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:	3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR — FIRST: GRETCHEN — MI: B — NICKNAME — LAST: FAGAN — SUFFIX
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Other (specify) ☐ July 15 ☐ Exceeded $500 limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☒ Final report
5 ORIGINAL PERIOD COVERED	Month Day Year: 4/28/10 THROUGH Month Day Year: 6/23/10

OFFICE USE ONLY

Date Received

Received City Secretary Office
Date: 10-21-10
Time: 1:15 P.M.

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Legal	Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

I CLARIFIED THE DESCRIPTION OF VARIOUS EXPENDITURES. I ADDED THE FULL NAME OF ONE VENDOR I ORIGINALLY ONLY REPORTED AS A WELL-KNOWN ACRONYM. 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.

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 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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-8-10	CHAMPION DONUTS 701 E. MAIN TOMBALL, TX 77375	$ 43 60

8 Purpose of payment (See instructions regarding type of information required.)
ELECTION DAY REFRESHMENTS
(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 ($)
5-8-10	HEB 28520 TOMBALL PKWY TOMBALL TX 77375	18 28

Purpose of payment (See instructions regarding type of information required.)
ELECTION DAY REFRESHMENTS
(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 ($)
5-8-10	GIANNAS 28301 TOMBALL PKWAY TOMBALL TX 77377	501 13

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN ELECTION NIGHT EVENT 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 ($)
6-7-10	INTERNATIONAL CENTER FOR ENTR. DEVELOPMENT PO BOX 777 CYPRESS, TX 77410	$ 97 50

Purpose of payment (See instructions regarding type of information required.)
PRINTING - MAILER + PUSH CARD
(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

Revised 09/25/2009

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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 filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-14-10	M & M CO. 700 HIGH ST. HACKETSTOWN N.J. 07840	183.70

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN ELECTION NIGHT EVENT EXPENSE

(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 ($)
6-21-10	TEAM TOMBALL EMERGENCY ASSISTANCE MINISTRIES 300 W. MAIN TOMBALL TX 77375	31.18

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

(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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED