CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	to complete this form.	1 Filer ID (Ethics Commission Filers	5) 2 Total pages filed:
MS / MRS MR	FIRST	MI	OFFICE USE ONLY
NICKNAME	LAST	SUFFIX	Date Received
P.C.	PHONE NUMBER	EXTENSION	JAN 17 2024 RO
(8 3 4) MS / MRS (MR) NICKNAME	285-218 Kevin LAST Hunt	SUFFIX	Receipt # Amount \$
			Richmond Ty 77406
AREA CODE (28()7	PHONE NUMBER 33-0494	EXTENSION	an a
January 15		ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
η Month	Day Year 16/73	Month	17/24
Month Day	Year	ELECTION TYP Runoff Other Description Special	E
OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	vn)
THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	NICKNAME ADDRESS PO BOY ADDRESS PO BOY AREA CODE (832) MS / MRS (MR NICKNAME STREET ADDRESS IIIG C AREA CODE (28()) AREA CODE (28()) AREA CODE (28()) JULY 15 AREA CODE (28()) OFFICE HELD (If any) THIS BOX IS FOR NOTIC THE CANDIDATES / OFFIC COMMITTEE TYPE GENERAL GENERAL	ERIC NICKNAME LAST FAG ADDRESS PO BOX ADDRESS PO BOX APT / SUITE #; POBOX APT / SUITE #; POBOX APT / SUITE #; POBOX APT / SUITE #; AREA CODE PHONE NUMBER (832) 283-218 MS / MRS FIRST NICKNAME LAST HLAST Heart STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; IIIG Dewodrop AREA CODE PHONE NUMBER (281) 733-0494 January 15 30th day before eld Month Day Year HG July 15 8th day before eld Month Day Year General OFFICE HELD (if any) Committee of Political contributions THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE SANIDATE AND OFFICEHOLDER. THESE EXPENDITURE: COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS	ERIC SUFFIX NICKNAME LAST SUFFIX ADDRESS (PO BO) APT / SUITE #: CITY: STATE: ZIP CODE PO BOT 2204 SUSSAL AUGE FIRST MIL AREA CODE PHONE NUMBER EXTENSION EXTENSION (832) 283-2186 MIL MICKNAME LAST SUFFIX NICKNAME LAST SUFFIX NORIN DExecode

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	10	3 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,218,15
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,707.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	8 7	
	Di ta	400
	Simular of Col	
	Signature of Cano	lidate or Officeholder
Patricipa and		
KIM N	GUYEN-TRAN	
	BUC, STATE OF TEXAS Please complete either option below:	
OF TE Expires	October 26, 2026	
(1) Affidavit		
NOTARY STAMP/SEA	-	
Sworn to and subscribed	before me by Eric Fagan this the 1	day of January,
20 24, to certify	whiph, witness my hand and seal of office.	day of January,
r na		
		Coordinate
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unewarr Destant		
(2) Unsworn Declaration		
My name is	, and my date of birth is	
-		
-		te) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20
	(month)	(year)
		·
	Signature of Candidat	e/Officeholder (Declarant)

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2	FILER NAME	1		3 Filer ID (Ethics Commission Filers)
4	Date		D#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
	Date		D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)
	Date	Full name of contributor 🗌 out-of-state PAC (I	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor Out-of-state PAC (I	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$					
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code					
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)					
o Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	I Employer (FOR NON-JODICIAL)(See Instructions)					
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description					
Contributor address; City; State;	Zip Code					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)					
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)					
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct						

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:				
2 FILER	NAME	3 Filer ID (Ethics Commission Filers)				
4 TOTA	AL OF UNITEMIZED PLEDGES	\$				
5 Date	 6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code 	8 Amount of Pledge \$	9 In-kind contribution description			
		Check if travel outsi	de of Texas. Complete Schedule T.			
10 Princip	Deal occupation / Job title (See Instructions) 11 Employer (See	Instructions)				
Date	Full name of pledgor [] out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description			
			de of Texas. Complete Schedule T.			
Principa	al occupation / Job title (See Instructions) Employer (See	Instructions)				
Date	Full name of pledgor out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description			
Princip	Pal occupation / Job title (See Instructions) Employer (See		de of Texas. Complete Schedule T.			
Date	Full name of pledgor out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description de of Texas. Complete Schedule T.			
Principa	al occupation / Job title (See Instructions) Employer (See					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for		requirements.			

