

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | (M) / MRS / MR FIRST MI G RETCHEN B NICKNAME LAST SUFFIX FAGAN | | OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1314 PINE BROOK TOMBALL TX 77375 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 330 7828 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS (MR) FIRST MI MICHAEL NICKNAME LAST SUFFIX FAGAN | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1314 PINE BROOK TOMBALL, TX 77375 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 330 4538 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 4 / 8 / 10 THROUGH 4 / 27 / 10 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 8 / 10 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) MAYOR - TOMBALL, TX. | 13 OFFICE SOUGHT (if known) MAYOR - TOMBALL, TX. | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name NONE Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |

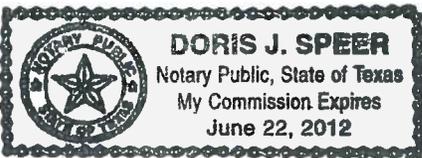
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

| | | |
|---|---|---|
| 15 C/OH NAME <i>GRETCHEN FAGAN</i> | | 16 ACCOUNT # (Ethics Commission Filers) |
| 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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |
| | 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ <u>35⁰⁰</u> |
| | EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <i>INCLUDES 35</i> \$ <u>260⁰⁰</u> |
| | CONTRIBUTION BALANCE | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ <u>46⁰⁰</u> |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES <i>INCLUDES 46</i> \$ <u>1495⁵⁴</u> | |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <i>INCLUDES 1777⁵³ LAST RPT</i> \$ <u>541⁵⁹</u> | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ <u>—</u> | |

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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]

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]

Signature of officer administering oath

Doris J. Speer

Printed name of officer administering oath

City Secretary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
1

2 FILER NAME *GRETCHEN FABIAN* 3 ACCOUNT # (Ethics Commission filers)

| | | | |
|--------------------------|--|--|--|
| 4 Date <i>4-20-10</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WAYNE GLOYER</i> | 7 Amount of contribution (\$) <i>100⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code <i>15600 BROWN RD. TOMBALL TX 77378</i> | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

| | | | |
|------------------------|---|--|--|
| Date <i>4-17-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHAD DEGGES</i> | Amount of contribution (\$) <i>100⁰⁰</i> | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code <i>29602 IMPERIAL CREEK TOMBALL, TX 77375</i> | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------------------------|--|---|--|
| Date <i>4-10-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JERRY TILL</i> | Amount of contribution (\$) <i>25⁰⁰</i> | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code <i>13302 WILD WOOD DR. 77375 TOMBALL TX</i> | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------------------------|---|--|---|
| Date <i>4-10-10</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEVE & PATSY VAUGHAN</i> | Amount of contribution (\$) <i>500⁰⁰</i> | In-kind contribution description (if applicable) <i>MEET & GREET CRAWFISH BOIL AT VAUGHAN HOME 4-10-10</i> |
| | Contributor address; City; State; Zip Code <i>13322 WILDWOOD DR. 77375 TOMBALL TX</i> | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)
RETIRED - BANKER

| | | | |
|------------------------|---|---|--|
| Date <i>4-23-10</i> | 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)

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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225 CONTRIB
OF MONEY*

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 4-8-10 | 5 Payee name U. S. POSTMASTER 6 Payee address; City; State; Zip Code TOMBALL, TX 77377 POST OFFICE | 7 Amount (\$) \$ 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 KOPY 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 3013Y 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 | | |

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POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|-------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: 2 2 |
| 2 FILER NAME CRETCHEN FAGAN | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 4-23-10 | 5 Payee name KWIK KOPY | 7 Amount (\$) \$ 377.79 |
| 6 Payee address; City; State; Zip Code 1215-S W. MAIN TOMBALL TX 77375 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) PRINTING - MAILER <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 4-23-10 | Payee name US POST MASTER | Amount (\$) 484.00 \$ 484.00 |
| Payee address; City; State; Zip Code TOMBALL, TX 77377 POST OFFICE | | |
| Purpose of payment (See instructions regarding type of information required.) POSTAGE <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 4-19-10 | Payee name KWIK KOPY | Amount (\$) 35.51 |
| Payee address; City; State; Zip Code 1215-S W. MAIN TOMBALL TX 77375 1215-S | | |
| Purpose of payment (See instructions regarding type of information required.) PRINTING - BROCHURES & FLYERS <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 4-7-10 | Payee name KWIK KOPY | Amount (\$) \$ 14.43 |
| Payee address; City; State; Zip Code 1215-S W. MAIN TOMBALL, TX 77375- | | |
| Purpose of payment (See instructions regarding type of information required.) PRINTING - MAILERS <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

9/1/13