

# 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:

21

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR

John

C

NICKNAME

LAST

SUFFIX

Clay

Brett

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs.

Crabtree

W

NICKNAME

LAST

SUFFIX

Brett

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #

CITY

STATE

ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

1 / 1 / 23

THROUGH

Month

Day

Year

1 / 1 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council, West University Place

13 OFFICE SOUGHT (if known)

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

GENERAL

COMMITTEE ADDRESS

Additional Pages

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 <u>John Brett</u>		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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>15,750</u>
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>14,499.45</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>848.09</u>

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

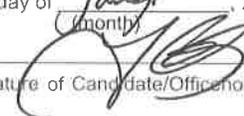
OR

**(2) Unsworn Declaration**

My name is John 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 16<sup>th</sup> day of January, 20 24.  
(month) (year)

  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>John Clayton Brett</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,350.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,444.33
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,555.12
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	\$ 0.05

# 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: **79**

2 FILER NAME  
**John Clayton Brett**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/13/2023**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**John Clayton Brett**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED]

**3,000.00**

8 Principal occupation / Job title (See Instructions)  
**Investor**

9 Employer (See Instructions)  
**Millennial Energy Partners**

Date  
**04/13/2023**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**John Clayton Brett**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

**2,500.00**

Principal occupation / Job title (See Instructions)  
**Investor**

Employer (See Instructions)  
**Millennial Energy Partners**

Date  
**04/13/2023**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**John Clayton Brett**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

**600.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
**Millennial Energy Partners**

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: **9**

2 FILER NAME  
*John Brett*

3 Filer ID (Ethics Commission Filers)

4 Date  
*3/24/23*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Kevin Kopelman*

7 Amount of contribution (\$)  
*1,000*

6 Contributor address; City; State; Zip Code  
[Redacted]

8 Principal occupation / Job title (See Instructions)  
*Analyst*

9 Employer (See Instructions)  
*TD Cowen*

Date  
*3/27/23*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Edward James*

Amount of contribution (\$)  
*250*

Contributor address; City; State; Zip Code  
[Redacted]

Principal occupation / Job title (See Instructions)  
*Commercial Real Estate*

Employer (See Instructions)  
*JP Retail Advisors*

Date  
*1/26/23*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*John Brett*

Amount of contribution (\$)  
*1,000*

Contributor address; City; State; Zip Code  
[Redacted]

Principal occupation / Job title (See Instructions)  
*Investor*

Employer (See Instructions)  
*Millennial Energy Partners*

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**  
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME John Brett

3 Filer ID (Ethics Commission Filers)

4 Date 3/1/23

5 Full name of contributor Jamison Evert

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

7 Amount of contribution (\$) 250

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions) Attorney

9 Employer (See Instructions) Gunster, Yalby, Stewart P.A.

Date 3/14/23

Full name of contributor Robert Crump

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

Amount of contribution (\$) 100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Attorney

Employer (See Instructions) Asurion

Date 3/17/23

Full name of contributor Chris Bennett

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

Amount of contribution (\$) 500

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Attorney

Employer (See Instructions) Simpson Thacher + Bartlett LLP

Date 3/17/23

Full name of contributor Frances Follett

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

Amount of contribution (\$) 100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions) Retired

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: **9**

2 FILER NAME

*John Brett*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/12/23*

5 Full name of contributor

*Drew Dornier*

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

7 Amount of contribution (\$)

*250*

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

*Attorney*

9 Employer (See Instructions)

*Duane Morris LLP*

Date

*2/17/23*

Full name of contributor

*Tyler Sterena*

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

Amount of contribution (\$)

*250*

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Dechert LLP*

Date

*2/25/23*

Full name of contributor

*William Goodwin*

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

Amount of contribution (\$)

*500*

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

*Geologist*

Employer (See Instructions)

*Esperanza Capital*

Date

*2/28/23*

Full name of contributor

*Connor McBowman*

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

Amount of contribution (\$)

*250*

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

*Consultant*

Employer (See Instructions)

*IBM*

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>9</b>
2 FILER NAME <i>John Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/31/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>T. J. Villanil</i>	7 Amount of contribution (\$)  <i>50</i>
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) <i>Executive</i>		9 Employer (See Instructions) <i>Enterprise Florida</i>
Date <i>1/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenn F. Reilly</i>	Amount of contribution (\$)  <i>100</i>
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) <i>Chief of Staff</i>		Employer (See Instructions) <i>U.S. Congress</i>
Date <i>1/31/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teed Frank</i>	Amount of contribution (\$)  <i>250</i>
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Muensch Hardt Kopf Harr LLP</i>
Date <i>2/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael F. McDonald</i>	Amount of contribution (\$)  <i>250</i>
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions) <i>Builder</i>		Employer (See Instructions) <i>Advanced Building Concepts</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **8**