LOANS		SCHEDULE E		
If the requested information is not applicable, DO N	IOT include this page in the re	port.		
The Instruction Guide explains how to con	1 Total pages Schedule E:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS		\$		
5 Date of Ioan 7 Name of lender Out-of-sta	ate PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	State; Zip Code	10 Interest rate		
YN		11 Maturity date		
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)		
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)		
18 Guarantor address; City;	State; Zip Code			
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)			
Date of loan Name of lender Out-of-sta	Iate PAC (ID#:)	Loan Amount (\$)		
ls lender Lender address; City; a financial	State; Zip Code	Interest rate		
Institution? Y N		Maturity date		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral	Check if personal fur account (See Instruct	nds were deposited into political tions)		
GUARANTOR Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City;	State; Zip Code			
Principal Occupation (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL C If lender is out-of-state PAC, please see	OPIES OF THIS SCHEDULE AS NE Instruction guide for additional r	EDED eporting requirements.		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)			
4 Date	5 Payee na	ame							
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Categor	Υ (See Categories listed at the top of this s	schedule)	(b) Description					
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	g expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held			
Date	Payee na	ame	-						
Amount (\$)	Payee a	ddress;		City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this so 	chedule)	Description					
		Check if travel outside of Texas, Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held			
Date	Payee n	ame							
Amount (\$)	Payee ad	ddress;		City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)			Description					
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held			
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED				

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UNPAID INCURRED OBLIGATIONS

*

SCHEDULE F2

		EXPENDITU	IRE CATEGOR	RIES FOR BO	OX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	eimbursement ental Expense ntract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
		The Instruction (Guide explains he	ow to complete	this form.		
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCURR	ED OBLIGA	TIONS		\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	N	Ion-Political			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed	at the top of this sche	dule) (b) Do	escription		
	(c)	Check if travel outside of Te	exas. Complete Schedu	le T.	Check if Aus	tin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O Date		didate / Officeholde	er name	Office so	ught	Office h	eld
Duto							
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Political			
PURPOSE OF EXPENDITURE	Catego	ƴ (See Categories listed	at the top of this sche	dule) C	Description		
		Check if travel outside of	Texas. Complete Sched	lule T.	Check if Au	stin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Officeholde	er name	Office so	ught	Office h	eld
	ΑΤΤΑΟ	CH ADDITIONAL	COPIES OF T	HIS SCHED	ULE AS NE	EDED	
Forms provided by Texas Ethi	cs Commissio	on	www.ethics.stat	e.tx.us			Revised 11/15/2022

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

					1		
-	The Instruction Guide explains how to complete this form.	1	Total p	ages Scheo	lule F3:		
2 FILER NAME		3	Filer I	D (Ethics Co	ommissio	n Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased;	City;		Sta	ite;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased;	City;		Sta	ate;	Zip Code	
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE A	S NEEL	DED	i ta di		

Forms provided by Texas Ethics Commission

		EXPENDIT	URE CATEO	GORIES FO	DR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa		Transporta Travel In D Travel Out	/Fundraising Exp tion Equipment & istrict Of District er a category not I	Related Exp
Total pages Schedule F4:	2 FILER	NAME				3 Filer ID	(Ethics Comm	ission Filers
TOTAL OF UNITEM	IIZED EXF	PENDITURES	CHARGED	TOACRE	EDIT CARD	\$		
Date	6 Payee	name						
Amount (\$)	8 Payee	address;			City;	S	tate; Zi	p Code
TYPE OF EXPENDITURE		Political		Non-Poli	tical			
) PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories liste	d at the top of this :	schedule)	(b) Description			
I omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Car	ndidate / Officehol	der name	Ofi	fice sought		Office held	
Date	Payee	name						
Amount (\$)	Payee	address;			City;	S	tate; Zi	p Code
TYPE OF EXPENDITURE		Political		Non-Pol	itical			
PURPOSE OF EXPENDITURE	Catego	ory (See Categories liste	ed at the top of this	schedule)	Description			
-/	C	Check if travel outside	of Texas. Complete	Schedule T.	Check if A	ustin, TX, office	nolder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officehol	der name	Of	fice sought		Office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	dvertising Expense cccounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic redit Card Payment		nittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1	Total pages Schedule G:	2 FILE	ER N	AME					3 File	r ID (Ethic	s Cor	nmission Filers)
4	Date	5 Pay	vee na	Ime								
6	Amount (\$) Reimbursement from political contributions intended	7 Pay	7 Payee address; City;							State;	1	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Ca	tegor	y (See Categories listed at the top of this sch	edule)	(b) D	escri	ption			-	
9	mploto ONLY if direct	(c)	Candi	Check if travel outside of Texas. Complete Sche date / Officeholder name	dule T.	Office			n, TX, offic	eholder living		^{se} ice held
	omplete <u>ONLY</u> if direct penditure to benefit C/OH											
	Date	Payee name										
	Amount (\$)	Pay	vee ao	ldress;		City;				State;		Zip Code
	political contributions intended											
PURPOSE OF EXPENDITURE		Ca	itegor	y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of this sch y (See Categories listed at the top of top of the top of to	iedule)	D	escri	iption				
			Check if travel outside of Texas. Complete Schedule T. Check if					heck if Austir	istin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Candi	date / Officeholder name		Office	sou	ght			Off	ice held
	Date	Pay	vee na	ime								
	Amount (\$)	Pay	vee ad	ldress;			С	ity;	-	State;	Z	lip Code
	Reimbursement from political contributions intended	al contributions										
	PURPOSE OF EXPENDITURE	y (See Categories listed at the top of this sch	edule) Description									
				Check if travel outside of Texas. Complete Sche	dule T.			heck if Austin	n, TX, offic	eholder living	expen	se
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	C	Candi	date / Officeholder name		Office	soug	ght			Offi	ce held
			ATT	ACH ADDITIONAL COPIES OF	THIS S	CHEDU	ULE	AS NEED	ED			

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so		(b) Description		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida	check if travel outside of Texas. Complete Sch ate / Officeholder name		Office sought	TX, officeholder living ex	oense Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description		
	c	heck if travel outside of Texas. Complete Sch	edule T,	Check if Austin,	TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name	(Office sought	C	Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description		
	c	heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name		Office sought	C	Office held
	ATT	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	DED	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name			<u> </u>	
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	∋ instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information ,
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

		1.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schee	dule K:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City;	State; Zip Code	
	7 Purpose for which amount is received Check	k if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Chec	k if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Chec	k if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Chec	ck if political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED	Deviced 11/15/200

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	Corporation	or Labor C	Organization / Pledgor	/ Payee	
 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of travel 7 Name of person(s) traveling			Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
			ame of departure loca		
	9 Destinat	ion city or	name of destination l	ocation	
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference,	seminar, or other event)
Name of Contributor	/ Corporation	or Labor (Drganization / Pledgor	/ Payee	
Contribution / Expend Schedule A2					
Dates of travel	Name o	f person(s) traveling		
	Departu	re city or r	ame of departure loca	ation	
	Destinat	ion city or	name of destination I	ocation	
Means of transportat	ion	Purpo	ose of travel (including	g name of conference,	seminar, or other event)
Name of Contributor	/ Corporation	or Labor (Organization / Pledgor	/ Payee	
Contribution / Expend	liture reported	l on:			
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	ion	Purpo	ose of travel (including	name of conference,	seminar, or other event)
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 2 Filer ID (Ethics Commission Filers)					
2	SIGNA					
5	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		WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. •• CAMPAIGN FUNDS				
	А.					
	Check	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	n 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 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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B. ASSETS					
	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 that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to			
		Sig	gnature of Candidate			
5		EHOLDER aplete this section <i>only</i> if you are an officeholder ••				
	Com	were this section only if you are an onlocholder				
	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.					
		Sig	nature of Officeholder			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The Instruction Guide explains how to complete this for	1 Total pages Schedule A1:				
2 FILER NAME ERIC FAGA	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor □ out-of-state PAC (II 8 11 23 5 Contributor address; City; State; 5 27 Jeff DAU's 8 Principal occupation / Job title (See Instructions) 9					
Date Full name of contributor Cout-of-state PAC (ii Contributor address; City; State;	· · · · · · · · · · · · · · · · · · ·				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributor in out-of-state PAC (II Contributor address; City; State;					
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributorout-of-state PAC (I Contributor address; City; State;	D#: Amount of contribution (\$) Zip Code				
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. Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015					

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME ERIC FAGAN	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) ERIC + Jacqueline FASAN 1-5-24 6 Contributor address; City; State; Zip Code 77584 2304 High Tide LANE FEANINGTR 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	7 Amount of contribution (\$) 1500, 00
Date Full name of contributor of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Image: out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor induction out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
	2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional r Forms provided by Texas Ethics Commission www.ethics.state.tx.us	

MONET	ARY POLITICAL CONTRIBUTIO	NS SCHEDULE A1
The k	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Enic FAGAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Alings I fran Bistros 6 Contributor address; City; State; Zip Code	\$ 500 -
	6542 Hwy 90A Sugarland, Tx T1498	\$ 500 -
Principal occupa	ation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor a out-of-state PAC (ID#:	Amount of contribution (\$)
#1/3	Contributor address; City; State; Zip/Code	498 -
Principal occupat	ion / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupat	tion / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupat	ion / Job title (See Instructions) Employer	(See Instructions)
- 11		
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see instruction guide f	
rms provided by Tex	as Ethics Commission www.ethics.state.tx.us	Revised 9/8/20

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME ERIC FAGAN	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
10/23 Mark + Stacey Clark 6 Contributor address; City; State; Zip Code 7918 Fall River Cf Sugarland Tx 77479	\$ 500- ck # 2427			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date Full name of contributor [] out-of-state PAC (1D#:) Eric Fagan Contributor address; City; State; Zip Code 2304 High Tide Ln Pearland, Tx 77584	Amount of contribution (\$) $# 100 \rightarrow$			
Principal occupation / Job title (See Instructions) Employer (See Instructi	Cash ons)			
Date Full name of contributor induction out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)			
Date Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)			
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.				

	TARY POLITICAL CONTRIBUTI	SCHEDULE A1
T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	ERIC FAOGAW	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
0/17	Ron Reynolds Campaign 6 Contributor address; City; State; Zip Contribu	de \$\$ 500 -
	6140 Huy 6 South 233 Missauri City, 7	X 77459 # 530
Principal oc	cupation / Job title (See Instructions) 9 Emplo	oyer (See Instructions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	
10/17	Gill Builders contributor address; City; State; Zip Contributor addre	de \$\$ 200 -
	6810 WilberbergAue Sugarland, 7	X 77479 # 62.481
Principal occ	upation / Job title (See Instructions) Emplo	over (See Instructions)
Date	Full name of contributor Dout-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zip Coc	de de
Principal occ	upation / Job title (See Instructions) Emplo	byer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Cod	
	<u> </u>	
Principal occ	upation / Job title (See Instructions) Emplo	yer (See Instructions)
*		

1

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	ERIC FAGAN	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
10/17	Minh Tam Tran 6 Contributor address; City; State; Zip Code 23 Sweet Isle Blud Missouri City, TX 77459	# 500 - #1148	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)		
Date	Full name of contributor I out-of-state PAC (ID#:) Oregory W. Johnson Contributor address; City; State; Zip Code	Amount of contribution (\$)	
10/17	Contributor address; City; State; Zip Code 5815 Crestview Cove Richmond, TX 77469	15500 - #5951	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	lions)	
Date	Full name of contributor	Amount of contribution (\$)	
10/17	Mattie C. Provost contributor address; City; State; Zip Code	\$1,000 - # 7096	
	2205 Granite Drook in Kuty, 1x 11494	# 7096	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc		
Date	Full name of contributor [] out-of-state PAC (ID#:) Dr. Apar Pataer + Mukadas	Amount of contribution (\$) $# 200 -$	
10/17	Contributor address; City; State; Zip Code		
	ation / Job title (See Instructions) Employer (See Instruct	# 178	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc		
		5	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015			

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	ERIC FAGAN	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
10/17	Fort Bend United 6 Contributor address; City; State; Zip Code R.D. D. Q.A.X. (1955) (1) (1) (1) (2)	\$500 -	
8 Principal occu	P. D. DCAX 420811 Houston Tx 71242	# 1100 tions)	
Date	Full name of contributor [] out-of-state PAC (ID#:] Alliance PAC	Amount of contribution (\$)	
10/17	Contributor address; City; State; Zip Code	\$ 2,000 -	
	6700 Savoy Dr # 100 Houston Tx 770 36	# 1076	
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
10/17	B Rai + Rekha Mehdiratta Contributor address; City; State; Zip Code	# 50 -	
	12 Palm Blud Missouri City, Tx 77459	# 50 - # 2126	
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/17	Manuel Zamora Contributor address; City; State; Zip Code	\$ 2,500 -	
10/11	2029 Augusta Dr San Angelo, Tx 76904	\$ 2,500 - #5011	
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)	
		5	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015			

