

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Connection File#)	2 Total pages filed <b>23</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>John</i>	MI <i>C</i>
	SUFFIX <i>Clay</i>	LAST <i>Brett</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX [REDACTED]	APT / SUITE #	CITY: <i>Houston</i> STATE: <i>TX</i> ZIP CODE: <i>77005</i>
Change of Address			OFFICE USE ONLY Date Received <i>1/20/2026</i> <i>9:42 AM TG</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	
Date read followed or Date Forwarded			Receipt #
Amount \$			Date Processed
Date Imaged			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>John</i>	MI <i>C</i>
SUFFIX <i>Clay</i>		LAST <i>Brett</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #		CITY: <i>Houston</i> STATE: <i>TX</i> ZIP CODE: <i>77005</i>
Change of Address			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Embedded Modified Reporting LR#
			<input type="checkbox"/> 18th day after campaign treasurer appointment (Officeholder Only)
			<input type="checkbox"/> Final Report (After COF - FR)
10 PERIOD COVERED	Month	Day	Year
	<i>1</i>	<i>1</i>	<i>25</i>
	THROUGH		Month Day Year <i>1</i> / <i>15</i> / <i>25</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description
	<i>5</i>	<i>3</i> / <i>25</i>	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <i>City Council, City of West University Place</i>	OFFICE SOUGHT (if known) <i>City Council, City of West University Place</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME John Clayton Brett		16 Fee ID (Ethics Commission Files)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 63
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,550
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,133
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,417
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

OR

(2) Unsworn Declaration

My name is Clay Brett and my date of birth is 7/15/86  
My address is 3720 Alameda Road Humble TX 75845 USA  
(street) (city) (state) (zip code) (country)  
Executed in Harris County, State of Texas on the 20 day of July, 2025  
(month) (year)  
Signature of Candidate/Officeholder (Declared) [Signature] 1/20

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> John Clayton Brett		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 63,550
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 41,133
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ —
7. <del>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</del>		\$ 12,087
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2100
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/25	5 Full name of contributor <i>Patrick J. Farley</i> out-of-state PAC (ID# _____) 6 Contributor address: [Redacted] <i>Austin TX 78746</i>	7 Amount of contribution (\$) 1,000
8 Principal occupation / Job title (See Instructions) <i>Private Equity</i>		9 Employer (See Instructions) <i>Legacy Star</i>
Date 3/7/25	Full name of contributor <i>Lizzy McVee</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] <i>Austin TX 78702</i>	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) <i>Self-Employed</i>		Employer (See Instructions) <i>Self-Employed</i>
Date 3/7/25	Full name of contributor <i>A. McLean</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] <i>San Antonio TX 78212</i>	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) <i>Refined</i>		Employer (See Instructions) <i>Refined</i>
Date 3/7/25	Full name of contributor <i>Janett Hayes</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] <i>San Antonio TX 78255</i>	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Self</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <b>Clyg Brett</b>		3 Filer ID (Ethics Commission File#)
4 Date <b>3/7/25</b>	5 Full name of contributor <b>Frederick Abbott</b> out-of-state PAC ID# _____	7 Amount of contribution (\$) <b>500</b>
6 Contributor address: [Redacted] <b>Wynona TX 77954</b> City: _____ State: _____ Zip Code _____		
8 Principal occupation / Job title (See instructions) <b>Retired</b>		9 Employer (See instructions) <b>Retired</b>
Date <b>3/7/25</b>	Full name of contributor <b>Kyle McQuire</b> out-of-state PAC ID# _____	Amount of contribution (\$) <b>250</b>
Contributor address: [Redacted] <b>West U TX 77005</b> City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See instructions) <b>Executive</b>		Employer (See instructions) <b>Peak 10 Energy</b>
Date <b>3/7/25</b>	Full name of contributor <b>Nick Maddox</b> out-of-state PAC ID# _____	Amount of contribution (\$) <b>2,000</b>
Contributor address: [Redacted] <b>Houston TX 77056</b> City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See instructions) <b>Partner</b>		Employer (See instructions) <b>Shriman Management</b>
Date <b>3/7/25</b>	Full name of contributor <b>Ignacio Serrano</b> out-of-state PAC ID# _____	Amount of contribution (\$) <b>500</b>
Contributor address: [Redacted] <b>West U TX 77005</b> City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See instructions) <b>Managing Director</b>		Employer (See instructions) <b>Enelcon</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Files)
4 Date 3/7/25	5 Full name of contributor <i>Ryan McIntyre</i> out-of-state PAC ID# _____ 6 Contributor address: [Redacted] <i>Bonita FL 34202</i> City: State: Zip Code	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See instructions) <i>Construction Manager</i>		9 Employer (See instructions) <i>MES General Contractors</i>
Date 3/8/25	Full name of contributor <i>Charlie Stephens</i> out-of-state PAC ID# _____ Contributor address: [Redacted] <i>Newberry FL 32669</i> City: State: Zip Code	Amount of contribution (\$) 250
Principal occupation / Job title (See instructions) <i>Medical Device Sales</i>		Employer (See instructions) <i>Agosyn</i>
Date 3/8/25	Full name of contributor <i>Rachael O'Donnell</i> out-of-state PAC ID# _____ Contributor address: [Redacted] <i>Fulshear TX 77441</i> City: State: Zip Code	Amount of contribution (\$) 250
Principal occupation / Job title (See instructions) <i>Retired</i>		Employer (See instructions) <i>Retired</i>
Date 3/8/25	Full name of contributor <i>Donny Doris</i> out-of-state PAC ID# _____ Contributor address: [Redacted] <i>Houston TX 77002</i> City: State: Zip Code	Amount of contribution (\$) 1,000
Principal occupation / Job title (See instructions) <i>Lawyer</i>		Employer (See instructions) <i>Baker Botts</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Ch. Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/25	5 Full name of contributor <i>Jeff Mayers</i> out-of-state PAC (ID# _____) 6 Contributor address: [Redacted] <i>Hunter TX 77056</i>	7 Amount of contribution (\$) 1,000
8 Principal occupation / Job title (See instructions) <i>Retired</i>		9 Employer (See instructions) <i>Retired</i>
Date 3/10/25	Full name of contributor <i>Janison Ewert</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] <i>West Palm Beach FL 33405</i>	Amount of contribution (\$) 500
Principal occupation / Job title (See instructions) <i>Attorney</i>		Employer (See instructions) <i>Justin Jewell</i>
Date 3/11/25	Full name of contributor <i>Chase Bender</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] <i>FL 32039/1391 Sismatch Circle</i>	Amount of contribution (\$) 100
Principal occupation / Job title (See instructions) <i>Retired</i>		Employer (See instructions) <i>Retired</i>
Date 3/12/25	Full name of contributor <i>Matt Plann</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] <i>West U TX 77005</i>	Amount of contribution (\$) 1,500
Principal occupation / Job title (See instructions) <i>Trucker</i>		Employer (See instructions) <i>Phillips 66</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A9 NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission File#)
4 Date <i>3/14/25</i>	5 Full name of contributor <i>Matthew Goldberger</i> out-of-state PAC (OR _____) 6 Contributor address: [Redacted] <i>(Apita FL 33458)</i> City: State: Zip Code	7 Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		8 Employer (See Instructions) <i>Self</i>
Date <i>3/14/25</i>	Full name of contributor <i>Becky Eisenberg</i> out-of-state PAC (OR _____) Contributor address: [Redacted] <i>(West) Houston TX 77028</i> City: State: Zip Code	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>3/14/25</i>	Full name of contributor <i>Holt Rodime</i> out-of-state PAC (OR _____) Contributor address: [Redacted] <i>Dallas TX 75269</i> City: State: Zip Code	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions) <i>Partner</i>		Employer (See Instructions) <i>Stephens &amp; Lyall</i>
Date <i>3/14/25</i>	Full name of contributor <i>Allison Kordon</i> out-of-state PAC (OR _____) Contributor address: [Redacted] <i>Waco TX 77005</i> City: State: Zip Code	Amount of contribution (\$) <b>80</b>
Principal occupation / Job title (See Instructions) <i>Parent</i>		Employer (See Instructions) <i>Not Employed</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>3/17/25</i>	5 Full name of contributor <i>Michael McDonald</i> 6 Contributor address: [Redacted] City: <i>Lanarkville</i> State: <i>FL</i> Zip Code: <i>32608</i>	7 Amount of contribution (\$) <b>350</b>
8 Principal occupation / Job title (See instructions) <i>Builder</i>		9 Employer (See instructions) <i>Advanced Building Concepts</i>
Date <i>3/19/25</i>	Full name of contributor <i>John Wohlwend</i> Contributor address: [Redacted] City: <i>Jacksonville</i> State: <i>FL</i> Zip Code: <i>32239</i>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See instructions) <i>President</i>		Employer (See instructions) <i>Crush-It, LLC</i>
