



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                  |   |  |
|----------------------------------|---|--|
| 15 C/OH NAME<br>William Ferguson |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                                  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 93,842.35                           |
| EXPENDITURE TOTALS               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                                  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 62,110.01                           |
| CONTRIBUTION BALANCE             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 31,832.34                           |
| OUTSTANDING LOAN TOTALS          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,800.00                            |

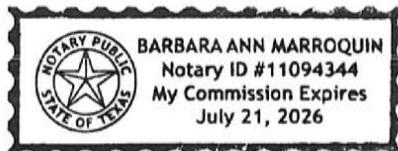
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*William Ferguson*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William Ferguson this the 3rd day of April, 2025 to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]* Printed name of officer administering oath: Barbara A. Marroquin Title of officer administering oath: Notary

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\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>William Ferguson         |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                            |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 93842.35                                   |
| 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              | \$ 62,110.01                                  |
| 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 | \$ —  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.                       |   | 1 Total pages Schedule A1:                      |
| 2 FILER NAME<br><i>William Ferguson</i>   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>1/21</i>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><i>Sharon Schilling</i> | 7 Amount of contribution (\$)<br><i>\$50.00</i> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. Tx 77479</i> |   |   |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions)<br><i>Retired</i> | 9 Employer (See Instructions) |
|---|-------------------------------|

|   |  |   |
|---|--|---|
| Date<br><i>1/21</i>   | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Daphne King</i> | Amount of contribution (\$)<br><i>\$ 100.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. Tx 77498</i> |  |   |
| Principal occupation / Job title (See Instructions)                           |  | Employer (See Instructions)                     |

|   |   |   |
|---|---|---|
| Date<br><i>1/21</i>   | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Lynn Halford</i> | Amount of contribution (\$)<br><i>\$ 200.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. Tx 77479</i> |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>         |   | Employer (See Instructions)                     |

|   |   |  |
|---|---|--|
| Date<br><i>1/21</i>   | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Allen Owen</i> | Amount of contribution (\$)<br><i>\$500.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>M.O. Tx 77459</i> |   |  |
| Principal occupation / Job title (See Instructions)                           |   | Employer (See Instructions)                    |

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**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

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *William Ferguson* 3 Filer ID (Ethics Commission Filers)

|                       |   |  |
|-----------------------|---|--|
| 4 Date<br><i>1/23</i> | 5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Dan Mathews</i> | 7 Amount of contribution (\$) <small>ANE</small><br><i>\$ 300.00</i> |
|                       | 6 Contributor address; City; State; Zip Code<br><i>Stafford Tx 77477</i>                      |  |

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

|                     |  |  |
|---------------------|--|--|
| Date<br><i>1/27</i> | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Hadi Hussein</i> | Amount of contribution (\$) <small>ANE</small><br><i>\$ 250.00</i> |
|                     | Contributor address; City; State; Zip Code<br><i>S.L. Tx 77479</i>                           |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|                     |   |  |
|---------------------|---|--|
| Date<br><i>1/28</i> | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Sarah Ciancarelli</i> | Amount of contribution (\$) <small>ANE</small><br><i>\$ 100.00</i> |
|                     | Contributor address; City; State; Zip Code<br><i>S.L. Tx 77479</i>                                |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|                     |  |  |
|---------------------|--|--|
| Date<br><i>1/24</i> | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Rick Chester</i> | Amount of contribution (\$) <small>ANE</small><br><i>\$ 250.00</i> |
|                     | Contributor address; City; State; Zip Code<br><i>Richmond Tx 77406</i>                       |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                       |  | 1 Total pages Schedule A1:                                      |
| 2 FILER NAME<br><i>William Ferguson</i>   |  | 3 Filer ID (Ethics Commission Filers)                           |
| 4 Date<br><i>1/31</i>   | 5 Full name of contributor out-of-state PAC (ID#:<br><i>Susan Lockwood</i> | 7 Amount of contribution (\$) <i>Actual</i><br><i>\$200.00</i>  |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX 77479</i> |  |   |
| 8 Principal occupation / Job title (See Instructions)                           |  | 9 Employer (See Instructions)                                   |
| Date<br><i>1/31</i>   | Full name of contributor out-of-state PAC (ID#:<br><i>Vernon Beyer</i>     | Amount of contribution (\$) <i>Actual</i><br><i>\$25,000.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX. 77479</i>  |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>           |  | Employer (See Instructions)                                     |
| Date<br><i>2/10</i>   | Full name of contributor out-of-state PAC (ID#:<br><i>Stella Mue</i>       | Amount of contribution (\$) <i>Actual</i><br><i>\$100.00</i>    |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>TX 77478</i>        |  |   |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                     |
| Date<br><i>2/10</i>   | Full name of contributor out-of-state PAC (ID#:<br><i>Bridget Young</i>    | Amount of contribution (\$) <i>Actual</i><br><i>\$350.00</i>    |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX 77478</i>   |  |   |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                                     |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1:                        |
| 2 FILER NAME<br><i>William Ferguson</i>                   |  | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><i>2/10</i>                                     | 5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Stewart Jacobson</i> | 7 Amount of contribution (\$)<br><i>\$350.00</i>  |
|   | 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX 77478</i>                    |   |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                     |
| Date<br><i>2/10</i>                                       | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Vernon Beyer</i>       | Amount of contribution (\$)<br><i>\$25,000.00</i> |
|   | Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX 77479</i>                      |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |
| Date<br><i>2/11</i>                                       | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Alex Moayed</i>        | Amount of contribution (\$)<br><i>None</i>        |
|   | Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX 77479</i>                      | <i>\$100.00</i>                                   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |
| Date<br><i>2/13</i>                                       | Full name of contributor <small>out-of-state PAC (ID#: _____)</small><br><i>Hannah First</i>       | Amount of contribution (\$)<br><i>None</i>        |
|   | Contributor address; City; State; Zip Code<br>[Redacted] <i>S.L. TX 77479</i>                      | <i>\$100.00</i>                                   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|--|--|---|
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| 2 FILER NAME<br><i>William Ferguson</i>  |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br><i>2/14</i>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><i>Tricia Roman</i>    | 7 Amount of contribution (\$) <i>None</i> |
|  | 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77496</i>      | <i>\$30.00</i>                            |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)             |
| Date<br><i>2/19</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Barbara Harrison</i>  | Amount of contribution (\$) <i>None</i>   |
|  | Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i>        | <i>\$30.00</i>                            |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)               |
| Date<br><i>2/20</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Jeff Hill</i>         | Amount of contribution (\$) <i>None</i>   |
|  | Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i>        | <i>\$100.00</i>                           |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)               |
| Date<br><i>2/20</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Elizabeth Bouldin</i> | Amount of contribution (\$) <i>None</i>   |
|  | Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i>        | <i>\$300.00</i>                           |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)               |
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:                     |
| 2 FILER NAME<br>William Ferguson   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>3/7  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Valverde Family Enterprises LLC<br>6 Contributor address; City; State; Zip Code<br>[Redacted] Stafford TX 77477 | 7 Amount of contribution (\$)<br>\$5000.00     |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                  |
| Date<br>3/11   | Full name of contributor out-of-state PAC (ID#: _____)<br>Anup Bansal<br>Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479                             | Amount of contribution (\$)<br>Ave<br>\$101.00 |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
| Date<br>3/12   | Full name of contributor out-of-state PAC (ID#: _____)<br>Donna Moss<br>Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479                              | Amount of contribution (\$)<br>\$143.00        |
| Principal occupation / Job title (See Instructions)<br>Retired   |   | Employer (See Instructions)                    |
| Date<br>3/12   | Full name of contributor out-of-state PAC (ID#: _____)<br>Huitt-Zollars, Inc Texas Pac<br>Contributor address; City; State; Zip Code<br>[Redacted] Dallas TX 75240          | Amount of contribution (\$)<br>\$1000.00       |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                    |
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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME<br>William Ferguson                          |  | 3 Filer ID (Ethics Commission Filers)      |
| 4 Date<br>2/20  | 5 Full name of contributor out-of-state PAC (ID# _____)<br>Majestic Developers<br>6 Contributor address; City; State; Zip Code<br>[Redacted] SL TX 77478 | 7 Amount of contribution (\$)<br>\$2500.00 |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

|              |   |   |
|--------------|---|---|
| Date<br>2/20 | Full name of contributor out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)<br>\$325.00 |
|--------------|---|---|

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|             |   |  |
|-------------|---|--|
| Date<br>3/5 | Full name of contributor out-of-state PAC (ID# _____)<br>Lisa Hardy<br>Contributor address; City; State; Zip Code<br>[Redacted] SL TX 77479 | Amount of contribution (\$)<br>\$20.00 |
|-------------|---|--|

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|             |  |   |
|-------------|--|---|
| Date<br>3/6 | Full name of contributor out-of-state PAC (ID# _____)<br>Harrell Simpson<br>Contributor address; City; State; Zip Code<br>[Redacted] SL TX 77479 | Amount of contribution (\$)<br>\$200.00 |
|-------------|--|---|

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A1:                 |
| 2 FILER NAME<br>William Ferguson                          |   | 3 Filer ID (Ethics Commission Filers)      |
| 4 Date<br>3/12  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Valverde Family Enterprises L.L.C.<br>6 Contributor address: _____ City: _____ State: _____ Zip Code<br>Stafford TX 77477 | 7 Amount of contribution (\$)<br>\$5000.00 |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

|              |  |   |
|--------------|--|---|
| Date<br>3/19 | Full name of contributor out-of-state PAC (ID#: _____)<br>Richard Pempen<br>Contributor address: _____ City: _____ State: _____ Zip Code<br>TX 77479 | Amount of contribution (\$)<br>None<br>\$500.00 |
|--------------|--|---|

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|              |   |  |
|--------------|---|--|
| Date<br>3/19 | Full name of contributor out-of-state PAC (ID#: _____)<br>John L. Salverson<br>Contributor address: _____ City: _____ State: _____ Zip Code<br>SL. TX 77479 | Amount of contribution (\$)<br>None<br>\$50.00 |
|--------------|---|--|

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|              |   |   |
|--------------|---|---|
| Date<br>3/20 | Full name of contributor out-of-state PAC (ID#: _____)<br>Anne King<br>Contributor address: _____ City: _____ State: _____ Zip Code<br>SL. TX 77479 | Amount of contribution (\$)<br>None<br>\$100.00 |
|--------------|---|---|

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                  |
| 2 FILER NAME<br>William Ferguson   |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>3/27   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Ramesh Bhutada | 7 Amount of contribution (\$)<br>\$ 3500.00 |
| 6 Contributor address: _____ City: _____ State: _____ Zip Code _____<br>[Redacted] S.L. TX 77479 |  |   |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

|  |  |  |
|--|--|--|
| Date<br>3/27   | Full name of contributor out-of-state PAC (ID#: _____)<br>Ashish Agrawal | Amount of contribution (\$)<br>\$ 2500 |
| Contributor address: _____ City: _____ State: _____ Zip Code _____<br>[Redacted] S.L. TX 77479 |  |  |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructions)  |  |

|  |   |  |
|--|---|--|
| Date<br>3/27   | Full name of contributor out-of-state PAC (ID#: _____)<br>Subhash Gupta | Amount of contribution (\$)<br>\$ 2500 |
| Contributor address: _____ City: _____ State: _____ Zip Code _____<br>[Redacted] S.L. TX 77479 |   |  |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructions)   |  |

|  |   |   |
|--|---|---|
| Date<br>3/27   | Full name of contributor out-of-state PAC (ID#: _____)<br>Kiran Bhutada | Amount of contribution (\$)<br>\$ 2500.00 |
| Contributor address: _____ City: _____ State: _____ Zip Code _____<br>[Redacted] S.L. TX 77479 |   |   |
| Principal occupation / Job title (See Instructions)  | Employer (See Instructions)   |   |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |   |  |
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| 2 FILER NAME<br>William Ferguson                          |   | 3 Filer ID (Ethics Commission Filers)      |
| 4 Date<br>3/27  | 5 Full name of contributor<br>Gary Gates For Texas<br>out-of-state PAC (ID#: _____)<br>6 Contributor address:<br>[REDACTED] Rosenberg Tx 77471<br>City; State; Zip Code | 7 Amount of contribution (\$)<br>\$2500.00 |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)              |

|   |  |   |
|---|--|---|
| Date<br>3/27  | Full name of contributor<br>Brad Baird<br>out-of-state PAC (ID#: _____)<br>Contributor address:<br>[REDACTED] S.L. Tx 77498<br>City; State; Zip Code | Amount of contribution (\$)<br>\$250.00 |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)             |

|   |  |   |
|---|--|---|
| Date<br>3/27  | Full name of contributor<br>Larry Baehre<br>out-of-state PAC (ID#: _____)<br>Contributor address:<br>802 Heather Park Ct. S.L. Tx 77479<br>City; State; Zip Code | Amount of contribution (\$)<br>\$100.00 |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)             |

|   |   |   |
|---|---|---|
| Date<br>3/27  | Full name of contributor<br>Linda Weber<br>out-of-state PAC (ID#: _____)<br>Contributor address:<br>[REDACTED] S.L. Tx 77479<br>City; State; Zip Code | Amount of contribution (\$)<br>\$100.00 |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)             |

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**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

If the requested information is not applicable, DO NOT include this page in the report.

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.                     |   | 1 Total pages Schedule A1:                                  |
| 2 FILER NAME<br><i>William Ferguson</i>                                       |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><i>3/2</i>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><i>Jonathan Elias</i> | 7 Amount of contribution (\$) <i>Amc</i><br><i>\$400.00</i> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i> |   |   |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

|   |   |  |
|---|---|--|
| Date<br><i>3/4</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Mary Baker</i> | Amount of contribution (\$) <i>Amc</i><br><i>\$100</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i> |   |  |

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|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |  |   |
|---|--|---|
| Date<br><i>3/15</i>   | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Taylor Ducoff</i> | Amount of contribution (\$) <i>Amc</i><br><i>\$150.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i> |  |   |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |   |   |
|--|---|---|
| Date<br><i>3/17</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Landon Pempfer</i> | Amount of contribution (\$) <i>Amc</i><br><i>\$500.00</i> |
| Contributor address; City; State; Zip Code<br><i>Sugar Land TX 77479</i> |   |   |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1:                            |
| 2 FILER NAME<br>William Ferguson                          |  | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br>3/27  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Lon Bisewski     | 7 Amount of contribution (\$)<br>\$150.00             |
|   | 6 Contributor address; City; State; Zip Code<br>[Redacted], S.L. TX 77478    |   |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                         |
| Date<br>3/27  | Full name of contributor out-of-state PAC (ID#: _____)<br>Gugony DeFke       | Amount of contribution (\$)<br>\$150.00               |
|   | Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479       |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                           |
| Date<br>3/27  | Full name of contributor out-of-state PAC (ID#: _____)<br>KC Mehra           | Amount of contribution (\$)<br>\$100.00               |
|   | Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77478       |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                           |
| Date<br>3/28  | Full name of contributor out-of-state PAC (ID#: _____)<br>Dezire Bayazitoglu | Amount of contribution (\$)<br><u>One</u><br>\$150.00 |
|   | Contributor address; City; State; Zip Code<br>[Redacted] Rosenberg TX 77471  |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                           |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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|---|---|--|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A1:                           |
| 2 FILER NAME<br>William Ferguson                          |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>1/17  | 5 Full name of contributor<br>Thomas Fragala<br>out-of-state PAC (ID#: _____)<br>6 Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 | 7 Amount of contribution (\$) <i>Ans</i><br>\$300.00 |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

|              |   |   |
|--------------|---|---|
| Date<br>1/22 | Full name of contributor<br>Yong An<br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[Redacted] Houston TX 77224 | Amount of contribution (\$) <i>Ans</i><br>\$1000.00 |
|--------------|---|---|

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|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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| Date<br>1/25 | Full name of contributor<br>Phillip Andrews<br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 | Amount of contribution (\$) <i>Ans</i><br>\$100.00 |
|--------------|--|--|

