

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>4</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>(MS)</u>	FIRST <u>GRETCHEN</u>		
		NICKNAME	LAST <u>FAGAN</u>	SUFFIX	Received - City Secretary Office Date: <u>10-21-10</u> Time: <u>1:15 P.M.</u>
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 type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Date Hand-delivered or Date Postmarked	
	<u>4 / 8 / 10</u>		<u>4 / 27 / 10</u>		
				Receipt #	Amount
				Legal	Totals
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

I CORRECTED THE INCORRECT AMOUNT OF POLITICAL CONTRIBUTIONS ACCEPTED. I ADDED THE FULL ADDRESS OF TWO VENDORS I INADVERTENTLY LEFT INCOMPLETE. I BELIEVE THE REPORT 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.



[Handwritten Signature]

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

Betsy B. Gates BETSY B. GATES ASSIST. 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

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 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 <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	\$ 35 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 760 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 46 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 1495 ⁵⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 541 ⁵⁹
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gretchen Fagan, this the 30th day of April, 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

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 2
2 FILER NAME CATHERIN FAGAN		3 ACCOUNT # (Ethics Commission files)
4 Date 4-23-10	5 Payee name KWIK COPY 6 Payee address; City; State; Zip Code 1215-S W. MAIN TOMBALL TX 77375	7 Amount (\$) \$ 377.99
8 Purpose of payment (See instructions regarding type of information required.) PRINTING - MAILER (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 4-23-10	Payee name US POST MASTER Payee address; City; State; Zip Code 122 HOLDENEITH TOMBALL, TX 77377 POST OFFICE	Amount (\$) 484.00 \$ 484.00
Purpose of payment (See instructions regarding type of information required.) POSTAGE (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-19-10	Payee name KWIK COPY Payee address; City; State; Zip Code 1215-S W MAIN TOMBALL TX 77375 1215-S	Amount (\$) 35.51
Purpose of payment (See instructions regarding type of information required.) PRINTING - BROCHURES & FLYERS (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-7-10	Payee name KWIK COPY Payee address; City; State; Zip Code 1215-S W MAIN TOMBALL, TX 77375	Amount (\$) \$ 14.43
Purpose of payment (See instructions regarding type of information required.) PRINTING - MAILERS (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		

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission files)
4 Date 4-8-10	5 Payee name U. S. POSTMASTER 6 Payee address; City; State; Zip Code TOMBALL, TX 77377 POST OFFICE	7 Amount (\$) 4 35⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) STAMPS (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 4-12-10	Payee name KWIK COPY Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBALL, TX 77375	Amount (\$) 12¹³
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 4-8-10	Payee name RANCHO GRANDE RESTAURANT Payee address; City; State; Zip Code 30134 TOMBALL PARKWAY TOMBALL, TX 77375	Amount (\$) 197⁴⁸
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN TEAM MEETING + DINNER (If travel outside of Texas, complete Schedule T) 16 PEOPLE		- Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name Office sought Office held
Date 4-21-10	Payee name TOMBALL POT POURRI Payee address; City; State; Zip Code PO BOX 256 TOMBALL, TX 77377	Amount (\$) 293²⁰
Purpose of payment (See instructions regarding type of information required.) NEWSPAPER AD (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		