Date <i>3/20/25</i>	Full name of contributor <i>Greg Thompson</i> Contributor address: [Redacted] City: <i>West U</i> State: <i>TN</i> Zip Code: <i>37705</i>	Amount of contribution (\$) <b>2,500</b>
Principal occupation / Job title (See instructions) <i>Business</i>		Employer (See instructions) <i>Self</i>
Date <i>3/25/25</i>	Full name of contributor <i>Greg Walker</i> Contributor address: [Redacted] City: <i>West U</i> State: <i>TX</i> Zip Code: <i>77005</i>	Amount of contribution (\$) <b>1,000</b>
Principal occupation / Job title (See instructions) <i>Lawyer</i>		Employer (See instructions) <i>Houston Andrew Keith</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/30/25</b>	5 Full name of contributor <i>Cara McFadden</i> out-of-state PAC (ID# _____) 6 Contributor address: [Redacted] City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See Instructions) <i>Refined</i>		9 Employer (See Instructions) <i>Refined</i>
Date <b>4/1/25</b>	Full name of contributor <i>Lowie Layman</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77008</i>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Baker Botts</i>
Date <b>4/1/25</b>	Full name of contributor <i>Jason Bennett</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77024</i>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Baker Botts</i>
Date <b>4/1/25</b>	Full name of contributor <i>Russell Lewis</i> out-of-state PAC (ID# _____) Contributor address: [Redacted] City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Baker Botts</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1 12
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission File#)
4 Date <i>4/1/25</i>	5 Full name of contributor <i>Mary Stokes</i> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>250</i>
6 Contributor address: [Redacted]		City: <i>Houston TX</i> State: <i>TX</i> Zip Code: <i>77002</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Baker Botts</i>
Date <i>4/2/25</i>	Full name of contributor <i>Kevin Kopelov</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>5,000</i>
Contributor address: [Redacted]		City: <i>New York NY</i> State: <i>NY</i> Zip Code: <i>10019</i>
Principal occupation / Job title (See Instructions) <i>Analyst</i>		Employer (See Instructions) <i>T.D. Securities</i>
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address:		City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address:		City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/25</i>	5 Full name of contributor <i>James Marshall</i> out-of-state PAC (ID# _____) 6 Contributor address: City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	7 Amount of contribution (\$) <i>250</i>
8 Principal occupation / Job title (See instructions) <i>Attorney</i>		9 Employer (See instructions) <i>Baker Botts</i>
Date <i>4/7/25</i>	Full name of contributor <i>Patrick Stanley</i> out-of-state PAC (ID# _____) Contributor address: City: <i>Austin</i> State: <i>TX</i> Zip Code: <i>78746</i>	Amount of contribution (\$) <i>1,000</i>
Principal occupation / Job title (See instructions) <i>Private Equity</i>		Employer (See instructions) <i>Legacy Star Capital Partners</i>
Date <i>4/8/25</i>	Full name of contributor <i>Cory Kennedy</i> out-of-state PAC (ID# _____) Contributor address: City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77055</i>	Amount of contribution (\$) <i>1,000</i>
Principal occupation / Job title (See instructions) <i>Health Care</i>		Employer (See instructions) <i>Self</i>
Date <i>4/8/25</i>	Full name of contributor <i>Greg Walker</i> out-of-state PAC (ID# _____) Contributor address: City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	Amount of contribution (\$) <i>1,000</i>
Principal occupation / Job title (See instructions) <i>Lawyer</i>		Employer (See instructions) <i>Huntton Andrews Keith</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <b>Clay Brett</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/11/25</b>	5 Full name of contributor <b>Jeruel Pierce</b> 6 Contributor address: [Redacted] <b>Houston TX 77005</b>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See Instructions) <b>Family Office</b>		9 Employer (See Instructions) <b>Olympic Holdings Investments</b>
Date <b>4/14/25</b>	Full name of contributor <b>Tyler Stevens</b> Contributor address: [Redacted] <b>Charlotte NC 28211</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Dechert LLP</b>
Date <b>4/16/25</b>	Full name of contributor <b>David Polyansty</b> Contributor address: [Redacted] <b>Houston TX 77005</b>	Amount of contribution (\$) <b>5,000</b>
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Just Win Consulting</b>
Date <b>4/18/25</b>	Full name of contributor <b>William Goodwin</b> Contributor address: [Redacted] <b>Cot Spring TX 78933</b>	Amount of contribution (\$) <b>1,000</b>
Principal occupation / Job title (See Instructions) <b>Geologist</b>		Employer (See Instructions) <b>Esperanza Energy Management</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Files)
4 Date 4/20/25	5 Full name of contributor <i>Gregg Thompson</i> out-of-state PAC (ID# _____) 6 Contributor address; City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	7 Amount of contribution (\$) 2,500
8 Principal occupation / Job title (See Instructions) <i>Business</i>		9 Employer (See Instructions) <i>Self</i>
Date 4/21/25	Full name of contributor <i>Paul Elliott</i> out-of-state PAC (ID# _____) Contributor address; City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Baker Botts</i>
Date 4/22/25	Full name of contributor <i>Dyanne McDaniel</i> out-of-state PAC (ID# _____) Contributor address; City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/24/25	Full name of contributor <i>Clay Brett</i> out-of-state PAC (ID# _____) Contributor address; City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77005</i>	Amount of contribution (\$) 20,000 <i>(forgiveness of loan)</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Baker Botts</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/7/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Stanley</i>	7 Amount of contribution (\$) <i>1,000</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Austin TX 78746</i>		
8 Principal occupation / Job title (See Instructions) <i>Private Equity</i>		9 Employer (See Instructions) <i>Legacy Star</i>
Date <i>6/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Stanley</i>	Amount of contribution (\$) <i>1,000</i>
Contributor address; City; State; Zip Code [Redacted] <i>Austin TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>Private Equity</i>		Employer (See Instructions) <i>Legacy Star</i>
Date <i>7/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Stanley</i>	Amount of contribution (\$) <i>1,000</i>
Contributor address; City; State; Zip Code [Redacted] <i>Austin TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>Private Equity</i>		Employer (See Instructions) <i>Legacy Star</i>
Date <i>8/7, 9/7 10/7, 11/7 12/7, 1/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Stanley</i>	Amount of contribution (\$) <i>6,000</i>
Contributor address; City; State; Zip Code [Redacted] <i>Austin TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>Private Equity</i>		Employer (See Instructions) <i>Legacy Star</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorabilia Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
---	---	--	---