2 FILER NAME **John Brett**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/27/23**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ryan Tim Edwards**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED]

**100**

8 Principal occupation / Job title (See Instructions)  
**Senior Operations Manager**

9 Employer (See Instructions)  
**Holder Construction**

Date  
**1/27/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Matthew Goldberger**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

**100**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Self**

Date  
**1/28/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Matthew Sloan**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

**1,000**

Principal occupation / Job title (See Instructions)  
**Trader**

Employer (See Instructions)  
**Phillips 66**

Date  
**1/29/23**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jordan Johnson**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

**100**

Principal occupation / Job title (See Instructions)  
**Resteraur**

Employer (See Instructions)  
**Nabeel Farmer**

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <i>John Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tyler Parnow</i>	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <i>General Manager</i>		9 Employer (See Instructions) <i>Idera</i>
Date <i>1/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Wright</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>1/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Molly Wright</i>	Amount of contribution (\$) <i>25</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Marketing</i>		Employer (See Instructions) <i>Wartsila</i>
Date <i>1/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Probst</i>	Amount of contribution (\$) <i>50</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions) <i>Golden Collaborative</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: <b>9</b>
2 FILER NAME <i>John Brett</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/26/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduard Andrew Scott</i>	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <i>Partner</i>		9 Employer (See Instructions) <i>Millennial Energy Partners</i>
Date <i>1/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ignacio Susserik</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Managing Director</i>		Employer (See Instructions) <i>Evercore</i>
Date <i>1/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miles Malter</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Embark Consulting</i>
Date <i>1/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Rangel</i>	Amount of contribution (\$) <i>50</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Entrepreneur</i>		Employer (See Instructions) <i>Self</i>
<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.		

# 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: **9**

2 FILER NAME  
*John Brett*

3 Filer ID (Ethics Commission Filers)

4 Date  
*1/26/23*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Craig Thompson*

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED]

*250*

8 Principal occupation / Job title (See Instructions)  
*Attorney*

9 Employer (See Instructions)  
*Integra*

Date  
*1/27/23*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Mitchell Wertheimer*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

*500*

Principal occupation / Job title (See Instructions)  
*Attorney*

Employer (See Instructions)  
*Self*

Date  
*1/27/23*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Dr. Matthew Belton*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

*25*

Principal occupation / Job title (See Instructions)  
*Physician*

Employer (See Instructions)  
*University of Colorado SOM*

Date  
*1/27/23*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Brandon Sweeney*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED]

*50*

Principal occupation / Job title (See Instructions)  
*Business Owner*

Employer (See Instructions)  
*Rowdy Box*

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>	
2 FILER NAME <i>John Brett</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1,000</b>	
5 Date <i>1/27/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erik Leist</i>	8 Amount of Contribution \$ <i>1,000</i>	9 In-kind contribution description <i>Web Services</i>
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Developer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Edgerton Strategies</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: **2**

2 FILER NAME

John Clayton Brett

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **400.00**

5 Date

04/23/2023

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Matthew Sloan

7 Contributor address, City, State, Zip Code

[REDACTED]

8 Amount of Contribution \$

200.00

9 In-kind contribution description

Food, Beverage & Event Service

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Trader

11 Employer (FOR NON-JUDICIAL)(See Instructions)

Phillips 66

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

04/16/2023

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Wes Fontana

Contributor address; City; State; Zip Code

[REDACTED]

Amount of Contribution \$

200.00

In-kind contribution description

Food, Beverage & Event Service

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Managing Director

Employer (FOR NON-JUDICIAL)(See Instructions)

CapitalOne

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME John Clayton Brett	3 Filer ID (Ethics Commission Filers)
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4 Date 04/14/2023	5 Payee name Axiom Strategies
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6 Amount (\$) 9,812.00	7 Payee address; 800 W. 47th Street #200	City; Kansas City	State; MO	Zip Code 64112
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Direct Mail
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/05/2023	Payee name Meta Business
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Amount (\$) 448.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Social Media Marketing
	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
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Date 05/05/2023	Payee name Texas Campaigns
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Amount (\$) 600.00	Payee address; 9600 Glenfield Court Suite 148	City; Houston	State; TX	Zip Code 77096
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Distribution of Campaign Materials
	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
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# 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.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>John Brett</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/15/2023</b>	5 Payee name <b>Axiom Strategies</b>
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6 Amount (\$) <b>1,413.00</b>	7 Payee address; <b>800 W. 47<sup>th</sup> St. #200 Kansas City MO 64112</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Palm Cards</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/OH	Candidate / Officeholder name	Office sought	Office held
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Date <del><b>3/21/2023</b></del>	Payee name <del><b>Meta Business</b></del>
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Amount (\$) <del><b>209.99</b></del>	Payee address; <del><b>1 Hacker Way</b></del>	City; <del><b>Menlo Park</b></del>	State; <del><b>CA</b></del>	Zip Code <del><b>94025</b></del>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del><b>Advertising Expense</b></del>	Description <del><b>Social Media Marketing</b></del>
	<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
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Date <b>3/15/2023</b>	Payee name <b>Nextdayflyers.com</b>
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Amount (\$) <b>83.90</b>	Payee address; <b>8000 Hasbeld Avenue</b>	City; <b>Van Nuys</b>	State; <b>CA</b>	Zip Code <b>91406</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Notepads</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
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**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.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>John Brett</b>	3 Filer ID (Ethics Commission Filers)
4 Date <del>4/30/23</del>	5 Payee name <del>Universal Signs + Banners</del>	
6 Amount (\$) <del>920.13</del>	7 Payee address; <del>7825 S. Texas</del>	City; State; Zip Code <del>Houston TX 77083</del>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <del>Advertising Expense</del>	(b) Description <del>Yard Signs</del>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <del>1/27/23</del>	Payee name <del>Sticker Mule</del>	
Amount (\$) <del>175.50</del>	Payee address; <del>336 Forest Ave</del>	City; State; Zip Code <del>Amsterdam NY 12010</del>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Advertising Expense</del>	Description <del>Stickers + Buttons</del>
	<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 <del>3/27/23</del>	Payee name <del>Rew</del>	
Amount (\$) <del>299.00</del>	Payee address; <del>1776 Wilson Blvd. Suite 530 Arlington VA</del>	City; State; Zip Code <del>22209</del>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Fees</del>	Description <del>Donor Portal Fees</del>
	<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

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**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.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>John Brett</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/3/2023</b>	5 Payee name <b>Universal Signs &amp; Business</b>
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6 Amount (\$) <b>324.75</b>	7 Payee address; <b>7825 S. Texas Co</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77083</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Large Signs</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/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/11/2023</b>	Payee name <b>Notarize</b>
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Amount (\$) <b>25.00</b>	Payee address; <b>745 Boyston Street</b>	City; <b>Boston</b>	State; <b>MA</b>	Zip Code <b>02116</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Legal Services</b>	Description <b>Notarization</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
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Date <b>3/11</b>	Payee name <b>Office Depot</b>
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Amount (\$) <b>162.98</b>	Payee address; <b>3443 Kirby Drive</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77098</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Palm Cards</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
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# 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | 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 G: <i>1</i>	<b>2</b> FILER NAME <i>John Brett</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1/30/2023</i>	<b>5</b> Payee name <i>Universal Signs + Banners</i>	
<b>6</b> Amount (\$) <i>920.13</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>7825 S. Texas C Houston TX 77083</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Yard Signs</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

Date <i>3/27/2023</i>	Payee name <i>Meta Business</i>	
Amount (\$) <i>209.99</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Social Media Marketing</i>
	<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

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM 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: 1	<b>2</b> FILER NAME John Clayton Brett	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/23/2023	<b>5</b> Payee name Kona Ice
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<b>6</b> Amount (\$) 225.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; 945 Centennial Cir City; Florence State; KY Zip Code 41042
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Snow cone truck for campaign event
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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<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
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Date	Payee name
------	------------

Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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<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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K: <u>1</u>
2 FILER NAME <u>John Brett</u>		3 Filer ID (Ethics Commission Filers)
4 Date  <u>3/27/23</u>	5 Name of person from whom amount is received <u>Chase Bank</u>	8 Amount (\$)  <u>0.05</u>
	6 Address of person from whom amount is received; City; State; Zip Code <u>3203 Southwest Freeway Houston TX 77027</u>	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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