

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |  |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. |   | 1 Filer ID (Ethics Commission Filers)                        | 2 Total pages filed:<br><b>18</b>                          |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br><i>Mr.</i>   | FIRST<br><i>John</i>   | MI<br><i>C</i>   |
|  | NICKNAME<br><i>"Clay"</i>   | LAST<br><i>Brett</i>   | SUFFIX   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX  | APT / SUITE #  | CITY STATE ZIP CODE  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE   | PHONE NUMBER   | EXTENSION  |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br><i>Mrs.</i>  | FIRST<br><i>John</i>   | MI<br><i>C</i>   |
|  | NICKNAME<br><i>"Clay"</i>   | LAST<br><i>Brett</i>   | SUFFIX   |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE)   |  | APT / SUITE # CITY STATE ZIP CODE                          |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE   | PHONE NUMBER   | EXTENSION  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15   | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff                            |
|  | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election             | <input type="checkbox"/> Exceeded Modified Reporting Limit |
| 10 PERIOD COVERED  | Month   | Day  | Year   |
|  | <b>1</b>  | <b>1</b>   | <b>25</b>  |
| 11 ELECTION  | ELECTION DATE   |  | ELECTION TYPE  |
|  | Month   | Day  | Year   |
| 12 OFFICE  | OFFICE HELD (if any)  |  | 13 OFFICE SOUGHT (if known)                                |
|  | City Council, City of West University Place   |  | City Council, City of West University Place                |
| 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. |  |  |
|  | COMMITTEE TYPE  | COMMITTEE NAME   |  |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS  |  |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME                            |  |
|  | Additional Pages  | 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 Filer ID (Ethics Commission Filers)

|                         |   |                                     |
|-------------------------|---|-------------------------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                  |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 31,750 (10,000 <sup>loan</sup> ) |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 7,428.70                         |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 23,180.25                        |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 10,000                           |

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 John Clayton Brett and my date of birth is [REDACTED]

My address is [REDACTED] USA  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 3<sup>rd</sup> day of April, 2025  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

John Clayton Brett

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 21,750   |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   | \$          |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$          |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 10,000   |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,169.30 |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              | \$          |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$          |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         | \$ 4,159.40 |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS           | \$ 2,100.-  |
| 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:

8

2 FILER NAME

*Clay Brett*

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/25

5 Full name of contributor

*Patrick Standley*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

1,000

6 Contributor address:

[Redacted]

City:

*Austin TX 78746*

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

*Pirate Equity*

9 Employer (See Instructions)

*Legacy Star*

Date

3/7/25

Full name of contributor

*Ziggy McFee*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address:

[Redacted]

City:

*Houston TX 77056*

State:

Zip Code

Principal occupation / Job title (See Instructions)

*Self-Employed*

Employer (See Instructions)

*Self-Employed*

Date

3/7/25

Full name of contributor

*A. Holcomb*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

200

Contributor address:

[Redacted]

City:

*San Antonio TX 78212*

State:

Zip Code

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

*Retired*

Date

3/7/25

Full name of contributor

*Janett Lass*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

1,000

Contributor address:

[Redacted]

City:

*San Antonio TX 78255*

State:

Zip Code

Principal occupation / Job title (See Instructions)

*Owner*

Employer (See Instructions)

