

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

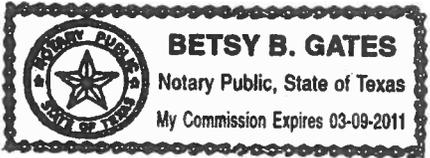
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME GRETCHEN FAGAN	16 ACCOUNT # (Ethics Commission Files) _____
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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. **	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____	

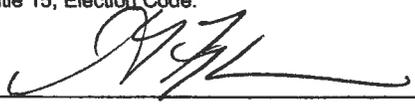
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 380 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <i>INCLUDES IN 1</i>	\$ 7650 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 130 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 5727 ²⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1922 ⁷⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



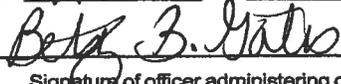
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said GRETCHEN FAGAN, this the 8 day of APRIL, 2010, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	<u>BETSY B. GATES</u> Printed name of officer administering oath	<u>ASSIST. CITY SECRETARY</u> Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-22-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NORMAN THOMASON	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1821 S. CHERRY TOMBALL TX 77375		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VINCENT O'DONNELL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1322 DOVE TRLS TOMBALL TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GEORGE STRAPULOS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19530 JUERGEN RD. TOMBALL, TX 77377		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAUL BIRCHFIELD	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1522 BLEVIS HOUSTON TX 77008-4488		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PRESTON DODSON	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 830 BAKER TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME GRETCHEN FACAN		3 ACCOUNT# (Ethics Commission files)	
4 Date 2-22-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN MOTTERS SHAW 6 Contributor address; City; State; Zip Code 2531 S. CHERRY TOMBALL, TX 77375	7 Amount of contribution (\$) 200 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See instructions)			
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LORI WALLACE Contributor address; City; State; Zip Code 1821 S. CHERRY TOMBALL TX 77375	Amount of contribution (\$) 300 ⁰⁰	In-kind contribution description (if applicable) FOOD AT RECEPTION 2-22 GIANNAS KICK-OFF
Principal occupation / Job title (See instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See instructions)			
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAT BAILEY Contributor address; City; State; Zip Code 1319 DOVE TRLS TOMBALL TX 77375	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) RETIRED		(If travel outside of Texas, complete Schedule T)	
Employer (See instructions)			
Date 2-22-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES MCKINNEY Contributor address; City; State; Zip Code 1307 DOVE TRLS TOMBALL TX 77375	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) RETIRED		(If travel outside of Texas, complete Schedule T)	
Employer (See instructions)			
Date 2-28-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEFFIE CAPPADONNA Contributor address; City; State; Zip Code 12727 ZION RD. TOMBALL TX 77375	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) HOUSEWIFE		(If travel outside of Texas, complete Schedule T)	
Employer (See instructions) MID-WEST ELEC (SPOUSE COMPANY)			

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2500

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME GREITHEN FAGAN		3 ACCOUNT # (Ethics Commission file)	
4 Date 3-5-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHARON SLOVER	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8503 CALVERTON AVENUE HOUSTON TX 77095		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RODNEY HUTTON, M.D.	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9431 ROSIE LANE MAGNOLIA TX 77354		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions) DEVELOPER / LEASING PROPERTY		Employer (See instructions) SELF	
Date 3-12-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOM CROFOT	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1430 NEAL DR TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3-12-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEONARD CHAMBERS	Amount of contribution (\$) 95⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30626 QUINN TOMAALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JEAN M. LAM	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 706 TOMAALL, TX 77377		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-21-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHARON THOMPSON	7 Amount of contribution (\$) 25⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 334 TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AUDREY GEORGE	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1314 BIG PINES TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELLIS CARMICHAEL	Amount of contribution (\$) \$ 50-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1306 PINE BROOK TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED GRUBE	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1798 TOMBALL, TX 77377		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT HARLIS	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21010 SWEET GROVE TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. 580

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-21-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN PATTERSON	7 Amount of contribution (\$) 100 -	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20326 STONE LAKE CIR. TOMBALL, TX 77377		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DIANE THOMAS	Amount of contribution (\$) \$ 50 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1318 PINE BROOK TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DENNIS MCGOUGH	Amount of contribution (\$) \$ 250 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7602 BROKEN OAK LN. SUGARLAND TX 77479		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DIANA BARKER	Amount of contribution (\$) 100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11607 ASPENWAY HOUSTON, TX 77070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-27-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANGIE BARNES	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2726 S. CHERY TOMBALL, TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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600-