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Clay Brett</b>	3 Filer ID (Ethics Commission Form)
4 Date <b>3/7/25 - 4/3/25</b>	5 Payee name <b>Rerv</b>	
6 Amount (\$) <b>879.30</b>	7 Payee address: <b>540 Couper St. Ste. 200</b>	City: <b>Palo Alto</b> State: <b>CA</b> Zip Code: <b>94301</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	(b) Description <b>Down Portal</b>
	<input type="checkbox"/> Check if traveled outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Clay Brett</b>	Office sought <b>West U City Council</b>
		Office held <b>West U City Council</b>
Date <b>4/3/25</b>	Payee name <b>Universal Signs - Business</b>	
Amount (\$) <b>290.-</b>	Payee address: <b>7825 Highway 6 South</b>	City: <b>Houston</b> State: <b>TX</b> Zip Code: <b>77083</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Yard Signs</b>
	<input type="checkbox"/> Check if traveled outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Clay Brett</b>	Office sought <b>West U City Council</b>
		Office held <b>West U City Council</b>
Date <b>4/4/25 - 4/24/25</b>	Payee name <b>Rerv</b>	
Amount (\$) <b>515.3</b>	Payee address: <b>540 Couper St. Ste. 200</b>	City: <b>Palo Alto</b> State: <b>CA</b> Zip Code: <b>94301</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description <b>Down Portal</b>
	<input type="checkbox"/> Check if traveled outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Clay Brett</b>	Office sought <b>West U City Council</b>
		Office held <b>West U City Council</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME: <b>Clay Brett</b>	3 Filer ID (Ethics Commission Filers)
4 Date: <b>4/7/25</b>	5 Payee name: <b>Apixon Strategies</b>	
6 Amount (\$): <b>13,249</b>	7 Payee address: <b>800 W. 47th St. #200</b>	City: <b>KC</b> State: <b>MO</b> Zip Code: <b>64112</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Advertising - Polling</b>	(b) Description: <b>Mail + Poll</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Clay Brett</b>	Office sought: <b>West U. City Council</b> Office held: <b>West U. City Council</b>
Date: <b>4/7/25</b>	Payee name: <del>Clay Brett</del> <b>Ap Media</b>	
Amount (\$): <b>7,770</b>	Payee address: <b>800 W. 47th St. #200</b>	City: <b>KC</b> State: <b>MO</b> Zip Code: <b>64112</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising</b>	Description: <b>Design</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
10 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Clay Brett</b>	Office sought: <b>West UCC</b> Office held: <b>West UCC</b>
Date: <b>4/7/25</b>	Payee name: <b>The Political Firm</b>	
Amount (\$): <b>4,200</b>	Payee address: <b>5555 Hitter Ave</b>	City: <b>Baton Rouge</b> State: <b>LA</b> Zip Code: <b>70808</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Advertising</b>	Description: <b>Streaming Capacity</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Clay Brett</b>	Office sought: <b>West UCC</b> Office held: <b>West U. City Council</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Wedding/Memorial Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME <i>Clay Brett</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/7/25</i>		3 Payee name <i>Remington Research</i>			
5 Amount (\$) <i>1,998.9</i>		7 Payee address: <i>524 Walnut St. 230</i>		City: <i>KC</i>	State: <i>MO</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Design</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Clay Brett</i>		Office sought <i>West U City Council</i>	Office held <i>West U City Council</i>
Date <i>4/18/25</i>		Payee name <i>Axiom Strategies</i>			
Amount (\$) <i>10,454</i>		Payee address: <i>800 W. 47th St. #200</i>		City: <i>KC</i>	State: <i>MO</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Mail</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Clay Brett</i>		Office sought <i>West U City Council</i>	Office held <i>West U.C.C.</i>
Date <i>5/3/25</i>		Payee name <i>Meta</i>			
Amount (\$) <i>301.85</i>		Payee address: <i>1 Hacker Way</i>		City: <i>Menlo Park</i>	State: <i>CA</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Social Media</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>4</i>	<b>2</b> FILER NAME <i>Clay Brett</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/2/25</i>	<b>5</b> Payee name <i>Remington Research</i>	
<b>6</b> Amount (\$) <i>1,485.08</i>	<b>7</b> Payee address; <i>524 Walnut Stn 240</i>	City: <i>Kennett Mo</i> State: <i>MO</i> Zip Code: <i>64106</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Text</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address;</b>	<b>City;      State;      Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address;</b>	<b>City;      State;      Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
The Instruction Guide explains how to complete this form.		Use a new page for each credit card issuer
1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME: Clay Brett	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		5 7100
6 CREDIT CARD ISSUER	Name of financial institution: Visa	
6 PAYMENT	(a) Amount Charged: \$ 175	(b) Date Expenditure Charged: 2/19/25
7 PAYEE	(a) Payee name: Strichen Mule	(b) Payee address: 330 Forest Ave. Amsterdam NY 12010
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Political Advertising Expense	(b) Description: Buffets + Snacks
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditures to benefit C/OH	Candidate / Officeholder name: Clay Brett	Office Sought: City Council, West U Place Office Held: City Council, West U Place
PAYMENT	(a) Amount Charged: \$ 2,165	(b) Date Expenditure Charged: 3/4/25
PAYEE	(a) Payee name: Edgerton Strategies	(b) Payee address: 900 Big Horn Ave. Westland WY 82401
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Website
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditures to benefit C/OH	Candidate / Officeholder name: Clay Brett	Office Sought: City Council, City of West U Place Office Held: City Council, City of West U Place
PAYMENT	(a) Amount Charged: \$ 617	(b) Date Expenditure Charged: 3/18/25
PAYEE	(a) Payee name: Universal Signs + Banners	(b) Payee address: 7825 Highway 6 S Houston TX 77083
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditures to benefit C/OH	Candidate / Officeholder name: Clay Brett	Office Sought: City Council, City of West U Place Office Held: City Council, City of West U Place