*Self*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br>8                           |
| 2 FILER NAME<br><i>Clay Brett</i>   |  | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><i>3/7/25</i>   | 5 Full name of contributor<br><i>Frederick Abbott</i><br>out-of-state PAC (ID#: _____)<br>6 Contributor address; City; State; Zip Code<br>[Redacted] <i>Wagnona TX 77354</i> | 7 Amount of contribution (\$)<br><i>500</i>               |
| 8 Principal occupation / Job title (See Instructions)<br><i>Retired</i>   |  | 9 Employer (See Instructions)<br><i>Retired</i>           |
| Date<br><i>3/7/25</i>   | Full name of contributor<br><i>Kyle McQuire</i><br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[Redacted] <i>West U TX 77065</i>          | Amount of contribution (\$)<br><i>250</i>                 |
| Principal occupation / Job title (See Instructions)<br><i>Executive</i>   |  | Employer (See Instructions)<br><i>Peak 10 Energy</i>      |
| Date<br><i>3/7/25</i>   | Full name of contributor<br><i>Nick Maddux</i><br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[Redacted] <i>Houston TX 77056</i>          | Amount of contribution (\$)<br><i>2,000</i>               |
| Principal occupation / Job title (See Instructions)<br><i>Partner</i>   |  | Employer (See Instructions)<br><i>Sporison Management</i> |
| Date<br><i>3/7/25</i>   | Full name of contributor<br><i>Ignacio Scurate</i><br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[Redacted] <i>West U TX 77065</i>       | Amount of contribution (\$)<br><i>500</i>                 |
| Principal occupation / Job title (See Instructions)<br><i>Managing Director</i>   |  | Employer (See Instructions)<br><i>Execore</i>             |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.                            |  | 1 Total pages Schedule A1:<br>8                                 |
| 2 FILER NAME<br><i>Clay Brett</i>  |  | 3 Filer ID (Ethics Commission Filers)                           |
| 4 Date<br>3/7/25   | 5 Full name of contributor<br><i>Ryan McIntyre</i><br>out-of-state PAC (ID#:<br>6 Contributor address;<br>City; State; Zip Code<br><i>Bradenton FL 34202</i> | 7 Amount of contribution (\$)<br>250                            |
| 8 Principal occupation / Job title (See Instructions)<br><i>Construction Manager</i> |  | 9 Employer (See Instructions)<br><i>MES General Contractors</i> |
| Date<br>3/8/25   | Full name of contributor<br><i>Charlie Stephenson</i><br>out-of-state PAC (ID#:<br>Contributor address;<br>City; State; Zip Code<br><i>Newberry FL 32669</i> | Amount of contribution (\$)<br>250                              |
| Principal occupation / Job title (See Instructions)<br><i>Medical Device Sales</i>   |  | Employer (See Instructions)<br><i>Acogen</i>                    |
| Date<br>3/8/25   | Full name of contributor<br><i>Rachael O'Donnell</i><br>out-of-state PAC (ID#:<br>Contributor address;<br>City; State; Zip Code<br><i>Fulshear TX 77441</i>  | Amount of contribution (\$)<br>250                              |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                |  | Employer (See Instructions)<br><i>Retired</i>                   |
| Date<br>3/8/25   | Full name of contributor<br><i>Danny Doriel</i><br>out-of-state PAC (ID#:<br>Contributor address;<br>City; State; Zip Code<br><i>Houston TX 77002</i>        | Amount of contribution (\$)<br>1,000                            |
| Principal occupation / Job title (See Instructions)<br><i>Lawyer</i>                 |  | Employer (See Instructions)<br><i>Baker Botts</i>               |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |  |
|---|--|--|
| The instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule A1:<br>8                      |
| 2 FILER NAME<br><i>Chy Brett</i>  |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>3/10/25   | 5 Full name of contributor<br><i>Jeff Magyotis</i><br>out-of-state PAC (ID#: _____)<br>6 Contributor address: _____ City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77056</i>     | 7 Amount of contribution (\$)<br><i>1,000</i>        |
| 8 Principal occupation / Job title (See Instructions)<br><i>Retired</i> |  | 9 Employer (See Instructions)<br><i>Retired</i>      |
| Date<br>3/10/25   | Full name of contributor<br><i>Jamison Ewert</i><br>out-of-state PAC (ID#: _____)<br>Contributor address: _____ City: <i>West Palm Beach</i> State: <i>FL</i> Zip Code: <i>33405</i> | Amount of contribution (\$)<br><i>500</i>            |
| Principal occupation / Job title (See Instructions)<br><i>Attorney</i>  |  | Employer (See Instructions)<br><i>Sturges Jouley</i> |
| Date<br>3/11/25   | Full name of contributor<br><i>Chase Bender</i><br>out-of-state PAC (ID#: _____)<br>Contributor address: <i>Fernandina Beach</i> City: <i>FL</i> State: <i>32034</i> Zip Code: _____ | Amount of contribution (\$)<br><i>100</i>            |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>   |  | Employer (See Instructions)<br><i>Retired</i>        |
| Date<br>3/12/25   | Full name of contributor<br><i>Matt Stoen</i><br>out-of-state PAC (ID#: _____)<br>Contributor address: _____ City: <i>Weslco</i> State: <i>TX</i> Zip Code: <i>77005</i>             | Amount of contribution (\$)<br><i>1,500</i>          |
| Principal occupation / Job title (See Instructions)<br><i>Trocker</i>   |  | Employer (See Instructions)<br><i>Phillips Cole</i>  |