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ERIC FAGAW	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10/4	Abranim Javed 6 Contributor address; City; State; Zip Code	\$ 5,000-
10/4	2295 Avalon St Beaumont Tx 71707	CR# 009000
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) Artex Signs + Graphics	Amount of contribution (\$)
10/6	Contributor address; City; State; Zip Code	\$ 1,000 -
1010	12999 MurphyRd # 42 Stafford Tx 77477	ch # 846
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/6	Contributor address; City; State; Zip Code	\$ 250-
10/6	13110 Nantucket Dr. Sugarland Tx 77478	ck # 9151
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/6	Tasleem U. Sid digui Contributor address; City; State; Zip Code	# 200-
	2023 Plantation Bender Sugarland Tix 77476	# 200- ck # 8672
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
		•
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	EEDED I reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ENic FAGAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
9/22	Harry L. Smith 6 Contributor address; City; State; Zip Code 18 Ivy Bend Ln Sugarland, Tx 77479	\$ 1,000 -
	18 Ivy Bend Ln Sugarland, Tx 77479	# 1974
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of contribution (\$)
9/22	Harry L. Smith Contributor address; City; State; Zip Code	- \$\$ 1,000 -
	18 Ivy Bendlen Sugarland, Tx 77479	# 1973
Principal occup	bation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor) Amount of contribution (\$)
9/22	Harry Li Smith contributor address; City; State; Zip Code 18 Ivy Bend Dr Sugarland, Tx 7747	# 500 -
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	11110
Date	Full name of contributor 🗌 out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	structions)
	L	
		5
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for addition	
arms provided by T	exas Ethics Commission www.ethics.state.tx.us	Revised 9/8/201

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ERIC FAGAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8/10/23	Carl D. Evans 6 Contributor address; City; State; Zip Code 2440 Oakdale St Houston TX 77004	\$100 -
	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/10/23	Joelynn A. Clouser Contributor address; City; State; Zip Code 3006 Sadie Ct Missouri City, TX 77459	\$ 50-
		#232
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/10/23	AM Wickliff & SC Contributor address; City; State; Zip Code	\$250-
		#16532
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	uons)
Date	Full name of contributor	Amount of contribution (\$)
8/11/23	James E. Crowe Contributor address; City: State; Zip Code P.O. Box A72 Missouri City, TX 17459	#50-
•	P.O. Box HT2 Missouri City, Tx 77459	# 2049
Principal occur	Deation / Job title (See Instructions) Employer (See Instructions)	ations)
		5
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	I reporting requirements.
Forms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/201

	Instruction Quide emploins how to service state	1 Total pages Schedule A1:
	e Instruction Guide explains how to complete this form.	i iotal pages conedule A1.
FILER NAME	ERIC FAGAN	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
4 24	Daniel Stoccker 6 Contributor address; City; State; Zip Code 774 5911 Ravens Mill Cf Sugarland Tx	79 \$ 100-
Principal occu	upation / Job title (See Instructions) 9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	
6 24	Judy Harris Contributor address; City; State; Zip Code 3226 Dandelion Dr Richmond TX 7746 TX 7746	\$ 10-
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)
	The set all and an include of the set of the	

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	ERIC FACAN	3 Filer ID (Ethics Commission Filers)
Date 8 26 28 .	Full name of contributor Heut-of-state PAC (ID#:) Ho Name G Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
124/23	William Bobrick Contributor address; City; State; Zip Code PO Box 637 Sugarland TX 77478	\$50-
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor in out-of-state PAC (ID#:) Michael Easton Contributor address; City; State; Zip Code 510 Little River Ct Richmond, TX 17406	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor \Box out-of-state PAC (ID#:) William Bobrick Contributor address; City; State; Zip Code P.O. Box 631 Sugarland, Tx 77478	Amount of contribution (\$)
26/28	OA Box 627 Sugarland, Tx 77478	
26 23	P. C. Non WY Cugure and The	
	pation / Job title (See Instructions) Employer (See Instructions)	ions)
•		ions)
		ions)
/26/23 Principal occu		ions)

The	e Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1:
FILER NAME	ERIC FAG	AN	3 Filer ID (Ethics Commission Filers)
Date		ate PAC (ID#:)	7 Amount of contribution (\$)
26/23	6 Contributor address; City; PO Box 637 Sugar/ar	State; Zip Code nd TX 77478	\$ 50 -
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructio	ns)
Date	Full name of contributor cout-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
10/23	Contributor address; City; 2507 Shadow Oaks Dr		\$ 100 -
Principal occu	upation / Job title (See Instructions)	Employer (See Instructio	ns)
Date		ate PAC (ID#:)	Amount of contribution (\$)
			Amount of contribution (\$)
8/11/25	Full name of contributor □ out-of-sta Christopher Jones City; Contributor address; City; S535 Memorial Dr 1311 Upation / Job title (See Instructions)		\$50-
11/25	Christopher Jones Contributor address; City; 5535 Memorial Dr 1311 Have Upation / Job title (See Instructions)	State; Zip Code Ston, TX 17007	\$50-
Principal occu	Christopher Jones Contributor address; City; 5535 Memorial Dr 1311 Have Upation / Job title (See Instructions)	State; Zip Code Ston, TX 17007 Employer (See Instruction	\$50
Principal occu Date	Christopher Jones Contributor address; City; 5535 Memorial Dr 1311 Have upation / Job title (See Instructions) Full name of contributor out-of-sta -No-Name	State; Zip Code Ston, TX 1700 7 Employer (See Instruction ate PAC (ID#:)	sso-
Principal occu Date	Christopher Jones Contributor address; City; S535 Memoral Dr 1311 Hax upation / Job title (See Instructions) Full name of contributor I out-of-sta Mo-Mame City; Contributor address; City;	State; Zip Code Ston, TX 17007 Employer (See Instruction ate PAC (ID#:) State; Zip Code	sso-
Principal occu Date	Christopher Jones Contributor address; City; S535 Memoral Dr 1311 Hax upation / Job title (See Instructions) Full name of contributor I out-of-sta Mo-Mame City; Contributor address; City;	State; Zip Code Ston, TX 17007 Employer (See Instruction ate PAC (ID#:) State; Zip Code	sso-
8 / 11 / 23 Principal occu Date 3 / 26 / 25	Christopher Jones Contributor address; City; S535 Memoral Dr 1311 Hax upation / Job title (See Instructions) Full name of contributor I out-of-sta Mo-Mame City; Contributor address; City;	State; Zip Code Ston, TX 17007 Employer (See Instruction ate PAC (ID#:) State; Zip Code	sso-

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	ERIC FAGAN	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2/26/23	William Bobrick 6 Contributor address; City; State; Zip Code PO Box 637 Sugarland TX 77478	\$50-
	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
2/1/23	Carl FEITIS Contributor address; City; State; Zip Code	\$ 100-
	23207 Canella Ct Richmond Tx 77406	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	lions)
Date	Full name of contributor	Amount of contribution (\$)
2/6/23	Judy Harris Contributor address; City; State; Zip Code 3 226 Dandelion Dr Richmond Tx 77469	\$\$ 10 -
		\$\$ 10-
	3 Z 26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor	\$\$ 10-
Principal occu	3 Z 26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor	\$ 10 -
Principal occu Date	3 226 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instructions)	# 10 - tions) Amount of contribution (\$) # 100 -
Principal occu Date	3 2.26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor Out-of-state PAC (ID#:) Carlos Hernandez Contributor address; City: State; Zip Code 52,14 Englewood Point Ct Katy Tx 77494	# 10 - tions) Amount of contribution (\$) # 100 -
Principal occu Date	3 2.26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor Out-of-state PAC (ID#:) Carlos Hernandez Contributor address; City: State; Zip Code 52,14 Englewood Point Ct Katy Tx 77494	# 10 - tions) Amount of contribution (\$) # 100 -
Principal occu Date	3 2.26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor Out-of-state PAC (ID#:) Carlos Hernandez Contributor address; City: State; Zip Code 52,14 Englewood Point Ct Katy Tx 77494	# 10 - tions) Amount of contribution (\$) # 100 -
Principal occu Date	3 2.26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor Out-of-state PAC (ID#:) Carlos Hernandez Contributor address; City: State; Zip Code 52,14 Englewood Point Ct Katy Tx 77494	# 10 - tions) Amount of contribution (\$) # 100 -
Principal occu Date	3 2.26 Dandelion Dr Richmond Tx 77469 upation / Job title (See Instructions) Employer (See Instruct Full name of contributor Out-of-state PAC (ID#:) Carlos Hernandez Contributor address; City: State; Zip Code 52,14 Englewood Point Ct Katy Tx 77494	# 10 - tions) Amount of contribution (\$) # 100 -

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Eric FAGAN	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor [] out-of-state PAC (ID#:) Karolun Williams	7 Amount of contribution (\$)
1/28/23	Karolyn Williams 6 Contributor address; City; State; Zip Code 3819 Cosby Houston Tx 77021	\$100 -
	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) Carlos Hernandez	Amount of contribution (\$)
1/29/23	Contributor address; City; State; Zip Code 5014 Englewood Birt Ct Katy, Tx 77494	\$ 100-
Principal occur	bation / Job title (See Instructions) Employer (See Instruct	lions)
Date	Full name of contributor in out-of-state PAC (ID#:) Barbara Curtis Contributor address; City; State; Zip Code 2207 Pearl Bay Cf. Pearland, TX 77584	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
June June	Contributor address; City; State; Zip Code 3226 Dandelion Dr Richmond, Tx 77469	\$25-
Principal occur	Deation / Job title (See Instructions) Employer (See Instruct	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	
	Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/2

FILER NAME Date 2/30/23	Instruction Guide explains how to complete this form. ERIC FACAW 5 Full name of contributor Joya Williams 6 Contributor address; City; State; Zip Code 3213 Primpise Canyon Ln Pearland Tx 175 84 pation / Job title (See Instructions) 9 Employer (See Instructions)	 Total pages Schedule A1: Filer ID (Ethics Commission Filers) Amount of contribution (\$) \$100 -
Date 2/30/23	5 Full name of contributor Joya Williams 6 Contributor address; City; State; Zip Code 3213 Primpose Canyon Ln Pearland Tx 17584	7 Amount of contribution (\$)
2/30/23	Joya Williams 6 Contributor address; City; State; Zip Code 3213 Primmse Canyon Ln Pearland Tx 17584	
·	6 Contributor address; City; State; Zip Code 3213 Primmer Canyon Ln Pearland Tx 17584	\$ 100 -
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	
		ions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
2/21/23	Carl Farris Contributor address; City; State; Zip Code 23807 Canella Cf Richmond, Tx 17406	\$ 100 -
	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
2/30/23	James Rice Contributor address; City; State; Zip Code 5402 Oban Terrace Sugar land TX 77479	\$100-
	Deation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2 21 23	Susan Wise Contributor address; City; State; Zip Code 77406 503 FM 359 # 130 Bax 205 Richmond, TX	# 100 -
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	ions)
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		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	I IVIAI PAYES OCHEUUNE AT:
2 FILER NAME	ERIC FAGAW	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10/6/23	Beverly Walker 6 Contributor address; City; State; Zip Code PO Box 270006 Houston, TX 77277	\$ 100 -
3 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (iD#:)	Amount of contribution (\$)
10/6/23	Contributor address: City: State: Zin Code	460-
014/25	Tamecia Glover Contributor address; City; State; Zip Code 7406 Avalon Trace Richmond, TX 77407	\$50-
Deleveloret		
Principal Occu	Dation / Job title (See Instructions) Employer (See Instruct	1015)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/26/23	William Bobrick Contributor address; City; State; Zip Code P. O. Box 637 Sugarland, Tx 174 78	\$50-
Principal occu	Dation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/26/23	Contributor address: City: State: Zin Code	\$ 50-
•	P. O. Box 631 Sugarland, Tx 77478	
Principal occur	bation / Job title (See Instructions) Employer (See Instruct	ions)
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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	ERIC FAGAN	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
126/20	William Bobrick	+
10-123	6 Contributor address; City; State; Zip Code	-430-
	P.O. Box 637 Sugarland Tx 17478-	
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Mary Ross	
10 23	Mary Ross Contributor address; City; State; Zip Code 2507 Shadow Caks Dr Fresho TX 1745	100=
	2507 Shadow Cars IP Prosho Contraction	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Jalene Mack Contributor address; City; State; Zip Code 4116 Autumn Ridge Dr Sugarland TX 77479	A 1
10/23	Contributor address; City; State; Zip Code	\$ 100 -
	4116 Autumn Kingelt Sugariana 12 1111	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
11.	Brian Celestine	+ 100 -
10 23	Contributor address; City; State; Zip Code	\$ 100 -
	105 Chashire Cr Lafayette La 70506	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	lions)
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