

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">11</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">GRETCHEN B</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">FAGAN</div>	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> Date Received Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed	Date Imaged				
Receipt #	Amount										
Date Processed	Date Imaged										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1314 PINE BROOK TOMBAUL TX 77375										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 351 5191										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI PATRICIA BAILEY G. NICKNAME LAST SUFFIX PAT BAILEY										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1319 DOVE TRAILS TOMBAUL TX 77375										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 351 2088										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 / 7 / 07 4 / 12 / 07										
11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 07	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL POSITION 3	13 OFFICE SOUGHT (if known) MAYOR TOMBAUL TX									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME GRETCHEN FAGAN **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 115 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5175 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 82 ¹⁷
	4. TOTAL POLITICAL EXPENDITURES	\$ 2795 ⁴²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2379 ⁵⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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.

Gretchen Fagan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gretchen Fagan, this the 12th day of April, 20 07, to certify which, witness my hand and seal of office.

Doris J. Speer
Signature of officer administering oath

Doris J. Speer
Printed name of officer administering oath

City Secretary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 5	
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-7-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATRICIA G. BAILEY	7 Amount of contribution (\$) \$ 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1319 DOVE TRAILS TOMBAUL, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 3-16-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAUL BURCHFIELD	Amount of contribution (\$) \$ 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21203 FONTANA TOMBAUL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-16-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VINCE O'DONNELL	Amount of contribution (\$) \$ 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1322 DOVE TRAILS TOMBAUL TX, 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions)	
Date 3-14-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) H. G. HARRINGTON	Amount of contribution (\$) \$ 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 619 MAGNOLIA TOMBAUL TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-14-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRUCE HILLEGEIST	Amount of contribution (\$) \$ 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20339 TELGE RD		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>GRETCHEN FAGAN</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-27-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHERIE METCHER</i>	6 Contributor address; City; State; Zip Code <i>1000 HICKS TOMBAK TX 77375</i>	7 Amount of contribution (\$) <i>\$ 50⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <i>3-21-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLINT FAGAN</i>	Contributor address; City; State; Zip Code <i>1315 PINE BROOK TOMBAK TX 77375</i>	Amount of contribution (\$) <i>\$ 100 -</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>4-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE FAGAN</i>	Contributor address; City; State; Zip Code <i>1315 PINE BROOK TOMBAK TX 77375</i>	Amount of contribution (\$) <i>\$ 100 -</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>4-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARBARA FAGAN</i>	Contributor address; City; State; Zip Code <i>9926 WOODEDGE HOUSTON TX 77070</i>	Amount of contribution (\$) <i>\$ 100 -</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>4-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAMAR LITTLE</i>	Contributor address; City; State; Zip Code <i>14301 ALICE RD TOMBAK, TX 77377</i>	Amount of contribution (\$) <i>\$ 100 -</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>GRETCHEN FAGAN</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-14-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEONARD CHAMBERS</i>	7 Amount of contribution (\$) <i>\$ 100⁰⁰</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>30626 QUINN RD TOMBAH TX 77375</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date <i>3-14-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEVE VAUGHAN</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>13322 WILDWOOD DR TOMBAH TX 77375</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>RETIRED - BANKER</i>			Employer (See Instructions)	
Date <i>4-2-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NETTIE DOTY</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1319 PINE BROOK TOMBAH TX 77375</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>4-2-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACKIE ANGERO</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>13142 HOLDERREITH TOMBAH, TX 77375</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>4-2-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRED CRUBE</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>1334 PINE BROOK TOMBAH TX 77375</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME GRETCHEN FABAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-4-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRYAN HUTSON	7 Amount of contribution (\$) \$ 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 111 HOUSTON ST. TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) SELF	
Date 4-3-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROY CAVAZOS	Amount of contribution (\$) \$ 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1327 W MAIN TOMBALL TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) INSURANCE AGENCY OWNER		Employer (See Instructions) SELF	
Date 4-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FARMERS EMPLOYEE + AGENT PAC - TX	Amount of contribution (\$) \$ 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 FARMERS CIRCLE AUSTIN, TX 78728		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-3-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROGER GARZA	Amount of contribution (\$) 60⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1322 PINE BROOK TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-2-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES M. KINNEY	Amount of contribution (\$) \$ 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1945 W. BELL		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) AT+T	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-7-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEDDY KLEIN	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1400 W MAIN TOMBALL TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-23-07	5 Payee name KLEIN'S GROCERY	7 Amount (\$) 27²⁶ -
6 Payee address; City; State; Zip Code 1000 MAIN TOMBALL TX, 77375		
8 Purpose of payment (See instructions regarding type of information required.) REFRESHMENTS - MIXER YARD PARTY <small>(If travel outside of Texas, complete Schedule T)</small>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 3-27-07	Payee name US POST MASTER	Amount (\$) \$ 240⁰⁰
Payee address; City; State; Zip Code TOMBALL, TX 77375		
Purpose of payment (See instructions regarding type of information required.) STAMPS <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 3-28-07	Payee name KWIK KOPY	Amount (\$) \$.17³²
Payee address; City; State; Zip Code 940 W. MAIN TOMBALL, TX 77375		
Purpose of payment (See instructions regarding type of information required.) PRINTING YARD PARTY <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 3-28-07	Payee name TRIBUNE	Amount (\$) \$ 260⁴⁰
Payee address; City; State; Zip Code 517 W MAIN TOMBALL, TX 77375		
Purpose of payment (See instructions regarding type of information required.) 6 WK-AD 2X1 BLACK & WHITE <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3-14-07