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# MONETARY POLITICAL CONTRIBUTIONS

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|--|--|---|
| The Instruction Guide explains how to complete this form.                |  | 1 Total pages Schedule A1:<br>8                       |
| 2 FILER NAME<br><i>Clay Brett</i>  |  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><i>3/12/25</i>   | 5 Full name of contributor<br><i>Matthew Goldberger</i><br>out-of-state PAC (ID# _____)<br>6 Contributor address:<br>[Redacted] <i>Apita FL 33458</i><br>City: State: Zip Code   | 7 Amount of contribution (\$)<br><i>250</i>           |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney</i> |  | 9 Employer (See Instructions)<br><i>Self</i>          |
| Date<br><i>3/14/25</i>   | Full name of contributor<br><i>Becky Eisenberg</i><br>out-of-state PAC (ID# _____)<br>Contributor address:<br>[Redacted] <i>(West) Houston TX 77005</i><br>City: State: Zip Code | Amount of contribution (\$)<br><i>100</i>             |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>    |  | Employer (See Instructions)<br><i>Retired</i>         |
| Date<br><i>3/14/25</i>   | Full name of contributor<br><i>Holt Redburn</i><br>out-of-state PAC (ID# _____)<br>Contributor address:<br>[Redacted] <i>Dallas TX 75269</i><br>City: State: Zip Code            | Amount of contribution (\$)<br><i>250</i>             |
| Principal occupation / Job title (See Instructions)<br><i>Partner</i>    |  | Employer (See Instructions)<br><i>Stephen Royalty</i> |
| Date<br><i>3/14/25</i>   | Full name of contributor<br><i>Allison Kozdon</i><br>out-of-state PAC (ID# _____)<br>Contributor address:<br>[Redacted] <i>Wor'U TX 77005</i><br>City: State: Zip Code           | Amount of contribution (\$)<br><i>50</i>              |
| Principal occupation / Job title (See Instructions)<br><i>Parent</i>     |  | Employer (See Instructions)<br><i>Not Employed</i>    |

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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|---|---|--|
| The Instruction Guide explains how to complete this form.               |   | 1 Total pages Schedule A1:<br>8                                    |
| 2 FILER NAME<br><i>Clay Brett</i>                                       |   | 3 Filer ID (Ethics Commission Filers)                              |
| 4 Date<br>3/17/25   | 5 Full name of contributor<br><i>Michael McDonald</i><br>out-of-state PAC (ID# _____)<br>6 Contributor address; City: State: Zip Code<br>[Redacted] <i>Leesville FL 32608</i> | 7 Amount of contribution (\$)<br>350                               |
| 8 Principal occupation / Job title (See Instructions)<br><i>Builder</i> |   | 9 Employer (See Instructions)<br><i>Advanced Building Concepts</i> |
| Date<br>3/18/25   | Full name of contributor<br><i>John Wohlwend</i><br>out-of-state PAC (ID# _____)<br>Contributor address; City: State: Zip Code<br>[Redacted] <i>FL 34239</i>                  | Amount of contribution (\$)<br>250                                 |
| Principal occupation / Job title (See Instructions)<br><i>President</i> |   | Employer (See Instructions)<br><i>Crush-It, LLC</i>                |
| Date<br>3/20/25   | Full name of contributor<br><i>Gregg Thompson</i><br>out-of-state PAC (ID# _____)<br>Contributor address; City: State: Zip Code<br>[Redacted] <i>TN 37005</i>                 | Amount of contribution (\$)<br>2,500                               |
| Principal occupation / Job title (See Instructions)<br><i>Business</i>  |   | Employer (See Instructions)<br><i>Self</i>                         |
| Date<br>3/25/25   | Full name of contributor<br><i>Jay Walker</i><br>out-of-state PAC (ID# _____)<br>Contributor address; City: State: Zip Code<br>[Redacted] <i>West U TX 77005</i>              | Amount of contribution (\$)<br>1,000                               |
| Principal occupation / Job title (See Instructions)<br><i>Lawyer</i>    |   | Employer (See Instructions)<br><i>Hutton Andrews Keith</i>         |