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Coverage Expense	Polling Expense	Travel In District
Candidate/Office/Donations Made By	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <b>3</b>	2 FILER NAME <b>Clay Brett</b>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>2100</b>
5 CREDIT CARD ISSUER	Name of financial institution <b>Visa</b>	
6 PAYMENT	(a) Amount Charged <b>\$ 1,201.90</b>	(b) Date Expenditure Charged <b>4/2/25</b>
(c) Date(s) Credit Card Issuer Paid <b>-</b>		
7 PAYEE	(a) Payee name <b>Meta</b>	(b) Payee address; City, State, Zip Code <b>1 Haska Way Menlo Park CA 94025</b>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (see Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Ads</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name <b>Clay Brett</b>	Office Sought <b>City Council, City of West Valley</b>
Office Held <b>City Council, City of West Valley</b>		
PAYMENT	(a) Amount Charged <b>\$ 5,227</b>	(b) Date Expenditure Charged <b>4/18/25</b>
(c) Date(s) Credit Card Issuer Paid <b>-</b>		
PAYEE	(a) Payee name <b>Arson Strategies</b>	(b) Payee address; City, State, Zip Code <b>800 W. 47th KC MO 64112</b>
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (see Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Mail</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name <b>Clay Brett</b>	Office Sought <b>West U.C.C.</b>
Office Held <b>West U.C.C.</b>		
PAYMENT	(a) Amount Charged <b>\$ 431.01</b>	(b) Date Expenditure Charged <b>4/16/25</b>
(c) Date(s) Credit Card Issuer Paid <b>-</b>		
PAYEE	(a) Payee name <b>Remington Research</b>	(b) Payee address; City, State, Zip Code <b>524 Walnut St 270 KC MO 64106</b>
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (see Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Text</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name <b>Clay Brett</b>	Office Sought <b>West U.C.C.</b>
Office Held <b>West U.C.C.</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rent/Lease Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Sales/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1. TOTAL PAGES SCHEDULE F4: <b>3</b>	2. FILER NAME: <b>Clay Brett</b>	3. FILER ID (Ethics Commission Filers):
4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>2106</b>

