administering oath	Printed name of officer administering	oath Title of office	er administering oath						
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378aba						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 21

18 FILER NAME	(Ethics Commission Filers)	
Morris, Brittanye L. (The Honorable)	I	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 8,100.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 29,340.78
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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 CONTRIBUTIO	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/21			
2 FILER NAME Morris, Brittai	nye L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084317			
03/06/2024	 Full name of contributor out-of-state PAC (ID#: Al-Barwani, Aalia Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100.00		
	Houston, TX 77028				
	rincipal Occupation	9 Contributor's Job Title			
doctor		doctor			
10 Contributor's er Family Physic		11 Law firm of contributor's sp	oouse (if any)		
		n/a			
	a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)		
03/04/2024	Coon, Brent		\$1,000.00		
	Contributor address; City; State; Zip Code				
	Beaumont, TX 77701	Contributor's Job Title			
	rincipal Occupation				
attorney		attorney			
	mployer/law firm	Law firm of contributor's sp	oouse (if any)		
Brent Coon &					
It contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
02/29/2024	Gourrier, Joseph		\$250.00		
	Contributor address; City; State; Zip Code				
	bellaire, TX 77401				
	rincipal Occupation	Contributor's Job Title attorney			
attorney					
	mployer/law firm	Law firm of contributor's sp	oouse (if any)		
	aw Firm, PLLC				
If contributor is	a child, law firm of parent(s) (if any)				
	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.d378aba0		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/21
2 FILER NAME Morris, Britta	anye L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084317	
4 Date 03/05/2024	 5 Full name of contributor out-of-state PAC (ID#: Harrison, Brooks 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,250.00
	houston, TX 77057		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
attorney		attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
	son - Attorneys at Law, PLLC		
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 (\$)
02/29/2024	Harrison, Brooks		\$1,000.00
	Contributor address; City; State; Zip Code		
	houston, TX 77057		
Contributor's I	Principal Occupation	Contributor's Job Title	
attorney		ATTORNEY	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Brooks Harri	son - Attorneys at Law, PLLC		
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 (\$)
03/01/2024	Identity Aesthetic Center LLC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77055		
Contributor's I	I Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/21			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Morris, Brittanye L. (The Honorable)	00084317			
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
		\$500.00		
6 Contributor address; City; State; Zip Code				
Houston, TX 77007				
8 Contributor's Principal Occupation	9 Contributor's Job Title			
attorney	attorney			
10 Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
Mickey Law Group, PLLC				
12 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
03/04/2024 Taylor, William		\$1,000.00		
Contributor address; City; State; Zip Code				
Houston, TX 77002				
Contributor's Principal Occupation				
attorney	attorney			
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)		
Andy Taylor & Associates				
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
03/01/2024 Wynne, Abigail (Dr.)		\$1,000.00		
Contributor address; City; State; Zip Code				
Humble, TX 77338				
Contributor's Principal Occupation	Contributor's Job Title			
doctor	family practice physiciar	n		
Contributor's employer/law firm	oouse (if any)			
Memorial Hermann				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.d378aba0		

	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/21		
2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Morris, Britta	anye L. (The Honorable)	00084317		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	02/29/2024	buchanan, byron			\$1,000.00
		6 Contributor address; City; S	State; Zip Code		
		Houston, TX 77057			
8	Contributor's F	I Principal Occupation	[9 Contributor's Job Title	
	attorney			attorney	
10		employer/law firm		11 Law firm of contributor's sp	oouse (if any)
-``		n Law Office, P.C.			
12		s a child, law firm of parent(s) (if	famul		
112			any)		
⊢					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 1/14 Rpt: 8/21	Morris, Brittanye L. (The Honorable)	00084317					
4	Date 03/27/2024	Payee name ADOBE ACROBAT						
6	Amount (\$) \$32.46	Payee address; City; State; Zip Code 344 PARK AVENUE SAN JOSE, CA 95110						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense scription fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/29/2024	ADOBE ACROBAT						
	Amount (\$) \$32.46	Payee address; City; State; Zip Code 344 PARK AVENUE SAN JOSE, CA 95110						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/28/2024	ADOBE ACROBAT						
	Amount (\$) \$32.46	Payee address; City; State; Zip Code 344 PARK AVENUE						
		SAN JOSE, CA 95110						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave By - Gift/Awards/Memorials Expense Printing Expense Trave					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: 2/14 Rpt: 9/21		Morris, Brittanye L. (The Honora	ble)				00084317
4	Date 06/27/2024		Payee name ADOBE ACROBAT					
6	Amount (\$) \$32.46		Payee address; City; 344 PARK AVENUE SAN JOSE, CA 95110	State;	; Zip Coo	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o	of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ption fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	05/31/2024		Amegy Bank					
	Amount (\$) \$8.00		Payee address; City; 17046 Stubner Airline spring, TX 77379	State;	; Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o	of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office held
	Date		Payee name					
	06/28/2024		Amegy Bank					
	Amount (\$) \$8.00		Payee address; City; 17046 Stubner Airline	State;	; Zip Coo	le		
			spring, TX 77379					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Fees	of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		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: 3/14 Rpt: 10/21		Morris, Brittanye L. (The Ho	onorable)				00084317
4	Date	5	Payee name				-	
	03/06/2024		Aziz & Beard					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$5,000.00		1217 W 24th St					
			Unit C					
			Houston, TX 77008					
8	PURPOSE	(a)	Category (See Categories listed at t	he top of this seh	adula)	(b) Description		
	OF	ľ	Legal Services		ieuuie)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		5					, officeholder living expense
						attorney fees	i	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ht		Office held
	Date		Payee name					
	03/28/2024		Aziz & Beard					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$5,000.00		1217 W 24th St					
			Unit C					
			Houston, TX 77008					
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Legal Services		,	Check if travel		ide of Texas. Complete Schedule T.