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME GRETCHEN FAGAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-3-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT LEMORY	7 Amount of contribution (\$) \$ 1,000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1315 PINE BROOK TOMBALL TX 77377		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) OWNER		10 Employer (See Instructions) TOMBALL PAWN	
Date 3-31-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SANDY KRUG	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17304 FM 2920 TOMBALL, TX 77377		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-31-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LYNN LEBOUEF	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8107 HIDEAWAY LAKE SPRING TX 77389		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TOMBALL REGIONAL MED. CENTER	
Date 3-15-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & RUTHIE KLEIN	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30600 QUINN RD TOMBALL TX 77375		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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 2-17-10	5 Payee name AD-MIRATIONS	7 Amount (\$) 375³⁰
6 Payee address; City; State; Zip Code 31427 BEARING STAR LN TOMBAUL TX 77375		
8 Purpose of payment (See instructions regarding type of information required.) SIGN STAKES & STICKERS (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 2-18-10	Payee name KWIK KOPY	Amount (\$) 448¹⁶
Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBAUL TX 77375		
Purpose of payment (See instructions regarding type of information required.) PRINTING - CARDS (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-24-10	Payee name KWIK KOPY	Amount (\$) 34⁶⁴
Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBAUL TX 77375		
Purpose of payment (See instructions regarding type of information required.) PRINTING - CARDS (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2-26-10	Payee name AD-MIRATIONS	Amount (\$) 340⁹⁹
Payee address; City; State; Zip Code 31427 BEARING STAR LN. TOMBAUL TX 77375		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS (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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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 3-1-10	5 Payee name AD-MIRATIONS	7 Amount (\$) 43³⁰
6 Payee address; City; State; Zip Code 31427 BEARING STAR LN TOMBALL TX 77375		
8 Purpose of payment (See instructions regarding type of information required.) SCREEN CHARGE 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 3-2-10	Payee name TOMBALL TRIBUNE	Amount (\$) 84⁰⁰
Payee address; City; State; Zip Code 517 W. MAIN TOMBALL TX 77375		
Purpose of payment (See instructions regarding type of information required.) 4 SMALL ADS - CLASSIFIED (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-4-10	Payee name KWIK KOPY	Amount (\$) 29²³
Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBALL TX 77375		
Purpose of payment (See instructions regarding type of information required.) PRINTING - INVITATIONS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-12-16	Payee name KWIK KOPY	Amount (\$) 34⁶⁴
Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBALL, TX 77375		
Purpose of payment (See instructions regarding type of information required.) PRINTING - BUS. CARDS (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		

1917

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

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

3-16-10

Payee name

ICED INTL CENTER ENTR. DEV.

Amount (\$)

650⁰⁶

Payee address; City; State; Zip Code

12715 TERGE RD. CYPRESS TX 77429

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

4-1-10

Payee name

TRIBUNE

Amount (\$)

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

3-30-10

Payee name

KLEIN'S

Amount (\$)

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

258⁸⁶

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

7 Amount (\$)

3-28-10

KLEIN'S

6 Payee address; City; State; Zip Code

1200 W MAIN TOMBALL TX 77375

53⁸⁹

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

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

Amount (\$)

2-18-10

KLEIN'S

Payee address; City; State; Zip Code

1200 W MAIN TOMBALL TX 77375

53⁸⁹

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

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

Amount (\$)

2-29-10

KLEIN'S

Payee address; City; State; Zip Code

1200 W MAIN TOMBALL TX, 77375

180⁸²

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

Payee name

Amount (\$)

3-28-10

KWIK COPY

Payee address; City; State; Zip Code

1215-5 W. MAIN ST. TOMBALL, TX 77375

51⁰⁹

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

339⁶⁹

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 3-15-10	5 Payee name KWIK COPY	7 Amount (\$) 17³³
6 Payee address; City; State; Zip Code 1215-5 W. MAIN TOMBAUL, TX 77375		
8 Purpose of payment (See instructions regarding type of information required.) PRINTING - CARDS <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-16-10	Payee name ICED INTL CENTER ENTR. DEV.	Amount (\$) 252⁰⁰
Payee address; City; State; Zip Code 12715 TEEGE RD. CYPRESS TX 77429		
Purpose of payment (See instructions regarding type of information required.) POSTAGE - BULK MAILING <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-25-10	Payee name TARGET	Amount (\$) 53⁹¹
Payee address; City; State; Zip Code Fm 2920 TOMBAUL CENTER TOMBAUL TX 77377		
Purpose of payment (See instructions regarding type of information required.) M+M'S <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-19-10	Payee name KLEIN'S	Amount (\$) 69⁵⁷
Payee address; City; State; Zip Code 1200 W MAIN TOMBAUL TX 77375		
Purpose of payment (See instructions regarding type of information required.) M+M'S SODAS <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

392 ⁸⁰

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 <i>3-30-10</i>	5 Payee name <i>KWIK KOPY</i>	7 Amount (\$) <i>25³³</i>
6 Payee address; City; State; Zip Code <i>1215-5 W. MAIN TOMBALL, TX 77375</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>PRINTING CARDS</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>4-6-10</i>	Payee name <i>TRIBUNE</i>	Amount (\$) <i>714⁰⁰</i>
Payee address; City; State; Zip Code <i>517 W. MAIN TOMBALL, TX 77375</i>		

Purpose of payment (See instructions regarding type of information required.) <i>NEWSPAPER ADV.</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>4-6-10</i>	Payee name <i>KWIK KOPY</i>	Amount (\$) <i>438.41</i>
Payee address; City; State; Zip Code <i>12515W. MAIN TOMBALL, TX 77375</i>		

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING MAILER</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>4-6-10</i>	Payee name <i>U. S. POSTMASTER</i>	Amount (\$) <i>231⁴¹</i>
Payee address; City; State; Zip Code <i>TOMBALL, TX 77377 POST OFC</i>		

Purpose of payment (See instructions regarding type of information required.) <i>BULK POSTAGE</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1489¹⁵

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 4-6-10	5 Payee name TRIBUNE 6 Payee address; City; State; Zip Code 517 W. MAIN	7 Amount (\$) 1206⁵⁰
8 Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADV (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 (\$)
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
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

1206⁵⁰

5597.26
130
5727.26