

# 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 <b>Mr.</b> MICKNAME <b>William</b> LAST <b>Ferguson</b> MI <b>E</b> SUFFIX	OFFICE USE ONLY		
	Date Received <b>RECEIVED</b> <b>APR 04 2019</b> <b>Office of City Secretary</b> <b>City of Sugar Land, TX</b> Date Rec'd _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME  MS MRS MR <b>Mr.</b> MICKNAME <b>Robert</b> LAST <b>Bourgeois</b> MI <b>S.</b> SUFFIX	Date Rec'd _____ Receipt # _____ Amount \$ _____		
	Date Processed _____ Date Imaged _____		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE [REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THRU    Month Day Year <b>2 / 15 / 19</b> <b>4 / 4 / 19</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>5 / 4 / 19</b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>None</b>	13 OFFICE SOUGHT (if known) <b>City Council Dist. 4</b>	

*by JCS*

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME William Ferguson 15 Filer ID (Ethics Commission Filers) Local

16 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.

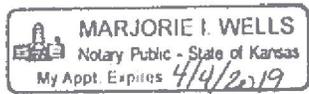
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ — 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ — 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES <i>Total</i>	\$ 1197.70
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	\$ 1275.00

18 AFFIDAVIT

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.



*William Ferguson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said William Ferguson, this the 4 day of April, 2019, to certify which, witness my hand and seal of office.

*Marjorie I. Wells* Signature of officer administering oath  
*Marjorie I. Wells* Printed name of officer administering oath  
*Customer Notary Services* Title of officer administering oath

Quality Check - 2016

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>William Ferguson</i>		20 Filer ID (Ethics Commission Filers) <i>Local</i>
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1275.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1197.70</i>
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	\$

**LOANS**

**SCHEDULE E**

The instruction Guide explains how to complete this form.

2 FILER NAME <b>William Ferguson</b>		1 Total pages Schedule E <b>2</b>
4 TOTAL OF UNITEMIZED LOANS		<b>\$ 1275.00</b>
5 Date of loan <b>2/19/19</b>	7 Name of lender <input type="checkbox"/> out of state PAC file <b>William Ferguson</b>	9 Loan Amount (\$) <b>\$25.00</b>
6 Is lender a financial institution? <b>N</b>	8 Lender address [REDACTED]	10 Interest rate
12 Principal occupation / Job title (See instructions) <b>Self</b>		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$) <b>N/A</b>
20 Principal Occupation (See instructions) <b>Self</b>		21 Employer (See instructions)
5 Date of loan <b>3/8/19</b>	7 Name of lender <input type="checkbox"/> out of state PAC file <b>William Ferguson</b>	9 Loan Amount (\$) <b>\$ 1000.00</b>
6 Is lender a financial institution? <b>N</b>	8 Lender address [REDACTED]	10 Interest rate
12 Principal occupation / Job title (See instructions) <b>Self</b>		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Check if personal funds were deposited into political account (See instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$) <b>N/A</b>
20 Principal Occupation (See instructions) <b>Self</b>		21 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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <span style="font-size: 2em;">2</span>
2 FILER NAME <i>William Ferguson</i>		3 Filer ID (Ethics Commission Filers) _____
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1,275.00</i>
5 Date of loan <i>3/18/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Ferguson</i>	9 Loan Amount (\$) <i>\$400.00</i>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address, City, State, Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate
12 Principal occupation / Job title (See Instructions) <i>Self</i>		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Employer (See Instructions)
15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$) <i>N/A</i>
20 Principal Occupation (See Instructions) <i>Self</i>		21 Employer (See Instructions)
Date of loan <i>3/29/19</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Ferguson</i>	Loan Amount (\$) <i>\$250.00</i>
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address, City, State, Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	Interest rate
Principal occupation / Job title (See Instructions) <i>Self</i>		Maturity date
Description of Collateral <input checked="" type="checkbox"/> none		Employer (See Instructions)
Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address: City, State, Zip Code	Amount Guaranteed (\$) <i>N/A</i>
Principal Occupation (See Instructions) <i>Self</i>		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office/Overhead/Rental Expense  
Printing 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.

1 Total pages Schedule F1 <b>3</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers) <b>—</b>
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4 Date <b>3/8/19</b>	5 Payee name <b>Brett Rogers</b>
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6 Amount (\$) <b>\$200</b>	7 Payee address: City: State: Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule.) <b># Video</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>Advertising Expense</b>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/11/19</b>	Payee name <b>AVIVA Wholesale</b>
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Amount (\$) <b>\$17.86</b>	Payee address: City: State: Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) <b>"Vinyl Sheets"</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>Advertising Expense</b>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/11/19</b>	Payee name <b>Vista Print</b>
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Amount (\$) <b>\$70.35</b>	Payee address: City: State: Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) <b>"Cards"</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>Advertising Expense</b>	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME: <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers) <b>_____</b>
4 Date: <b>3/12/19</b>	5 Payee name: <b>Brett Rogers</b>	
6 Amount (\$): <b>\$100</b>	7 Payee address, City, State, Zip Code <b>[REDACTED]</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>"Video"</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date: <b>3/18/19</b>	Payee name: <b>Brett Rogers</b>	
Amount (\$): <b>\$100</b>	Payee address, City, State, Zip Code <b>[REDACTED]</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>"Video"</b>	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		
Date: <b>3/25/19</b>	Payee name: <b>Universal Signs &amp; Banners</b>	
Amount (\$): <b>\$326.74</b>	Payee address, City, State, Zip Code <b>[REDACTED]</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>"Yard Sign"</b>	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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

1 Total pages Schedule F1 <b>3</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers) <b>---</b>
4 Date <b>3/29/19</b>	5 Payee name <b>Jimmy Jamies "J. Carter Logue"</b>	
6 Amount (\$) <b>\$324.74</b>	7 Payee address; City; State; Zip Code <b>[REDACTED]</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</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
	9 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: _____	

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