

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

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

5/19/25

5 Full name of contributor

W. Clyde Lemon

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

P.O. Box 331207 Houston Tx 77233

7 Amount of contribution (\$)

\$ 250 -

CK# 3133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/16/25

Full name of contributor

Ilyas Hasan Choudry

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

5822 Catherwood Ln Houston Tx 77084

Amount of contribution (\$)

\$ 100 -

#180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/16/25

Full name of contributor

Zarek Rental

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

7514 San Clemente Point Ct Katy Tx 77494

Amount of contribution (\$)

\$ 200 -

#4966

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/25

Full name of contributor

Hawa Foundation

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

P.O. Box 741964 Houston, Tx 77274

Amount of contribution (\$)

\$ 500 -

#1748

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

5-15-25

5 Full name of contributor

☐ out-of-state PAC (ID#:

Aquinta Campbell

7 Amount of contribution (\$)

\$14 -

6 Contributor address;

City; State; Zip Code

Cash

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-16-25

Full name of contributor

☐ out-of-state PAC (ID#:

Cheryl Hamilton

Amount of contribution (\$)

\$25 -

Contributor address;

City; State; Zip Code

Cash

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-22-25

Full name of contributor

☐ out-of-state PAC (ID#:

Ahmed Alyasir

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

9000 Richmond Ave Houston, TX 77063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-23

Full name of contributor

☐ out-of-state PAC (ID#:

Angio Cardiac Care

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

6445 Belmont St Houston, TX 77005

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.