

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 <input checked="" type="radio"/> MR	FIRST ERIC	MI	OFFICE USE ONLY	
	NICKNAME	LAST FAGAN	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
2304 High Tide Ln Pearland, Tx 77584					JAN 15 2025 RCVD
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
(832) 283-2186					
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST Kevin	MI M	Receipt #	Amount \$
	NICKNAME	LAST Hunt	SUFFIX SR	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
1119 Dawdrop Point Place Richman, Tx 77406					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(281) 733-0494					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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: 7, Day: 16, Year: 24 THROUGH Month: 1, Day: 15, Year: 25				
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE		
/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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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

5/19/25

5 Full name of contributor

W. Clyde Lemon Attorney At Law

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250-

6 Contributor address; City; State; Zip Code

P.O. Box 331207 Houston, Tx

3133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/24/25

Full name of contributor

Act Blue Tx

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1921-

Contributor address; City; State; Zip Code

P.O. Box 962017 Boston, MA 02196

0401685233

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/25

Full name of contributor

Reginald & Geneva Devaughn

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000-

Contributor address; City; State; Zip Code

2606 Willow yck Dr Pearland, Tx 77584

7617

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/25

Full name of contributor

CWA - Cope POC Political Action

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,500-

Contributor address; City; State; Zip Code

501 3rd St. NW Washington, DC 20001

33564

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

10-19-25

5 Full name of contributor

Act Blue TX

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1440.75

6 Contributor address; City; State; Zip Code

Po. Box 962017 Boston, MA 02114

0401943571

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

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Amount of contribution (\$)

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