AD-MINISTRATIONS

\$ 1,010.78

6 Payee address; City; State; Zip Code

11107 WINSPRING DR TOMBALL, TX 77377

8 Purpose of payment (See instructions regarding type of information required.)

SIGNS & STAKES (250)

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3-18-07

AD-MINISTRATIONS

\$ 340.99

Payee address; City; State; Zip Code

11107 WINSPRING DR. TOMBALL, TX 77377

Purpose of payment (See instructions regarding type of information required.)

SIGNS (100)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3-19-07

KWIK COPY

\$ 141.89

Payee address; City; State; Zip Code

940 W. MAIN TOMBALL, TX 77375

Purpose of payment (See instructions regarding type of information required.)

PRINTING (MIXER) LABELS & COPIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3-20-07

KWK COPY

23.27

Payee address; City; State; Zip Code

940 W MAIN TOMBALL, TX 77375

Purpose of payment (See instructions regarding type of information required.)

PRINTING POST/PUSH CARDS (500)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>KWIK KOPY</i>	7 Amount (\$) <i>\$ 19.49</i>
<i>3-29-07</i>	6 Payee address; City; State; Zip Code <i>940 W MAIN TOMBALL, TX 77375</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>PRINTING POST CARDS</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>3-29-07</i>	Payee name <i>KWIK KOPY</i> Payee address; City; State; Zip Code <i>940 W MAIN TOMBALL, TX 77375</i>	Amount (\$) <i>\$ 21.65</i>
Purpose of payment (See instructions regarding type of information required.) <i>POST/ PUSH CARDS (400)</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>4-3-07</i>	Payee name <i>KWIK KOPY</i> Payee address; City; State; Zip Code <i>940 W. MAIN TOMBALL, TX 77375</i>	Amount (\$) <i>\$ 18.40</i>
Purpose of payment (See instructions regarding type of information required.) <i>PRINTING YARD PARTY (300)</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>4-4-07</i>	Payee name <i>AD-MIRATIONS</i> Payee address; City; State; Zip Code <i>11107 WINSRING DR. TOMBALL, TX 77377</i>	Amount (\$) <i>\$ 433.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>SIGNS & STAKES (100)</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-11-07	5 Payee name PEOPLE SCENE MAGAZINE	7 Amount (\$) 100.00
6 Payee address; City; State; Zip Code PO BOX 131842 THE WOODLANDS, TX 77323		
8 Purpose of payment (See instructions regarding type of information required.) AD 1/4 PG <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-11-07	Payee name CHAMPION DONUTS	Amount (\$) \$ 58.80
Payee address; City; State; Zip Code 701 E MAIN TOMBALL, TX 77375		
Purpose of payment (See instructions regarding type of information required.) REFRESHMENTS: CLIFFORD PARKER MEETING & ELI ALANIZ YARD PARTY <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held