

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

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

6 EXPLANATION OF CORRECTION

① INCOMPLETE EXPENSE ON SCHEDULE F PAGE 4
KLEINS GROCERY

② CORRECTED SHEET 2 TO REFLECT ADDITIONAL \$145.61 EXPENSE
ON MARCH 18, 2010

7 AFFIDAVIT

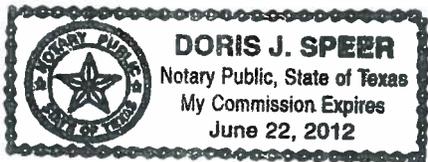
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

[Signature]

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Gretchen Fagan this the 22nd day of April

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

CORRECTED PG 4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 7
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-28-10	5 Payee name KLEIN'S 6 Payee address; City; State; Zip Code 1200 W. MAIN TOMBALL, TX 77375	7 Amount (\$) 53.89
8 Purpose of payment (See instructions regarding type of information required.) REFRESHMENTS - MEET & GREET (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 3-18-10	Payee name KLEIN'S Payee address; City; State; Zip Code 1200 W MAIN TOMBALL, TX 77375	Amount (\$) 199.50
Purpose of payment (See instructions regarding type of information required.) REFRESHMENTS - HOT DOG FUNDRAISER (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-29-10	Payee name KLEIN'S Payee address; City; State; Zip Code 1200 W. MAIN TOMBALL, TX 77375	Amount (\$) 180.82
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
Date 3-26-10	Payee name KWIK KOPY Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBALL, TX 77375	Amount (\$) 51.09
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

→ CORRECTED

← CORRECTED

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

485.30

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH

SUPPORT & TOTALS COVER SHEET PG 2

CONNECTED

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

17 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. **

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 380 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <i>INCLD 211</i>	\$ 7650 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 130 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES <i>INCLD 213</i>	\$ 5872 ⁸⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1777 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 _____, 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