

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS <input checked="" type="radio"/> MR	FIRST <b>Eric</b>	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <b>FAGAN</b>	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS <input checked="" type="checkbox"/> PO BOX	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>P.O. BOX 2204 Sugarland TX 77457</b>				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(832)</b>	PHONE NUMBER <b>283-2186</b>	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS <input checked="" type="radio"/> MR	FIRST <b>Kevin</b>	MI <b>m</b>	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST <b>Hunt</b>	SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	<b>1119 Dewdrop Point Place</b>			<b>Richardson TX</b>	<b>77406</b>
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(281)</b>	PHONE NUMBER <b>733-0494</b>	EXTENSION		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month Day Year
	<b>7</b>	<b>16</b>	<b>23</b>		<b>1 / 17 / 24</b>
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	<b>3</b>	<b>5</b>	<b>24</b>		
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <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	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

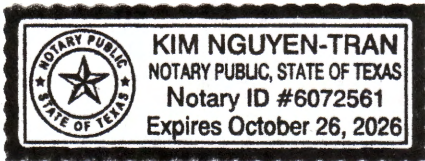
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 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 DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Eric Fagan*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Eric Fagan this the 17<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Printed name of officer administering oath Kim Nguyen-Tran Title of officer administering oath VR Coordinator

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 THIS SCHEDULE AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check 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.

# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y    N	<b>8</b> Lender address;                      City;                      State;    Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;                      State;    Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;                      City;                      State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;                      City;                      State;    Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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 By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract 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 how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract 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 how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	<b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	<b>7</b> Description of investment	
	<b>8</b> Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	Description of investment	
	Amount of investment (\$)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City; State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City State Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule 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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE T

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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)

### 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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>ERIC FAGAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/11/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Cantu</b>	7 Amount of contribution (\$) <b>\$ 20</b>
6 Contributor address; City; State; Zip Code <b>527 JEFF DAVIS DR Richmond TX 77469</b>		<b>cash</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; 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.

# 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

1-5-24

5 Full name of contributor

Eric + Jacqueline FAGAN

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1500.00

6 Contributor address;

2304 High Tide Lane Pearlman TN 37584

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / 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 occupation / 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 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.

# 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

11/3

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

Alings Ifran Bistros

7 Amount of contribution (\$)

\$ 500 -

6 Contributor address; City; State; Zip Code

6542 Hwy 90A Sugarland, Tx 77498

# 1985

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

~~11/3~~

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

~~Alings Ifran Bistros~~

Amount of contribution (\$)

Contributor address; City; State; Zip Code

~~6542 Hwy 90A Sugarland, Tx 77498~~

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 (\$)

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 (\$)

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.

# 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

10/23

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

Mark + Stacey Clark

6 Contributor address; City; State; Zip Code

7918 Fall River Ct Sugarland Tx 77479

7 Amount of contribution (\$)

\$ 500-

ck # 2427

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23

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

Eric Fagan

Contributor address; City; State; Zip Code

2304 High Tide Ln Pearland, Tx 77584

Amount of contribution (\$)

\$ 100-

Cash

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 (\$)

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 (\$)

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ERIC FAOGAW

3 Filer ID (Ethics Commission Filers)

4 Date

10/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ron Reynolds Campaign

7 Amount of contribution (\$)

\$500 -

6 Contributor address;

City; State; Zip Code

6140 Hwy 6 South 233 Missouri City, TX 77459

# 530

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gill Builders

Amount of contribution (\$)

\$200 -

Contributor address;

City; State; Zip Code

6810 Wilberberg Ave Sugarland, TX 77479

# 62481

Principal occupation / 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 occupation / 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 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.

# 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

10/17

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

Minh Tam Tran

6 Contributor address; City; State; Zip Code

23 Sweet Isle Blvd Missouri City, Tx 77459

7 Amount of contribution (\$)

\$500 -

#1148

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17

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

Gregory W. Johnson

Contributor address; City; State; Zip Code

5815 Crestview Cove Richmond, Tx 77469

Amount of contribution (\$)

\$500 -

#5951

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17

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

Mattie C. Provost

Contributor address; City; State; Zip Code

2205 Granite Brook Ln Katy, Tx 77494

Amount of contribution (\$)

\$1,000 -

#7096

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17

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

Dr. Apar Pataer + Mukadas

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$200 -

#178

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.

# 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

10/17

5 Full name of contributor

Fort Bend United

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500 -

6 Contributor address;

City; State; Zip Code

P.O. DCAX 420811 Houston Tx 77242

# 1100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17

Full name of contributor

Alliance PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2,000 -

Contributor address;

City; State; Zip Code

6700 Savoy Dr #100 Houston Tx 77036

# 1076

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17

Full name of contributor

B Rai + Rekha Mehdiratta

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50 -

Contributor address;

City; State; Zip Code

12 Palm Blvd Missouri City, Tx 77459

# 2126

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17

Full name of contributor

Manuel Zamora

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2,500 -

Contributor address;

City; State; Zip Code

2029 Augusta Dr San Angelo, Tx 76904

# 5011

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.



# 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

10/6

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

Abranim Javed

6 Contributor address; City; State; Zip Code

2295 Avalon St Beaumont Tx 77707

7 Amount of contribution (\$)

\$ 5,000 -

ck # 009000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/6

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

Artex Signs + Graphics

Contributor address; City; State; Zip Code

12999 Murphy Rd # 42 Stafford Tx 77477

Amount of contribution (\$)

\$ 1,000 -

ck # 846

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6

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

Sarwar Mohamed + Farzana Khan

Contributor address; City; State; Zip Code

13110 Nantucket Dr Sugarland Tx 77478

Amount of contribution (\$)

\$ 250 -

ck # 9151

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6

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

Tasleem U. Siddiqui

Contributor address; City; State; Zip Code

2023 Plantation Bend Dr Sugarland Tx 77478

Amount of contribution (\$)

\$ 200 -

ck # 8672

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.

# 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

9/22

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Harry L. Smith

6 Contributor address;

City; State; Zip Code

18 Ivy Bend Ln Sugarland, Tx 77479

7 Amount of contribution (\$)

\$1,000 -

# 1974

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/22

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Harry L. Smith

Contributor address;

City; State; Zip Code

18 Ivy Bend Ln Sugarland, Tx 77479

Amount of contribution (\$)

\$1,000 -

# 1973

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Harry L. Smith

Contributor address;

City; State; Zip Code

18 Ivy Bend Dr Sugarland, Tx 77479

Amount of contribution (\$)

\$500 -

# 1972

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 (\$)

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.

# 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

8/10/23

5 Full name of contributor

Carl D. Evans

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100-

6 Contributor address;

City; State; Zip Code

2440 Oakdale St Houston TX 77004

#1012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/10/23

Full name of contributor

Joelynn A. Clouser

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50-

Contributor address;

City; State; Zip Code

3006 Sadie Ct Missouri City, TX 77459

#232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/23

Full name of contributor

AM Nickliff & SC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250-

Contributor address;

City; State; Zip Code

3530 S. Parkwood Dr. Houston, TX 77021

#16532

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/11/23

Full name of contributor

James E. Crowe

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50-

Contributor address;

City; State; Zip Code

P.O. Box 472 Missouri City, TX 77459

#2049

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.

# 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

1/4/24

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

Daniel Stoocker  
 6 Contributor address; City; State; Zip Code 77479  
 5911 Ravens Mill Ct Sugarland Tx

7 Amount of contribution (\$)

\$ 100-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/6/24

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

Judy Harris  
 Contributor address; City; State; Zip Code  
 3226 Dandelion Dr Richmond Tx 77469

Amount of contribution (\$)

\$ 10-

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 (\$)

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 (\$)

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.

# 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

8/26/23

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

~~No Name~~ KAH

7 Amount of contribution (\$)

~~\$100~~

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/23

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

William Bobrick

Amount of contribution (\$)

\$50-

Contributor address; City; State; Zip Code

P.O. Box 637 Sugarland Tx 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/23

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

Michael Easton

Amount of contribution (\$)

\$1250-

Contributor address; City; State; Zip Code

510 Little River Ct Richmond, Tx 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/23

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

William Bobrick

Amount of contribution (\$)

\$50-

Contributor address; City; State; Zip Code

P.O. Box 637 Sugarland, Tx 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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

7/26/23

5 Full name of contributor

William Bobrick

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 50 -

6 Contributor address;

PO Box 637

City; State; Zip Code

Sugarland Tx 77478

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/10/23

Full name of contributor

Mary Ross

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100 -

Contributor address;

2507 Shadow Oaks Dr Fresno, Tx 77545

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/23

Full name of contributor

Christopher Jones

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50 -

Contributor address;

5535 Memorial Dr #F 1311 Houston, Tx 77007

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~8/26/23~~

Full name of contributor

~~No Name~~

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

~~\$ 100 -~~

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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

12/26/23

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

William Bobrick

6 Contributor address; City; State; Zip Code

P O Box 637 Sugarland Tx 77478

7 Amount of contribution (\$)

\$50 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/1/23

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

Carl Ferris

Contributor address; City; State; Zip Code

23207 Canella Ct Richmond Tx 77406

Amount of contribution (\$)

\$100 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/23

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

Judy Harris

Contributor address; City; State; Zip Code

3226 Dandelion Dr Richmond Tx 77469

Amount of contribution (\$)

\$10 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/1/24

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

Carlos Hernandez

Contributor address; City; State; Zip Code

5214 Englewood Point Ct Katy Tx 77494

Amount of contribution (\$)

\$100 -

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.

# 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

*11/28/23*

5 Full name of contributor

*Karolyn Williams*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$100-*

6 Contributor address;

City; State; Zip Code

*3819 Cosby Houston Tx 77021*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*11/29/23*

Full name of contributor

*Carlos Hernandez*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 100-*

Contributor address;

City; State; Zip Code

*5014 Englewood Point Ct Katy, Tx 77494*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/28/23*

Full name of contributor

*Barbara Curtis*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 25-*

Contributor address;

City; State; Zip Code

*2207 Pearl Bay Ct Pearland, Tx 77584*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/28/23*

Full name of contributor

*Judy Harris*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 25-*

Contributor address;

City; State; Zip Code

*3226 Dandelion Dr Richmond, Tx 77469*

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.



# 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

12/30/23

5 Full name of contributor

Joya Williams

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100 -

6 Contributor address;

City; State; Zip Code

3213 Primrose Canyon Ln Pearland Tx 77584

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/21/23

Full name of contributor

Carl Farris

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100 -

Contributor address;

City; State; Zip Code

23807 Canella Ct Richmond, Tx 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/23

Full name of contributor

James Rice

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100 -

Contributor address;

City; State; Zip Code

5402 Oban Terrace Sugarland Tx 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/23

Full name of contributor

Susan Wise

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100 -

Contributor address;

City; State; Zip Code

503 FM 359 # 100 Box 205 Richmond, TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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

10/6/23

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

**Beverly Walker**

6 Contributor address; City; State; Zip Code  
**P.O. Box 270006 Houston, TX 77277**

7 Amount of contribution (\$)

**\$ 100 -**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/6/23

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

**Tamecia Glover**

Contributor address; City; State; Zip Code  
**7406 Avalon Trace Richmond, TX 77407**

Amount of contribution (\$)

**\$ 50 -**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/23

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

**William Bobrick**

Contributor address; City; State; Zip Code  
**P. O. Box 637 Sugarland, TX 77478**

Amount of contribution (\$)

**\$ 50 -**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/26/23

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

**William Bobrick**

Contributor address; City; State; Zip Code  
**P. O. Box 637 Sugarland, TX 77478**

Amount of contribution (\$)

**\$ 50 -**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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

~~2/26/23~~

5 Full name of contributor

~~William Bobrick~~

out-of-state PAC (ID#: \_\_\_\_\_)

*[Handwritten initials]*

7 Amount of contribution (\$)

~~\$50~~

6 Contributor address;

City; State; Zip Code

~~P.O. Box 637 Sugarland Tx 77478~~

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

~~8/10/23~~

Full name of contributor

Mary Ross

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

~~\$100~~

Contributor address;

City; State; Zip Code

~~2507 Shadow Oaks Dr Fresno TX 7745~~

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/23

Full name of contributor

Jalene Mack

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100 -

Contributor address;

City; State; Zip Code

4116 Autumn Ridge Dr Sugarland Tx 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/23

Full name of contributor

Brian Celestine

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100 -

Contributor address;

City; State; Zip Code

105 Chestnut Cr Lafayette La 70506

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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