

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Gretchen	MI B
	NICKNAME	LAST Fagan	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE Tomball, TX 77375
	1314 Pine Brook		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 330-7828	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Michael	MI R
	NICKNAME	LAST Fagan	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE Tomball, TX 77375
	1314 Pine Brook		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 330-4538	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01	30	2013
THROUGH		Month	Day
		04	11
		2013	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05		11	2013
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Mayor		Mayor
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Gretchen B Fagan **15 ACCOUNT # (Ethics Commission Filers)**

16 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,880.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 103.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,480
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gretchen Fagan, this the 11th day of April, 20 13, 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: **3**

2 FILER NAME **Gretchen B Fagan**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
1/16/2013

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael R Fagan

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1314 Pine Brook Tomball, TX 77375

\$100

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Pat Bailey

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/19/2013

Contributor address; City; State; Zip Code

1319 Dove Trails Tomball, TX 77375

\$100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Lori Wallace

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/30/2013

Contributor address; City; State; Zip Code

1821 S Cherry Tomball, TX 77375

\$350

**Refreshments
for kick-off event.
Gianna's**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Camille Hamilton

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/30/2013

Contributor address; City; State; Zip Code

20207 Pinelake Crossing Spring, TX 77379

\$50

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Vincent O'Donnell

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/30/2013

Contributor address; City; State; Zip Code

1322 Dove Trails Tomball, TX 77375

\$100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Gretchen B Fagan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/30/2013

5 Full name of contributor out-of-state PAC (ID#: _____)

James McKinney

6 Contributor address; City; State; Zip Code

1306 Dove Trails Tomball, TX 77375

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/30/2013

Full name of contributor out-of-state PAC (ID#: _____)

David Bamberg

Contributor address; City; State; Zip Code

6607 Misty Spring La Spring, TX 77379

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2013

Full name of contributor out-of-state PAC (ID#: _____)

Thomas Crofoot

Contributor address; City; State; Zip Code

1430 Neal Tomball, TX 77375

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2013

Full name of contributor out-of-state PAC (ID#: _____)

John Mottershaw

Contributor address; City; State; Zip Code

2531 S Cherry Tomball, TX 77375

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2013

Full name of contributor out-of-state PAC (ID#: _____)

Leo Corley

Contributor address; City; State; Zip Code

12031 Echo Canyon
Tomball, TX 77377

Amount of contribution (\$)

\$80

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

Gretchen B Fagan

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/1/2013

5 Full name of contributor out-of-state PAC (ID# _____)

Rodney Hutson

6 Contributor address; City; State; Zip Code

9431 Rosie Lane Magnolia, TX 77354

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Gretchen B Fagan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/4/2013	5 Payee name Rodney Hutson
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6 Amount (\$) \$500	7 Payee address; City; State; Zip Code 9431 Rosie Magnolia, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Return of Campaign Contribution	(b) Description (If travel outside of Texas, complete Schedule T) No opponent
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/2013	Payee name Tom Crofoot
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Amount (\$) \$100	Payee address; City; State; Zip Code 1430 Neal Tomball, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/2013	Payee name David Bamberg
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Amount (\$) \$100	Payee address; City; State; Zip Code 6607 Misty Spring La Spring, TX 77379
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/2013	Payee name James McKinney
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Amount (\$) \$100	Payee address; City; State; Zip Code 1306 Dove Trails Tomball, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Gretchen B Fagan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/4/2013	5 Payee name Vincent O'Donnell
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6 Amount (\$) \$100	7 Payee address; City; State; Zip Code 1322 Dove Trails Tomball, TX 77375
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Return of Campaign Contribution	(b) Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/2013	Payee name Camille Hamilton
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Amount (\$) \$50	Payee address; City; State; Zip Code 20207 Pinelake Crossing Ct Spring, TX 77379
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/2013	Payee name John Mottershaw
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Amount (\$) \$250	Payee address; City; State; Zip Code 2531 S Cherry Tomball, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/2013	Payee name Pat Bailey
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Amount (\$) \$100	Payee address; City; State; Zip Code 1319 Dove Trails Tomball, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Gretchen B Fagan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/4/2013	5 Payee name Leo Corley
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6 Amount (\$) \$80	7 Payee address; City; State; Zip Code 12031 Echo Canyon Lane Tomball, TX 77375
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Return of Campaign Contribution	(b) Description (If travel outside of Texas, complete Schedule T) No opponent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/7/2013	Payee name Michael Fagan
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Amount (\$) \$100	Payee address; City; State; Zip Code 1314 Pine Brook Tomball, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Return of Campaign Contribution	Description (If travel outside of Texas, complete Schedule T) No Opponent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME Gretchen B Fagan	2 ACCOUNT # (Ethics Commission Filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

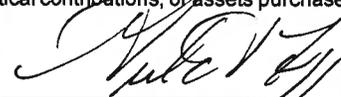
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder