

# 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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Eric</u>	MI <u>W</u>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; font-weight: bold; color: red;">FEB 5 2024 RUD</div>		
	NICKNAME	LAST <u>Fagan</u>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE			
	<u>2304 High Tide Ln Pearland TX 77489</u>					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	<u>(832)</u>	<u>283-2186</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>Kevin</u>	MI	Receipt #		
	NICKNAME	LAST <u>Hunt</u>	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:		CITY:	STATE: ZIP CODE		
	<u>119 Dew Drop Pt Plk. Richmond TX</u>		<u>77406</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<u>(281)</u>	<u>733-0494</u>				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>1</u>	<u>16</u>	<u>24</u>	THROUGH	<u>2</u>	<u>5</u> / <u>24</u>
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	<u>3</u>	<u>5</u>	<u>24</u>	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Sheriff</u>			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	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

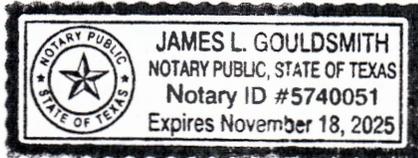
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,750.00 KHV <del>12,500.00</del>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,987.32
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 Wayne Fagan this the 25 day of February, 2024, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath James Gouldsmith Title of officer administering oath Notary Public

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)

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

1 CANDIDATE NAME <b>ERIC FAGAN</b>	2 FILER ID #	3 Total pages filed:
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / <input checked="" type="radio"/> MR	FIRST <b>Eric</b>	MI	W	<b>OFFICE USE ONLY</b>
	NICKNAME		LAST <b>Fagan</b>	SUFFIX		
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		<b>2403 High Tide Ln Pearland TX 77489</b>		
	Date Received					
Date Hand-delivered or Postmarked						
Receipt #			Amount \$			
Date Processed						
Date Imaged						
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>(832) 283-2186</b>					

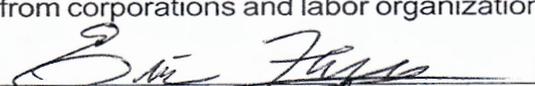
7 OFFICE HELD (if any)	NEW	<b>Ft. Bend Co. Sheriff</b>
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8 OFFICE SOUGHT (if known)	NEW	
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9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / <input checked="" type="radio"/> MR	FIRST <b>Kevin</b>	MI	NICKNAME	LAST <b>Hunt</b>	SUFFIX

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		<b>1119 Dew Drop Pt. Pl. Richmond TX 77466</b>		

11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION		
	<b>(281) 733-0494</b>					

12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">               Signature of Candidate         </div> <div style="text-align: center;">               Date Signed         </div> </div>
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**AMENDMENT:  
CANDIDATE MODIFIED REPORTING DECLARATION**

FORM ACTA  
PG 2

13 CANDIDATE  
NAME

14 MODIFIED  
REPORTING  
DECLARATION

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,080 in political contributions  
or make more than \$1,080 in political expenditures (excluding  
filing fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# 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

1/24/24

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

Mary Jo Salvaggio

6 Contributor address; City; State; Zip Code

3727 County Seat Ln Richmond, Tx 77469

7 Amount of contribution (\$)

\$200-

#4422

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

KM  
1/24/24

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

1-24-24

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

Angela Spencer

Contributor address; City; State; Zip Code 77459

10618 Parkwood Ct Mc.cit Tx

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-24

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

William Brodrick

Contributor address; City; State; Zip Code

P.O. 637 Sugarland, Tx 77478

Amount of contribution (\$)

50.00

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

2/2/24

5 Full name of contributor

Judith Bautista

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

7 Amount of contribution (\$)

\$250 -

6 Contributor address; City; State; Zip Code

ID# K111029

#6849315965

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/2/24

Full name of contributor

Plumbers Local Union 68

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

Amount of contribution (\$)

\$1,000 -

Contributor address; City; State; Zip Code

P.O. Box 8746 Houston, Tx 77249-8746

#4602

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-19-24

Full name of contributor

Omega Foston

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

Amount of contribution (\$)

400.00

Contributor address; City; State; Zip Code

6419 CARRIAGEWOOD CT Richmond, TX 77469

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-24

Full name of contributor

Ronald Williams

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1735 Forest Mist Dr Mc. City, TX 77459

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

ERIC FAGAN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$10,500 <sup>KH</sup>

5 Date of loan

1-17-24

7 Name of lender

ERIC FAGAN

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

9 Loan Amount (\$)

10,000

6 Is lender a financial Institution?

Y  N

8 Lender address;

City;

State; Zip Code

2403 HIGHTide Ln <sup>Pearland, TX</sup> 77489

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Ft Bend Sheriff

13 Employer (See Instructions)

~~FBCSO~~ KH FBCSO

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

1-30-24

Name of lender

ERIC FAGAN

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

Loan Amount (\$)

\$ 500.00

Is lender a financial Institution?

Y  N

Lender address;

City;

State; Zip Code

2403 High Tide Ln <sup>Pearland, TX</sup> 77489

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Ft Bend Sheriff

Employer (See Instructions)

~~FBCSO~~ KH FBCSO

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State; Zip Code

not applicable

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                        | 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 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
	<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**