

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

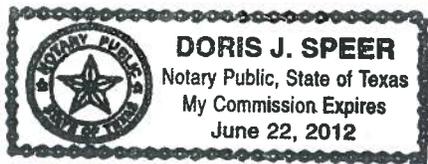
1 ACCOUNT #		2 Total pages filed: 3		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received
		NICKNAME	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Totals
		1 / 29 / 10		4 / 7 / 10	Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

INCORRECT AMOUNT OF EXPENSE. FIGURED @ .629¢ (#650.00)
 MERCHANT RETURNED CHECK - OMIT FROM REPORT
 CORRECT AMOUNT \$.0629¢ PER COPY FOR ORIGINAL ORDER &
 ADDITIONAL ORDER.
 CHARGE INVOICE 6-7-10 TOTAL OF \$97.50 ON JUNE REPORT

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Gretchen Fagan this the 23rd day of June

20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Doris J. Speer
Printed name of officer administering oath

City Secretary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

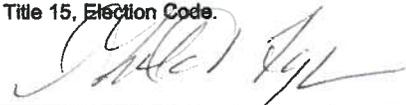
15 C/OH NAME GRETCHEN FAGAN	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p><small>** This box is for notice of political contributions accepted or political expenditures made 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. **</small></p> <table border="1" style="width:100%"> <tr> <td style="width:20%"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td> COMMITTEE NAME </td> </tr> <tr> <td></td> <td> COMMITTEE ADDRESS </td> </tr> <tr> <td></td> <td> COMMITTEE CAMPAIGN TREASURER NAME </td> </tr> <tr> <td></td> <td> COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 80 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7350 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 130 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 5222 ⁸⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2127 ¹³
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

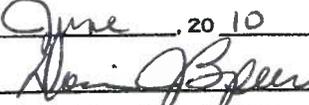
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gretchen Fagan, this the 23rd day of June, 20 10, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Doris J. Speer Printed name of officer administering oath	City Secretary Title of officer administering oath
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POLITICAL EXPENDITURES

SCHEDULE F

(3)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

7

2 FILER NAME

GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission file)

-

4 Date

1-25-10

5 Payee name

SIGN TEX

7 Amount (\$)

81¹⁹

6 Payee address; City; State; Zip Code

1225 ALMA TOMBALL, TX 77375

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

LABELS FOR SIGNS

(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 (\$)

~~3-1-10~~

~~TEED INFL CENTER ENTER DEV~~

~~9750~~

Payee address; City; State; Zip Code

~~12715 TERRELL CYPRESS TX 77429~~

~~650~~

~~97~~

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

PRINTING

(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 (\$)

4-1-10

TRIBUNE

37⁰⁶

Payee address; City; State; Zip Code

517 W. MAIN TOMBALL, TX 77375

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

(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 (\$)

3-30-10

KLEIN'S

90⁶⁷

Payee address; City; State; Zip Code

1200 W. MAIN TOMBALL, TX 77375

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

m+m's

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SEE OMIT 6-10 REPORT

COMMIT SEE ENTRY 6-10 REPORT