								, officeholder living expense
						attorney fees		
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	uht		Office held
	expenditure to benefit C/OF					n n		Unice neu
	Date		Payee name					
	03/04/2024		CALLTURE COMMUNICA	TIONS				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$9.95		2800 SKYMARK AVE					
			STE 403					
			MISSISSAUGA ONTARIO	L4W5A6 Ca	anada			
	PURPOSE	(a)	Category (See Categories listed at t	he top of this seh	adula)	(b) Description		
	OF	(,	Fees		leuule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						telephone lin	е	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:		3 Filer ID (Ethics Commission Filers)						
1									
	Sch: 4/14 Rpt: 11/21	Morris, Brittanye L. (The Honorable)	00084317						
4	Date	5 Payee name							
	04/02/2024	CALLTURE COMMUNICATIONS							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
-	\$9.95	2800 SKYMARK AVE							
	ψ0.00								
		STE 403							
		MISSISSAUGA ONTARIO L4W5A6 Canada							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF		outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin	, TX, officeholder living expense						
		telephone lin	e						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
-	expenditure to benefit C/OF								
	D :								
	Date	Payee name							
	05/02/2024	CALLTURE COMMUNICATIONS							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$9.95	2800 SKYMARK AVE							
		STE 403							
		MISSISSAUGA ONTARIO L4W5A6 Canada							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		outside of Texas. Complete Schedule T.						
		telephone lin	, TX, officeholder living expense						
			e						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	experialitie to beliefit 6/01								
	Date	Payee name							
	06/07/2024	CALLTURE COMMUNICATIONS							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$9.95	2800 SKYMARK AVE							
	ψ9.90								
		STE 403							
		MISSISSAUGA ONTARIO L4W5A6 Canada							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF		outside of Texas. Complete Schedule T.						
	EXPENDITURE		, TX, officeholder living expense						
		telephone lin	e						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nittee Legal Services	Fees Office Overhead/Rental Expense Transportation Equipment & Relat Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						quipment & Related Expense trict
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/14 Rpt: 12/21	r	Aorris, Brittanye L. (The Honoral	ole)					00084317	
4	Date 03/04/2024		Payee name CG STUDIO							
6	Amount (\$) \$1,385.00	1	Payee address; City; 4212 BENSON OVERLAND PARK , KS 66221	State;	Zip Coo	le				
8	PURPOSE OF EXPENDITURE	OF Advertising Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	ht			Office he	eld
	Date	F	Payee name							
	02/29/2024	ו	Digital Room LLC							
	Amount (\$) Payee address; City; State; Zip Code \$100.12 14931 Califa St,									
		\ \	an nuys, CA 91411							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Advertising Expense	f this sche	edule)		-	TX,	le of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht			Office he	eld
	Date	F	Payee name							
	03/04/2024	[Door Dash							
	Amount (\$) \$9.99	9 #	Payee address; City; 001 Market St #600 Gan Francisco, TX 94103	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o	f this sche	edule)		-		le of Texas. Compofficeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	Office soug	ht			Office he	2ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 6/14 Rpt: 13/21	Morris, Brittanye L. (The Honorable)	00084317					
4	Date 06/24/2024	5 Payee name El Pueblito de Frida						
6	Amount (\$) \$186.49	 Payee address; City; State; Zip Code 1423 Richmond Houston, TX 77006 						
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/19/2024	Fiverr						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$386.16	401 Broadway						
		STE 1600						
		New York, NY 10013-3020						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADS							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/07/2024	Fiverr						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$205.73	401 Broadway						
		STE 1600						
		New York, NY 10013-3020						
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Advertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		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: 7/14 Rpt: 14/21		Morris, Brittanye L. (The Honorable)				00084317	
4	Date	5	Payee name					
	03/01/2024		Flowers Baking Company					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$29.85		3000 Washington Aven					
			Houston, TX 77007					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(4)	Category (See Categories listed at the top of this sched Food/Beverage Expense	dule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, officeholder living expense	
					food for poll	vor	kers	
9	Complete <u>ONLY</u> if direct		Candidate/Officeholder name Of	ffice sou	ht		Office held	
	expenditure to benefit C/OI	-						
	Date		Payee name					
	03/05/2024		JACOBS, WANDA					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$1,504.00		8811 SPAULDING					
			HOUSTON, TX 77016					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF EXPENDITURE		Polling Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					GOTV	I, I A	, unceriolder living expense	
					0011			
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ht		Office held	
	expenditure to benefit C/Oł			100 000				
_	Data	_						
	Date 03/08/2024		Payee name JEWISH HERALD PUBLISHING					
				7. 0				
	Amount (\$)			Zip Co	le			
	\$400.00		3403 AUDLEY ST					
			HOUSTON, TX 77098					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description			
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.	
					ads	I, I A	, officeholder living expense	
					uus			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name Of	fice sou	ht		Office held	
	expenditure to benefit C/OI			πιςς ουαί	pric			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F Legal Services S The Instruction Guide explains ho	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: 8/14 Rpt: 15/21		Morris, Brittanye L. (The Honorable)				00084317		
4	Date 03/01/2024	5	Payee name M3 GRAPHICS						
6	Amount (\$) \$3,000.00	7	Payee address; City; State; 2 11730 WILCREST DR HOUSTON, TX 77099	Zip Coc	e				
8	PURPOSE OF EXPENDITURE	OF Advertising Expanse							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	ht		Office held		
	Date		Payee name						
	03/05/2024		M3 GRAPHICS						
	Amount (\$) \$3,000.00		Payee address; City; State; 2 11730 WILCREST DR	Zip Coo	e				
			HOUSTON, TX 77099						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Advertising Expense	ule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	ht		Office held		
	Date		Payee name						
	04/18/2024		M3 GRAPHICS						
	Amount (\$) \$3,000.00		Payee address; City; State; 2 11730 WILCREST DR	Zip Coo	e				
			HOUSTON, TX 77099						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Advertising Expense	ule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 9/14 Rpt: 16/21	Morris, Brittanye L. (The Honorable)	00084317							
4	Date 03/01/2024	Payee name Miller, Chelitha								
6	Amount (\$) \$640.00	7 Payee address; City; State; Zip Code \$640.00 12423 Green Trails Dr Stafford, TX 77477								
8	FORPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/04/2024	Miller, Chelitha								
	Amount (\$) \$170.00	Payee address; City; State; Zip Code 12423 Green Trails Dr								
		Stafford, TX 77477								
	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 taxel outside of Texas. Complete Schedule T. GOTV GOTV									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/07/2024	Miller, Chelitha								
	Amount (\$) \$140.00	Payee address;City;State;ZipCode12423 Green Trails Dr								
		Stafford, TX 77477								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comn	Event Expense Fees Food/Beverage Expense Gift/Jwards/Memorials Expen hittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2 □					2	Filer ID	(Ethics Commission Filers)
	Sch: 10/14 Rpt: 17/21		forris, Brittanye L. (The Honora	able)				00084317	
4	Date	5 P	ayee name						
	05/02/2024	N	lational Association of Women	Judges	S				
6	Amount (\$)	7 F	ayee address; City;	State;	; Zip Coo	le			
	\$255.00	F	O Box 3363						
		Ιv	Varrenton, VA 20188						
8	DUDDOSE								
ð	PURPOSE OF		ategory (See Categories listed at the top	of this sche	edule)	b) Description	outsi	ide of Texas. Comp	lete Schedule T
	EXPENDITURE		ees					, officeholder living	
						fees		-	
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Complete Sought Office held							ld	
	Date	F	avee name						
	03/21/2024		ATH SOCIAL						
_				Stato:	Zip Co				
	Amount (\$)		ayee address; City;	State,	, Zip Cou	le			
	\$162.00	L 1	150 S OLIVE ST						
		L	OS ANGELES, CA 90015						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top dvertising Expense	of this sch	edule)			ide of Texas. Comp , officeholder living (
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	C	Dffice soug	ht		Office hel	ld
	Date	F	ayee name						
	04/22/2024		ATH SOCIAL						
	Amount (\$)	F	ayee address; City;	State:	; Zip Co	le l			
	\$162.00		150 S OLIVE ST	otato,	, 20 000				
	φ102.00								
		L	OS ANGELES, CA 90015						
	PURPOSE OF		category (See Categories listed at the top	of this sche	edule)	b) Description			
	EXPENDITURE	A	dvertising Expense				, TX,	ide of Texas. Comp , officeholder living (
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office hel	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 11/14 Rpt: 18/21	Morris, Brittanye L. (The Honorable) 00084317							
4	Date 05/21/2024	Payee name PATH SOCIAL							
6	Amount (\$) \$174.96	7 Payee address; City; State; Zip Code 16 1150 S OLIVE ST LOS ANGELES, CA 90015							
8	PURPOSE OF EXPENDITURE	OF Advertising Expense							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
03/05/2024 PREMIER MOBILE BILLBOARDS									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,600.00	\$3,600.00 1408 N RIVERFRONT BLVD #276 DALLAS, TX 75207							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ising						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/04/2024	Sam's Club							
	Amount (\$) \$71.96	Payee address; City; State; Zip Code 20424 Katy Freeway							
		Katy, TX 77449							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense /orkers						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Acco Con: Cont C	ertising Expense Junting/Banking Sulting Expense ributions/ Donations Made By andidate/Officeholder/Politica lit Card Payment		F F C nmittee L	Fees G Food/Beverage Expense G Gift/Awards/Memorials Expense G			yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Tota	pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch	12/14 Rpt: 19/21		Morris, Britta	nye L. (The H	onorable)				00084317	
4 Date		5	Payee name							
03/1	1/2024		The Caucus							
6 Amo	unt (\$)	7	Payee addres	s; City;	State	; Zip Co	le			
	\$40.00		401 branard	st						
			2nd floor							
			houston, TX	77006						
8 F	URPOSE	<u> </u>	<u> </u>				(b) Description			
	OF		Fees	Categories listed at	the top of this sch	iedule)		outsi	de of Texas. Com	plete Schedule T.
EXI	PENDITURE								officeholder living	expense
							membership	fee	S	
	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								eld	
Date			Payee name							
04/3	04/30/2024 Tiff's Treats									
Amount (\$) Payee address; City; State; Zip Code										
	\$12.50		2507 Bagby							
			Houston, TX	77006						
	URPOSE OF PENDITURE		Category (See Food/Bevera	Categories listed at ge Expense	the top of this sch	iedule)		, TX,	de of Texas. Com , officeholder living	•
Com	plete <u>ONLY</u> if direct		andidate/Offic	eholder name		Office soug	uht		Office he	ald
	nditure to benefit C/OI		and date of the			Since Sou	jin		Office he	
Date		1	Davias name							
	1/2024		Payee name UBER							
					Stata	· Zin Co	10			
Amo	unt (\$) \$21.95		Payee address 405 HOWAR		State,	; Zip Coo	Je			
	φ21.95			.D						
			SAN FRANC	ISCO, CA 941	105					
F	URPOSE OF			Categories listed at		,	(b) Description			
EXF	PENDITURE			on Equipment	And Related	b			de of Texas. Com officeholder living	
			Expense				Travel	, 17,	onicenoider inving	expense
	plete <u>ONLY</u> if direct		andidate/Offic	eholder name	C	Office sou	ıht		Office he	eld
expe	nditure to benefit C/OI	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T 3y - Gift/Awards/Memorials Expense Printing Expense T						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 FI	LER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 13/14 Rpt: 20/21		orris, Brittanye L. (The Hone	orable)				00084317		
4	Date 03/05/2024		iyee name SPS							
6	Amount (\$) \$9.85									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if Austin, TX, officeholder living expense postage Check if Austin, TX, officeholder living expense postage									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	iyee name							
	06/24/2024	W	hole Foods							
	Amount (\$)Payee address;City;State;Zip Code\$27.762955 Kirby Dr									
		Ho	ouston, TX 77098							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the bood/Beverage Expense	top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	iyee name							
	03/04/2024		nazon							
	Amount (\$) \$139.20		yee address; City; 0550 Ella blvd	State;	; Zip Coc	e				
		hc	ouston, TX 77038							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the one of the second se	top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Inmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 21/21		Morris, Brittanye L. (The Honorab	le)				00084317	
4	Date 03/04/2024	5	Payee name amazon						
6	Amount (\$) \$81.62	7	Payee address; City; 10550 Ella blvd houston, TX 77038	State;	; Zip Co	de			
8	8 PURPOSE OF EXPENDITURE (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. Check if Austin, TX, officeholder living expense food for poll workers								
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							eld		
	Date		Payee name						
	03/08/2024		paypal						
	Amount (\$) \$113.72		2211 North First Street	State;	; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	San Jose, CA 95131 Category (See Categories listed at the top of Fees	this sch	nedule)	Check if A	ravel outs Austin, TX	side of Texas. Com K, officeholder living SSing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld
	Date		Payee name						
	03/01/2024		paypal						
	Amount (\$) \$125.28		Payee address; City; 2211 North First Street	State;	; Zip Co	de			
			San Jose, CA 95131						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Fees	this sch	nedule)		ravel outs Austin, TX	side of Texas. Com K, officeholder living S	-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office he	eld