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 Fi	ilers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	ERIC FACAN	MI	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX	; APT / SUITE #;	CITY: STATE: ZIP CODE LA PEANIANCY 77584 EXTENSION	TK JUL 15	
OFFICEHOLDER PHONE	(832) 28	83-2186	EXTENSION	Date Hand-delivered or Date Postma	arked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Kevin	m~	Date Processed	
	NICKNAME	Hunt	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	ulte #; city; H Pl. Richmo	NULTE ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 733-0494				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				·R)
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 15 / 25				
11 ELECTION	ELECTION DA	Year Primary General	ELECTION Runoff Other Descrip Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if	known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAME	1/21.11 2.2	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Eric FASAN	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
5/19/25	6 Contributor address; City; State; Zip Code	\$ 250 -		
	P.O. 130x 331207 Houston Tx 77233	CK#3133		
	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)		
Date	Full name of contributor	Amount of contribution (\$)		
5/16/25	Ilyas Hasan Choudry Contributor address; City; State; Zip Code 5822 Catherwood Ln Houston TX 77084	# 100 -		
Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)		
Date Signal 2	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
STIGINO	Zarek Rental contributor address; City; State; Zip Code 7514 San Clemente Point Cl Kity Tx. 77494	#4966		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
5/17/2	Contributor address; City; State; Zip Code	# 1748		
-10.100	Contributor address; City: State; Zip Code P. O. Box 741964 Houston, TX 17274	#1748		
Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)		

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ERIC FAGAN 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Aquinta Campbell 6 Contributor address; Cash 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Cash Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) Principal occupation / Job title (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.