Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM **COR-C/OH**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 6	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST: GRETCHEN MI: B NICKNAME LAST: FAGAN SUFFIX		Date Received: Received-City Secretary Office Date: 10-21-10 Time: 1:15 P.M
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ July 15 ☒ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded $500 limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report ☐ Other (specify)		Date Hand-delivered or Date Postmarked
			Receipt # / Amount / Legal / Totals
5 ORIGINAL PERIOD COVERED	Month Day Year: 1/29/10 THROUGH Month Day Year: 4/7/10		Date Processed / Date Imaged

6 EXPLANATION OF CORRECTION

I CLARIFIED THE DESCRIPTION OF VARIOUS EXPENDITURES. I ADDED THE FULL ADDRESS OF TWO VENDORS I INADVERTENTLY LEFT INCOMPLETE. I BELIEVE THE REPORTS AS ORIGINALLY FILED SUBSTANTIALLY COMPLIED WITH THE LAW, AND REQUEST A WAIVER OF ANY POSSIBLE PENALTY ASSOCIATED WITH THESE CHANGES.

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.

BETSY B. GATES
Notary Public, State of Texas
My Commission Expires 03-09-2011

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by GRETCHEN FAGAN this the 21 day of OCTOBER 2010, 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
Betsy B. Gates	BETSY B. GATES	ASSIST. CITY SECRETARY

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

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POLITICAL EXPENDITURES

SCHEDULE F

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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-25-10	SIGN TEX 1225 ALMA TOMBALL, TX 77375	81.19

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 / Payee address; City; State; Zip Code	Amount ($)
3-16-10	ICED INTL CENTER ENTR. DEV. 12715 TEZGE RD. CYPRESS TX 77429	650.00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN PRINTING EXPENSE

(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 / Payee address; City; State; Zip Code	Amount ($)
4-1-10	TRIBUNE 517 W. MAIN TOMBALL, TX 77375	37.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
3-30-10	KLEIN'S 1200 W. MAIN TOMBALL, TX 77375	90.67

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN EVENT SUPPLIES

(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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 7

2 FILER NAME: GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission filers): —

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-28-10	KLEIN'S 1200 W MAIN TOMBALL TX 77375	53 89

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CAMPAIGN EVENT SUPPLIES (If travel outside of Texas, complete Schedule T)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-18-10	KLEIN'S 1200 W MAIN TOMBALL TX 77375	53 89

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CAMPAIGN EVENT SUPPLIES (If travel outside of Texas, complete Schedule T)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-29-10	KLEIN'S 1200 W MAIN TOMBALL TX, 77375	180 82

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CAMPAIGN EVENT SUPPLIES (If travel outside of Texas, complete Schedule T)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-26-10	KWIK KOPY 1215-5 W. MAIN ST. TOMBALL, TX 7733	51 09

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
CAMPAIGN PRINTING EXPENSE (If travel outside of Texas, complete Schedule T)	

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1 Total pages Schedule F: 7

2 FILER NAME: GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission filers): —

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-15-10	KWIK KOPY 1215-5 W. MAIN TOMBALL, TX 77375	17 32

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
PRINTING - CARDS	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-16-10	ICED INT'L CENTER ENTR. DEV. 12715 TEEGE RD. CYPRESS TX 77429	252 00

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
POSTAGE - BULK MAILING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-25-10	TARGET FM 2920 TOMBALL CENTER TOMBALL TX 77377	53 91

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
CAMPAIGN EVENT SUPPLIES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-19-10	KLEINS 1200 W MAIN TOMBALL TX. 77375	69 57

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
CAMPAIGN EVENT SUPPLIES	

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Revised 08/25/2009

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 7

2 FILER NAME: GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission filers): —

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-30-10	KWIK KOPY 1215-5 W. MAIN TOMBALL, TX 77375	25.33

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

(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 / Payee address; City; State; Zip Code	Amount ($)
4-6-10	TRIBUNE 517 W. MAIN TOMBALL, TX 77375	714.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
4-6-10	KWIK KOPY 1215-5 W. MAIN TOMBALL, TX 77375	438.41

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

(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 / Payee address; City; State; Zip Code	Amount ($)
4-6 10	U.S. POSTMASTER 122 HOLDERRITH TOMBALL, TX 77377 POST OFC	231.41

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

(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

1469.15

Revised 08/25/2009

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 7

2 FILER NAME: GRETCHEN FAGAN

3 ACCOUNT # (Ethics Commission filers): —

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-6-10	TRIBUNE 517 W. MAIN TOMBALL, TX 77375	1206.50

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
NEWSPAPER ADV	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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 / Payee address; City; State; Zip Code	Amount ($)

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

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1206.50

5597.26
130
5727.26

Revised 08/25/2009