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

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# MONETARY POLITICAL CONTRIBUTIONS

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

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

**SCHEDULE E**

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 E:<br><b>1</b>   |
| 2 FILER NAME<br><i>Clay Brett</i>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$ <b>10,000</b>  |
| 5 Date of loan<br><b>3/4/25</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><i>Clay Brett</i> | 9 Loan Amount (\$)<br><b>10,000</b>   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><i>West TX 77005</i>                               | 10 Interest rate<br><b>N/A</b>  |
|  |   | 11 Maturity date<br><b>5/3/25</b>   |
| 12 Principal occupation / Job title (See Instructions)<br><i>Attorney</i>                                |   | 13 Employer (See Instructions)<br><i>Baker Botts</i>                                |
| 14 Description of Collateral<br><b>none</b>  |   | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable   | 17 Name of guarantor  | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code   |   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |

  

|   |  |  |
|---|--|--|
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | Loan Amount (\$)   |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code                                  | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |
| Description of Collateral<br><b>none</b>  |  | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION<br><br>not applicable   | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                               |  |
| Principal Occupation (See Instructions)   |  | Employer (See Instructions)  |

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

If lender 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                        | 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/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | 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:<br><i>1</i>                       | <b>2</b> FILER NAME<br><i>Clay Brett</i>  | <b>3</b> Filer ID (Ethics Commission Filers)       |
| <b>4</b> Date<br><i>3/7/25 - 4/3/25</i>                             | <b>5</b> Payee name<br><i>Revv</i>  |  |
| <b>6</b> Amount (\$)<br><i>879.30</i>                               | <b>7</b> Payee address;<br><i>540 Campen St. Ste. 200</i>   | City; State; Zip Code<br><i>Palo Alto CA 94301</i> |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><i>Fundraising Expenses</i>   | (b) Description<br><i>Donor Portal</i>             |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Clay Brett</i>  | Office sought<br><i>West U City Council</i>        |
|   |   | Office held<br><i>West U City Council</i>          |
| Date<br><i>4/3/25</i>   | Payee name<br><i>Universal Signs - Business</i>   |  |
| Amount (\$)<br><i>290.-</i>   | Payee address;<br><i>7825 Highway 6 South</i>   | City; State; Zip Code<br><i>Houston TX 77083</i>   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | Description<br><i>Yard Signs</i>                   |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br><i>Clay Brett</i>  | Office sought<br><i>West U City Council</i>        |
|   |   | Office held<br><i>West U City Council</i>          |
| Date  | Payee name  |  |
| Amount (\$)   | Payee address;  | City; State; Zip Code                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)  | Description  |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| 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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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/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)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F2:<br><i>1</i>                        | <b>2</b> FILER NAME<br><i>Clay Brett</i>   | <b>3</b> Filer ID (Ethics Commission Filers)        |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | <b>\$</b> <i>10,849.-</i>                           |
| <b>5</b> Date<br><i>4/2/25</i>                                       | <b>6</b> Payee name<br><i>Axiom Strategies</i>   |   |
| <b>7</b> Amount (\$)<br><i>9,599</i>                                 | <b>8</b> Payee address; City; State; Zip Code<br><i>800 W 47th St. Kansas City MO 64112</i>  |   |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | <b>(b)</b> Description<br><i>Streaming + Text</i>   |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Clay Brett</i>   | Office sought<br><i>City Council, West U. Place</i> |
|  |  | Office held<br><i>City Council, West U. Place</i>   |
| <b>Date</b><br><i>4/2/25</i>   | <b>Payee name</b><br><i>Axiom Strategies</i>   |   |
| <b>Amount (\$)</b><br><i>1,250.-</i>                                 | <b>Payee address; City; State; Zip Code</b><br><i>800 W 47th St. 700 Kansas City MO 64112</i>  |   |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br><i>Polling Expense</i>  | <b>Description</b><br><i>LV Poll</i>                |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br><i>Clay Brett</i>   | Office sought<br><i>City Council, West U. Place</i> |
|  |  | Office held<br><i>City Council, West U. Place</i>   |