5. CREDIT CARD ISSUER	Name of financial institution <b>USCB</b>
-----------------------	--

6. PAYMENT	(a) Amount Charged <b>\$405.63</b>	(b) Date Expenditure Charged <b>4/24/25</b>	(c) Date(s) Credit Card Issuer Paid <b>—</b>
------------	---------------------------------------	--	---

7. PAYEE	(a) Payee name <b>Remington Research</b>	(b) Payee address; City, State, Zip Code <b>524 Walnut St 240 KC MO 64106</b>
----------	---	--

8. PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Text</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9. Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Clay Brett</b>	Office Sought <b>West U.C.C.</b>	Office Held <b>West U.C.C.</b>
--	--	-------------------------------------	-----------------------------------

PAYMENT	(a) Amount Charged <b>\$ 720</b>	(b) Date Expenditure Charged <b>4/24/25</b>	(c) Date(s) Credit Card Issuer Paid <b>—</b>
---------	-------------------------------------	--	---

PAYEE	(a) Payee name <b>The Political Firm</b>	(b) Payee address; City, State, Zip Code <b>5555 Hilton Ave Baton Rouge LA 70808</b>
-------	---	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Text</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Clay Brett</b>	Office Sought <b>West U.C.C.</b>	Office Held <b>West U.C.C.</b>
---	--	-------------------------------------	-----------------------------------

PAYMENT	(a) Amount Charged <b>\$ 2,145</b>	(b) Date Expenditure Charged <b>4/24/25</b>	(c) Date(s) Credit Card Issuer Paid <b>—</b>
---------	---------------------------------------	--	---

PAYEE	(a) Payee name <b>Meter</b>	(b) Payee address; City, State, Zip Code <b>1 Hudson Way Menlo Park CA 94025</b>
-------	--------------------------------	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Ads</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Clay Brett</b>	Office Sought <b>City Council West U</b>	Office Held <b>U</b>
---	--	---	-------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation/Equipment & Related Expense Travel In/Out of State Travel Out Of District Other (enter a category not listed above)
---	---	--	---

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Clay Brett</i>	3 Filer ID (Ethics Commission File#)	
4 Date <i>1/21-3/26</i>	5 Payee name <i>Texas Campaigns</i>		
6 Amount (\$) <i>2,100</i> <i>Reimbursement from political contributions intended</i>	7 Payee address; City; State; Zip Code <i>2711 Grants Lake Blvd #151 Sugar Land TX 77419</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Field Work</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Clay Brett</i>	Office sought <i>City of West U.Plan, City Council</i>	Office held <i>City of West U.Plan, City Council</i>
Date	Payee name		
Amount (\$)	Payee address;		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held
Date	Payee name		
Amount (\$)	Payee address;		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED