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: 5 |

| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr. FIRST: William MI: E. |
| | NICKNAME: LAST: Ferguson SUFFIX: |

| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE |

Date Hand-delivered or Date Postmarked
7/15/21 @ 3:55 JH

| Receipt # | Amount $ |

| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION |

Date Processed

| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr. FIRST: Brian MI: |
| | NICKNAME: LAST: Shaw SUFFIX: |

Date Imaged

| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE |

| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION |

9 REPORT TYPE

☐ January 15
☐ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)

☑ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month: 1 / Day: 16 / Year: 21 THROUGH Month: 7 / Day: 15 / Year: 21

11 ELECTION

ELECTION DATE
Month / Day / Year: / /

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): S.L. City Council at Large #1

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
☐ 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 William Ferguson			16 Filer ID (Ethics Commission Filers) Local	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$	0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1502.22	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 290.63	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0	

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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

JACKIE HASSELMEIER
NOTARY PUBLIC
ID# 3012117
State of Texas
Comm. Exp. 02-21-2024

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Thursday_ this the _15_ day of _2021_,

20 _21_, to certify which, witness my hand and seal of office.

Jackie Hasselmeier	JACKIE HASSELMEIER	02-21-2024
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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)

SUBTOTALS - C/OH

19 FILER NAME William Ferguson	20 Filer ID (Ethics Commission Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1502.22
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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.

1 Total pages Schedule F1:	2 FILER NAME William Ferguson	3 Filer ID (Ethics Commission Filers)

4 Date 6/9/21	5 Payee name J. Carter Logowear	

6 Amount ($) $381.07	7 Payee address: ▇▇▇▇▇▇▇▇▇	City:	State:	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Shirts

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 4/28/21	Payee name ~~William Ferguson~~ J Carter Logowear	

Amount ($) $358.13	Payee address: ▇▇▇▇▇▇▇▇▇	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 4/28/21	Payee name J. Carter Logowear	

Amount ($) $548.82	Payee address: ▇▇▇▇▇▇▇▇▇	City:	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling 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: 2	2 FILER NAME: William Ferguson	3 Filer ID (Ethics Commission Filers)

4 Date 1/22/21	5 Payee name Universal Sign & Banner

6 Amount ($) $215	7 Payee address; ▇▇▇▇▇▇	City;	State;	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push cards

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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