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/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                | 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<br>SCHEDULE F4: 2 | 2 FILER NAME<br>Clay Brett | 3 FILER ID (Ethics Commission Filers) |
|---------------------------------|----------------------------|---------------------------------------|

|   |            |
|---|------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 4158.90 |
|---|------------|

|                      |                                       |
|----------------------|---------------------------------------|
| 5 CREDIT CARD ISSUER | Name of financial institution<br>Visa |
|----------------------|---------------------------------------|

|           |                              |   |  |
|-----------|------------------------------|---|--|
| 6 PAYMENT | (a) Amount Charged<br>\$ 175 | (b) Date Expenditure Charged<br>2/19/25 | (c) Date(s) Credit Card Issuer Paid<br>- |
|-----------|------------------------------|---|--|

|         |                                |  |
|---------|--------------------------------|--|
| 7 PAYEE | (a) Payee name<br>Sticker Mule | (b) Payee address; City, State, Zip Code<br>330 Forest Ave. Amsterdam NY 12010 |
|---------|--------------------------------|--|

|   |  |                                       |
|---|--|---------------------------------------|
| 8 PURPOSE OF EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Political Advertising Expense  | (b) Description<br>Buttons + Stickers |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |                                       |

|   |   |   |   |
|---|---|---|---|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Clay Brett | Office Sought<br>City Council, West U Place | Office Held<br>City Council, West U Place |
|---|---|---|---|

|         |                                |  |  |
|---------|--------------------------------|--|--|
| PAYMENT | (a) Amount Charged<br>\$ 2,165 | (b) Date Expenditure Charged<br>3/4/25 | (c) Date(s) Credit Card Issuer Paid<br>- |
|---------|--------------------------------|--|--|

|       |                                       |  |
|-------|---------------------------------------|--|
| PAYEE | (a) Payee name<br>Edgerton Strategies | (b) Payee address; City, State, Zip Code<br>900 Big Horn Ave Westland WY 82401 |
|-------|---------------------------------------|--|

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

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

|         |                              |   |  |
|---------|------------------------------|---|--|
| PAYMENT | (a) Amount Charged<br>\$ 617 | (b) Date Expenditure Charged<br>3/18/25 | (c) Date(s) Credit Card Issuer Paid<br>- |
|---------|------------------------------|---|--|

|       |   |   |
|-------|---|---|
| PAYEE | (a) Payee name<br>Universal Signs + Banners | (b) Payee address; City, State, Zip Code<br>7825 Highway 6 S Houston TX 77083 |
|-------|---|---|

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

|   |   |   |   |
|---|---|---|---|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Clay Brett | Office Sought<br>City Council, City of West U Place | Office Held<br>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/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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|                                 |                                   |                                       |
|---------------------------------|-----------------------------------|---------------------------------------|
| 1 TOTAL PAGES<br>SCHEDULE F4: 2 | 2 FILER NAME<br><i>Chay Brett</i> | 3 FILER ID (Ethics Commission Filers) |
|---------------------------------|-----------------------------------|---------------------------------------|

|   |                    |
|---|--------------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ <i>Expenses</i> |
|---|--------------------|

|                      |  |
|----------------------|--|
| 5 CREDIT CARD ISSUER | Name of financial institution<br><i>Visa</i> |
|----------------------|--|

|           |  |   |   |
|-----------|--|---|---|
| 6 PAYMENT | (a) Amount Charged<br><i>\$ 1,201.90</i> | (b) Date Expenditure Charged<br><i>4/2/23</i> | (c) Date(s) Credit Card Issuer Paid<br><i>—</i> |
|-----------|--|---|---|

|         |                               |   |
|---------|-------------------------------|---|
| 7 PAYEE | (a) Payee name<br><i>Meta</i> | (b) Payee address; City, State, Zip Code<br><i>1 Hacker Way Menlo Park CA 94025</i> |
|---------|-------------------------------|---|

|   |   |                               |
|---|---|-------------------------------|
| 8 PURPOSE OF EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | (b) Description<br><i>Ads</i> |
|   | (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<br><i>Chay Brett</i> | Office Sought<br><i>City Council, City of West Village</i> | Office Held<br><i>City Council, City of West Village</i> |
|---|--|--|--|

|         |                                 |                              |                                     |
|---------|---------------------------------|------------------------------|-------------------------------------|
| PAYMENT | (a) Amount Charged<br><i>\$</i> | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|---------------------------------|------------------------------|-------------------------------------|

|       |                |  |
|-------|----------------|--|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|-------|----------------|--|

|  |   |                 |
|--|---|-----------------|
| PURPOSE OF EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|  | (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 | Office Sought | Office Held |
|---|-------------------------------|---------------|-------------|

|         |                                 |                              |                                     |
|---------|---------------------------------|------------------------------|-------------------------------------|
| PAYMENT | (a) Amount Charged<br><i>\$</i> | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|---------------------------------|------------------------------|-------------------------------------|

|       |                |  |
|-------|----------------|--|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|-------|----------------|--|

|  |   |                 |
|--|---|-----------------|
| PURPOSE OF EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)  | (b) Description |
|  | (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 | Office Sought | Office Held |
|---|-------------------------------|---------------|-------------|

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                        | 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 G:<br><i>1</i>   | <b>2</b> FILER NAME<br><i>Clay Brett</i>   | <b>3</b> Filer ID (Ethics Commission Filers)              |  |
| <b>4</b> Date<br><i>1/31-3/26</i>  | <b>5</b> Payee name<br><i>Texas Campaigns</i>  |   |  |
| <b>6</b> Amount (\$)<br><i>2,100</i><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br><i>2711 Grants Lake Blvd #151 Sugarland TX 77419</i>  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Consulting Expense</i>   | <b>(b)</b> Description<br><i>Field Work</i>               |  |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><i>Clay Brett</i>   | Office sought<br><i>City of West Upland, City Council</i> | Office held<br><i>City of West Upland City Council</i> |
| Date   | Payee name   |   |  |
| Amount (\$)<br><small>Reimbursement from political contributions intended</small>                          | Payee address; City; State; Zip Code   |   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   |   | Description  |
|  | 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  | Office sought   | Office held  |
| Date   | Payee name   |   |  |
| Amount (\$)<br><small>Reimbursement from political contributions intended</small>                          | Payee address; City; State; Zip Code   |   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   |   | Description  |
|  | 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  | Office sought   | Office held  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY                          |           |
|--|-----------|
| Date Received<br>4/3/2025<br>11:39 AM JG |           |
| Date Hand-delivered or Date Postmarked   |           |
| Receipt #                                | Amount \$ |
| Date Processed<br>4/3/2025               |           |
| Date Imaged<br>4/3/2025                  |           |

|                                 |            |
|---------------------------------|------------|
| Filer name<br><i>Clay Brett</i> | Filer ID # |
|---------------------------------|------------|

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the City of West University report due on 4/2/25. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing. *Me*

Please complete either option below:

### (1) Affidavit

\_\_\_\_\_  
Signature of Filer

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 [REDACTED]

My address is [REDACTED] US (country)

Executed in Harris County, State of Texas, on the 3<sup>rd</sup> day of April, 2025.

\_\_\_\_\_  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**