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|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|             |   |  |
|-------------|---|--|
| Date<br>2/5 | Full name of contributor<br>Jessica Bardin<br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 | Amount of contribution (\$) <i>Ans</i><br>\$25 |
|-------------|---|--|

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|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| The Instruction Guide explains how to complete this form.                |  | 1 Total pages Schedule A1:                           |
| 2 FILER NAME<br>William Ferguson   |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>2/5  | 5 Full name of contributor<br>Cindy Flint<br>out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) <i>Am</i><br>\$ 250.00 |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 |  |  |
| 8 Principal occupation / Job title (See Instructions)                    |  | 9 Employer (See Instructions)                        |

|  |  |  |
|--|--|--|
| Date<br>2/9  | Full name of contributor<br>John Krench<br>out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>Am</i><br>\$ 100.00 |
| Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 |  |  |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                        |

|  |   |   |
|--|---|---|
| Date<br>2/9  | Full name of contributor<br>Thomas Danna<br>out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>Am</i><br>\$ 50.00 |
| Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 |   |   |
| Principal occupation / Job title (See Instructions)                    |   | Employer (See Instructions)                       |

|  |   |  |
|--|---|--|
| Date<br>2/13   | Full name of contributor<br>Diana Barcus<br>out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>Am</i><br>\$ 100.00 |
| Contributor address; City; State; Zip Code<br>[Redacted] S.L. TX 77479 |   |  |
| Principal occupation / Job title (See Instructions)                    |   | Employer (See Instructions)                        |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:                           |
| 2 FILER NAME<br>William Ferguson  |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br>2/13  | 5 Full name of contributor<br>Curtiss Grant<br>out-of-state PAC (ID#: _____)<br>6 Contributor address; City; State; Zip Code<br>[REDACTED] SL TX 77478 | 7 Amount of contribution (\$) <i>Ann</i><br>\$ 50.00 |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                        |
| Date<br>2/23  | Full name of contributor<br>Robert Markoff<br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[REDACTED] SL. TX 77478   | Amount of contribution (\$) <i>Ann</i><br>\$ 200     |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date<br>2/23  | Full name of contributor<br>Craig Kersting<br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[REDACTED] SL. TX 77479   | Amount of contribution (\$) <i>Ann</i><br>\$ 100.00  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date<br>2/23  | Full name of contributor<br>Esther Vesely<br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br>[REDACTED] SL, TX 77479    | Amount of contribution (\$) <i>Ann</i><br>\$ 5.00    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.                     |  | 1 Total pages Schedule A1:                               |
| 2 FILER NAME<br><i>William Ferguson</i>                                       |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><i>3/22</i>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><i>Manik Pasohit</i> | 7 Amount of contribution (\$) <i>Am</i><br><i>\$250.</i> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i> |  |  |
| 8 Principal occupation / Job title (See Instructions)                         |  | 9 Employer (See Instructions)                            |

|  |  |  |
|--|--|--|
| Date<br><i>3/25</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Harry Green</i> | Amount of contribution (\$) <i>Am</i><br><i>\$250.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Houston TX 77024</i> |  |  |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)                              |

|   |  |  |
|---|--|--|
| Date<br><i>3/25</i>   | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Burak Royun</i> | Amount of contribution (\$) <i>Am</i><br><i>\$100.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i> |  |  |
| Principal occupation / Job title (See Instructions)                         |  | Employer (See Instructions)                              |

|   |   |   |
|---|---|---|
| Date<br><i>3/28</i>   | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Rebecca Striping</i> | Amount of contribution (\$) <i>Am</i><br><i>\$50.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>SL TX 77479</i> |   |   |
| Principal occupation / Job title (See Instructions)                         |   | Employer (See Instructions)                             |

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# 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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>1</b> Total pages Schedule F1:                            |  | <b>2</b> FILER NAME<br>William Ferguson                      |  | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>3/28/25                                     |  | <b>5</b> Payee name<br>Mimo Reed                             |  |  |  |
| <b>6</b> Amount (\$)<br>100                                  |  | <b>7</b> Payee address; City; State; Zip Code<br>Richmond TX |  |  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising |  | <b>(b)</b> Description<br>Black Walker           |  |  |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                      |  | Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                |  | Office sought                                |  |
| Date<br>3/3/25   |  | Payee name<br>Mimo Reed                                      |  |  |  |
| Amount (\$)<br>100.00  |  | Payee address; City; State; Zip Code<br>Richmond TX          |  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Advertising            |  | Description<br>Black Walker                      |  |  |
|  | 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                                |  |
| 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                                      |  |  |
|  | 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                                |  |

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                                  |
|-------------------|----------------------------------|
| 4 Date<br>3/25/25 | 5 Payee name<br>Shirts and Logos |
|-------------------|----------------------------------|

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|--------------------------|--|
| 6 Amount (\$)<br>1000.00 | 7 Payee address; City; State; Zip Code<br>Houston TX |
|--------------------------|--|

|                             |   |                 |
|-----------------------------|---|-----------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description |
|                             | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                 |                          |
|-----------------|--------------------------|
| Date<br>3/25/25 | Payee name<br>Mail Chimp |
|-----------------|--------------------------|

|                      |  |
|----------------------|--|
| Amount (\$)<br>42.64 | Payee address; City; State; Zip Code<br>Houston TX |
|----------------------|--|

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|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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|-----------------|---------------------------|
| Date<br>3/28/25 | Payee name<br>German Vign |
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|---------------------|--|
| Amount (\$)<br>600. | Payee address; City; State; Zip Code<br>Houston TX |
|---------------------|--|

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|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Signs |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                      |

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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<br>William Ferguson  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>3/24/25                                     | 5 Payee name<br>Sugar Land Rotary   |                                       |
| 6 Amount (\$)<br>1700.00                              | 7 Payee address; City; State; Zip Code<br>Sugar Land TX.  |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description<br>Charity            |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |
| Date<br>3/24/25                                       | Payee name<br>Sugar Land Rotary   |                                       |
| Amount (\$)<br>200.00                                 | Payee address; City; State; Zip Code<br>Sugar Land TX   |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Charity Tickets        |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |
| Date<br>3/24/25                                       | Payee name<br>Bucks Prime   |                                       |
| Amount (\$)<br>61.47                                  | Payee address; City; State; Zip Code<br>Sugar Land TX   |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Food  | Description<br>Meeting w/ Don         |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

|                            |                                  |                                       |
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| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
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|                   |                             |
|-------------------|-----------------------------|
| 4 Date<br>3/21/25 | 5 Payee name<br>M3 Graphics |
|-------------------|-----------------------------|

|                         |                                |       |        |          |
|-------------------------|--------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>773.26 | 7 Payee address;<br>Houston TX | City; | State; | Zip Code |
|-------------------------|--------------------------------|-------|--------|----------|

|                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description<br>Shirts for Holi |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                    |

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

|                 |                   |
|-----------------|-------------------|
| Date<br>3/24/25 | Payee name<br>HEB |
|-----------------|-------------------|

|                      |                                 |       |        |          |
|----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>56.59 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|----------------------|---------------------------------|-------|--------|----------|

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|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><del>Food</del> Food  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                           |
|-----------------|---------------------------|
| Date<br>3/24/25 | Payee name<br>Shrimp King |
|-----------------|---------------------------|

|                      |                                 |       |        |          |
|----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>86.97 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|----------------------|---------------------------------|-------|--------|----------|

|                               |   |                              |
|-------------------------------|---|------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food  | Description<br>Block Walking |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                              |

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

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

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                          |
|-------------------|--------------------------|
| 4 Date<br>3/19/25 | 5 Payee name<br>Shopleys |
|-------------------|--------------------------|

|                        |                                   |       |        |          |
|------------------------|-----------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>43.99 | 7 Payee address:<br>Sugar Land TX | City: | State: | Zip Code |
|------------------------|-----------------------------------|-------|--------|----------|

|                          |   |                                 |
|--------------------------|---|---------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Food  | (b) Description<br>Charity Walk |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                 |

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

|                 |                             |
|-----------------|-----------------------------|
| Date<br>3/19/25 | Payee name<br>S.2. Heritage |
|-----------------|-----------------------------|

|                    |                                 |       |        |          |
|--------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>500 | Payee address:<br>Sugar Land TX | City: | State: | Zip Code |
|--------------------|---------------------------------|-------|--------|----------|

|                        |   |                        |
|------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>Charity |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                        |

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

|                 |                          |
|-----------------|--------------------------|
| Date<br>3/21/25 | Payee name<br>Mail Chimp |
|-----------------|--------------------------|

|                      |                              |       |        |          |
|----------------------|------------------------------|-------|--------|----------|
| Amount (\$)<br>21.32 | Payee address:<br>Houston TX | City: | State: | Zip Code |
|----------------------|------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                         |
|-------------------|-------------------------|
| 4 Date<br>3/17/25 | 5 Payee name<br>Teeshan |
|-------------------|-------------------------|

|                         |  |
|-------------------------|--|
| 6 Amount (\$)<br>500.00 | 7 Payee address;<br>City: Houston State: TX Zip Code |
|-------------------------|--|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting  | (b) Description |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                 |                        |
|-----------------|------------------------|
| Date<br>3/17/25 | Payee name<br>Shipings |
|-----------------|------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>109.23 | Payee address;<br>City: Sugar Land State: TX Zip Code |
|-----------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Food.   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                             |
|-----------------|-----------------------------|
| Date<br>3/17/25 | Payee name<br>Lupe Tortilla |
|-----------------|-----------------------------|

|                    |   |
|--------------------|---|
| Amount (\$)<br>500 | Payee address;<br>City: Sugar Land State: TX Zip Code |
|--------------------|---|

|                        |   |                        |
|------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>Deposit |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                        |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                          |
|-------------------|--------------------------|
| 4 Date<br>3/14/25 | 5 Payee name<br>AFSP.org |
|-------------------|--------------------------|

|                         |  |       |        |           |
|-------------------------|--|-------|--------|-----------|
| 6 Amount (\$)<br>500.00 | 7 Payee address:<br><del>Advertising</del> Sugar Land TX | City: | State: | Zip Code: |
|-------------------------|--|-------|--------|-----------|

|                             |   |                                 |
|-----------------------------|---|---------------------------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description<br>Charity Walk |
|                             | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                 |

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

|              |                          |
|--------------|--------------------------|
| Date<br>3/14 | Payee name<br>Mart Champ |
|--------------|--------------------------|

|                      |                              |       |        |           |
|----------------------|------------------------------|-------|--------|-----------|
| Amount (\$)<br>21.72 | Payee address:<br>Houston TX | City: | State: | Zip Code: |
|----------------------|------------------------------|-------|--------|-----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                                |
|-----------------|--------------------------------|
| Date<br>3/14/25 | Payee name<br>Branding Matters |
|-----------------|--------------------------------|

|                       |                                 |       |        |           |
|-----------------------|---------------------------------|-------|--------|-----------|
| Amount (\$)<br>406.41 | Payee address:<br>Sugar Land TX | City: | State: | Zip Code: |
|-----------------------|---------------------------------|-------|--------|-----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |   |
|-------------------|---|
| 4 Date<br>3/10/25 | 5 Payee name<br>Viva Las Vegas Non Profit |
|-------------------|---|

|                         |                                 |
|-------------------------|---------------------------------|
| 6 Amount (\$)<br>200.00 | 7 Payee address:<br>Fulshear TX |
|-------------------------|---------------------------------|

|                          |   |                            |
|--------------------------|---|----------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br>Charity |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                            |

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

|                 |                         |
|-----------------|-------------------------|
| Date<br>3/11/25 | Payee name<br>CSPAC LLC |
|-----------------|-------------------------|

|                    |                                    |
|--------------------|------------------------------------|
| Amount (\$)<br>200 | Payee address:<br>Missouri City TX |
|--------------------|------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                            |
|-----------------|----------------------------|
| Date<br>3/13/25 | Payee name<br>Seafood City |
|-----------------|----------------------------|

|                       |                                 |
|-----------------------|---------------------------------|
| Amount (\$)<br>936.09 | Payee address:<br>Sugar Land TX |
|-----------------------|---------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description |
|                        | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                       |
|-------------------|-----------------------|
| 4 Date<br>3/10/25 | 5 Payee name<br>Rudys |
|-------------------|-----------------------|

|                         |                                   |       |        |          |
|-------------------------|-----------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>495.00 | 7 Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|-------------------------|-----------------------------------|-------|--------|----------|

|                             |   |                 |
|-----------------------------|---|-----------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Food  | (b) Description |
|                             | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                 |                             |
|-----------------|-----------------------------|
| Date<br>3/10/25 | Payee name<br>Fort Bend GOP |
|-----------------|-----------------------------|

|                        |                               |       |        |          |
|------------------------|-------------------------------|-------|--------|----------|
| Amount (\$)<br>2500.00 | Payee address;<br>Richmond TX | City; | State; | Zip Code |
|------------------------|-------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                            |
|-----------------|----------------------------|
| Date<br>3/10/25 | Payee name<br>Walmart Sams |
|-----------------|----------------------------|

|                       |                                 |       |        |          |
|-----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>130.42 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|-----------------------|---------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Food  | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                  |                               |
|------------------|-------------------------------|
| 4 Date<br>3/5/25 | 5 Payee name<br>Jigisha Desai |
|------------------|-------------------------------|

|                          |   |
|--------------------------|---|
| 6 Amount (\$)<br>2000.00 | 7 Payee address; City; State; Zip Code<br>Sugar Land TX |
|--------------------------|---|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                |                          |
|----------------|--------------------------|
| Date<br>3/5/25 | Payee name<br>Mail Chimp |
|----------------|--------------------------|

|                      |  |
|----------------------|--|
| Amount (\$)<br>21.32 | Payee address; City; State; Zip Code<br>Houston TX |
|----------------------|--|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                             |
|-----------------|-----------------------------|
| Date<br>3/10/25 | Payee name<br>Nathan Barton |
|-----------------|-----------------------------|

|                    |   |
|--------------------|---|
| Amount (\$)<br>300 | Payee address; City; State; Zip Code<br>Houston TX. |
|--------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                  |                            |
|------------------|----------------------------|
| 4 Date<br>3/3/25 | 5 Payee name<br>Home Depot |
|------------------|----------------------------|

|                         |                                   |       |        |          |
|-------------------------|-----------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>150.82 | 7 Payee address:<br>Sugar Land TX | City; | State; | Zip Code |
|-------------------------|-----------------------------------|-------|--------|----------|

|                          |   |                            |
|--------------------------|---|----------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description<br>T Posts |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                            |

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

|                |                                 |
|----------------|---------------------------------|
| Date<br>3/4/25 | Payee name<br>Cynthia Rodriguez |
|----------------|---------------------------------|

|                       |                              |       |        |          |
|-----------------------|------------------------------|-------|--------|----------|
| Amount (\$)<br>700.00 | Payee address:<br>Houston TX | City; | State; | Zip Code |
|-----------------------|------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                |  |
|----------------|--|
| Date<br>3/4/25 | Payee name<br>Fort Bend Education Foundation |
|----------------|--|

|             |                                 |       |        |          |
|-------------|---------------------------------|-------|--------|----------|
| Amount (\$) | Payee address:<br>Sugar Land TX | City; | State; | Zip Code |
|-------------|---------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                             |
|-------------------|-----------------------------|
| 4 Date<br>2/27/25 | 5 Payee name<br>Bucks Prime |
|-------------------|-----------------------------|

|                        |                                   |       |        |          |
|------------------------|-----------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>14.48 | 7 Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|------------------------|-----------------------------------|-------|--------|----------|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Food.   | (b) Description |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                 |                            |
|-----------------|----------------------------|
| Date<br>2/28/25 | Payee name<br>Adele Padron |
|-----------------|----------------------------|

|                       |                              |       |        |          |
|-----------------------|------------------------------|-------|--------|----------|
| Amount (\$)<br>270.00 | Payee address;<br>Houston TX | City; | State; | Zip Code |
|-----------------------|------------------------------|-------|--------|----------|

|                        |   |                      |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description<br>Signs |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                      |

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

|                 |                      |
|-----------------|----------------------|
| Date<br>2/28/25 | Payee name<br>Ruthie |
|-----------------|----------------------|

|                       |                              |       |        |          |
|-----------------------|------------------------------|-------|--------|----------|
| Amount (\$)<br>260.00 | Payee address;<br>Houston TX | City; | State; | Zip Code |
|-----------------------|------------------------------|-------|--------|----------|

|                        |   |                      |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description<br>Signs |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                      |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                             |
|-------------------|-----------------------------|
| 4 Date<br>2/21/25 | 5 Payee name<br>German Vega |
|-------------------|-----------------------------|

|                          |                                |       |        |          |
|--------------------------|--------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>1000.00 | 7 Payee address;<br>Houston TX | City; | State; | Zip Code |
|--------------------------|--------------------------------|-------|--------|----------|

|                             |   |                         |
|-----------------------------|---|-------------------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting  | (b) Description<br>Sign |
|                             | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                         |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |                             |
|-----------------|-----------------------------|
| Date<br>2/24/25 | Payee name<br>Lupa Tortilla |
|-----------------|-----------------------------|

|                      |                                 |       |        |          |
|----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>54.17 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|----------------------|---------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Food  | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |                          |
|-----------------|--------------------------|
| Date<br>2/25/25 | Payee name<br>Mart Chimp |
|-----------------|--------------------------|

|                      |                              |       |        |          |
|----------------------|------------------------------|-------|--------|----------|
| Amount (\$)<br>42.64 | Payee address;<br>Houston TX | City; | State; | Zip Code |
|----------------------|------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                                     |
|-------------------|-------------------------------------|
| 4 Date<br>2/19/25 | 5 Payee name<br>Longhorn Steakhouse |
|-------------------|-------------------------------------|

|                        |                                   |       |        |          |
|------------------------|-----------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>96.44 | 7 Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|------------------------|-----------------------------------|-------|--------|----------|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Food  | (b) Description |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |                       |
|-----------------|-----------------------|
| Date<br>2/20/25 | Payee name<br>Zeeshan |
|-----------------|-----------------------|

|                    |                                      |                  |              |                   |
|--------------------|--------------------------------------|------------------|--------------|-------------------|
| Amount (\$)<br>500 | Payee address;<br>9700 Beffernot St. | City;<br>Houston | State;<br>TX | Zip Code<br>77036 |
|--------------------|--------------------------------------|------------------|--------------|-------------------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |  |
|-----------------|--|
| Date<br>2/20/25 | Payee name<br><del>Lasha</del> Lashela |
|-----------------|--|

|                     |                                 |       |        |          |
|---------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>1700 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|---------------------|---------------------------------|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                |                             |
|----------------|-----------------------------|
| 4 Date<br>2/18 | 5 Payee name<br>Whataburger |
|----------------|-----------------------------|

|                        |                                   |       |        |           |
|------------------------|-----------------------------------|-------|--------|-----------|
| 6 Amount (\$)<br>20.76 | 7 Payee address:<br>Sugar Land TX | City: | State: | Zip Code: |
|------------------------|-----------------------------------|-------|--------|-----------|

|                          |   |                 |
|--------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Food  | (b) Description |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|              |                         |
|--------------|-------------------------|
| Date<br>2/18 | Payee name<br>Saltgrass |
|--------------|-------------------------|

|                      |                                 |       |        |           |
|----------------------|---------------------------------|-------|--------|-----------|
| Amount (\$)<br>67.06 | Payee address:<br>Sugar Land TX | City: | State: | Zip Code: |
|----------------------|---------------------------------|-------|--------|-----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Food  | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                             |
|-----------------|-----------------------------|
| Date<br>2/19/25 | Payee name<br>Nathan Burton |
|-----------------|-----------------------------|

|                    |  |       |        |           |
|--------------------|--|-------|--------|-----------|
| Amount (\$)<br>350 | Payee address:<br>[REDACTED] Spring TX 77319 | City: | State: | Zip Code: |
|--------------------|--|-------|--------|-----------|

|                        |   |                   |
|------------------------|---|-------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>DJ |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                   |

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

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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                        |
|-------------------|------------------------|
| 4 Date<br>2/18/25 | 5 Payee name<br>Paypal |
|-------------------|------------------------|

|                       |                                |       |        |          |
|-----------------------|--------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>250. | 7 Payee address;<br>Houston TX | City; | State; | Zip Code |
|-----------------------|--------------------------------|-------|--------|----------|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description |
|                                    | (c) <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<br>2/18/25 | Payee name<br>Dunnys |
|-----------------|----------------------|

|                      |                                 |       |        |          |
|----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>54.21 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|----------------------|---------------------------------|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food / Beverage   | Description |
|                               | (c) <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<br>2/18 | Payee name<br>Beloved and Beyond |
|--------------|----------------------------------|

|                       |                                 |       |        |          |
|-----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>411.00 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|-----------------------|---------------------------------|-------|--------|----------|

|                               |   |                              |
|-------------------------------|---|------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>Charity Lunch |
|                               | (c) <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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# 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<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |   |
|-------------------|---|
| 4 Date<br>2/13/25 | 5 Payee name<br>Exchange Club of Sugar Land |
|-------------------|---|

|                       |                                   |       |        |          |
|-----------------------|-----------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>1500 | 7 Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|-----------------------|-----------------------------------|-------|--------|----------|

|                             |   |                 |
|-----------------------------|---|-----------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description |
|                             | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                 |                               |
|-----------------|-------------------------------|
| Date<br>2/14/25 | Payee name<br>Branding Matter |
|-----------------|-------------------------------|

|                       |                                 |       |        |          |
|-----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>723.11 | Payee address;<br>Sugar Land TX | City; | State; | Zip Code |
|-----------------------|---------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                       |
|-----------------|-----------------------|
| Date<br>2/14/25 | Payee name<br>Matchup |
|-----------------|-----------------------|

|                     |                               |       |        |          |
|---------------------|-------------------------------|-------|--------|----------|
| Amount (\$)<br>7.81 | Payee address;<br>Houston, TX | City; | State; | Zip Code |
|---------------------|-------------------------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                             |
|-------------------|-----------------------------|
| 4 Date<br>2/11/25 | 5 Payee name<br>Anna Medina |
|-------------------|-----------------------------|

|                       |   |
|-----------------------|---|
| 6 Amount (\$)<br>2300 | 7 Payee address;<br>City: State: Zip Code<br>SL. TX |
|-----------------------|---|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Consulting                              | (b) Description |
|                                    | (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<br>2/12/25 | Payee name<br>Killer Media |
|-----------------|----------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>1250.00 | Payee address;<br>City: State: Zip Code<br>Houston TX |
|------------------------|---|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting                              | 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<br>2/13/25 | Payee name<br>Cynthia Guyard |
|-----------------|------------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>200.00 | Payee address;<br>City: State: Zip Code<br>Houston TX |
|-----------------------|---|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting                              | 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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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                  |  |
|------------------|--|
| 4 Date<br>2/7/25 | 5 Payee name<br>Miss <del>Foto</del> Talle |
|------------------|--|

|                        |                                |       |        |          |
|------------------------|--------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>48.62 | 7 Payee address;<br>Houston TX | City; | State; | Zip Code |
|------------------------|--------------------------------|-------|--------|----------|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Food / Beverage   | (b) Description |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|              |                             |
|--------------|-----------------------------|
| Date<br>2/11 | Payee name<br>Madina Masood |
|--------------|-----------------------------|

|                    |                              |         |        |          |
|--------------------|------------------------------|---------|--------|----------|
| Amount (\$)<br>799 | Payee address;<br>[REDACTED] | City;   | State; | Zip Code |
|                    |                              | Houston | TX     | 77031    |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|              |                             |
|--------------|-----------------------------|
| Date<br>2/11 | Payee name<br>Madina Masood |
|--------------|-----------------------------|

|                     |                              |         |        |          |
|---------------------|------------------------------|---------|--------|----------|
| Amount (\$)<br>1.00 | Payee address;<br>[REDACTED] | City;   | State; | Zip Code |
|                     |                              | Houston | TX     | 77031    |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# 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<br>William Ferguson  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>1/21/25                                     | 5 Payee name<br>Mr. Houston   |                                       |
| 6 Amount (\$)<br>1000.00                              | 7 Payee address; City; State; Zip Code<br>Missouri City Tx.   |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br>DJ.                |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |
| Date<br>1/21/25                                       | Payee name<br>Mr Houston  |                                       |
| Amount (\$)<br>1000.00                                | Payee address; City; State; Zip Code<br>Missouri City Tx  |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>DJ.                    |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |
| Date<br>2/6/25  | Payee name<br>La Tapatia Cafe   |                                       |
| Amount (\$)<br>71.37                                  | Payee address; City; State; Zip Code<br>S.L. Tx   |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Food / Beverage   | Description                           |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |

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

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>William Ferguson  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>3/10  | 5 Payee name<br>J. Carter Logowear  |                                       |
| 6 Amount (\$)<br>2453.00                              | 7 Payee address; City; State; Zip Code<br>[Redacted] St. Tx 77479   |                                       |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description                       |
|   | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |
| Date<br>3/12  | Payee name<br>J. Carter Logowear  |                                       |
| Amount (\$)<br><del>1622</del> 1927.11                | Payee address; City; State; Zip Code<br>[Redacted] S.L. TX- 77479   |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description                           |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |
| Date<br>1/17/25                                       | Payee name<br>Diana Adams   |                                       |
| Amount (\$)<br>575.00                                 | Payee address; City; State; Zip Code<br>[Redacted] St.  |                                       |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description                           |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |

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# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>William Ferguson  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>2/5/25   | <b>5</b> Payee name<br>James Pusker  |  |
| <b>6</b> Amount (\$)<br>1500.00                                     | <b>7</b> Payee address:<br>  | City; State; Zip Code<br>SL. TX 77479        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| <b>Date</b><br>2/10/25  | <b>Payee name</b><br>J. Carter Logonkar  |  |
| <b>Amount (\$)</b><br>762.45  | <b>Payee address:</b><br>  | City; State; Zip Code<br>SL. TX 77479        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br>Advertising   | <b>Description</b>                           |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>          | Candidate / Officeholder name  | Office sought Office held                    |
| <b>Date</b><br>2/18/25  | <b>Payee name</b><br>J. Carter Logonkar  |  |
| <b>Amount (\$)</b><br>2327.14                                       | <b>Payee address:</b><br>  | City; State; Zip Code<br>L. TX 77479         |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br>Advertising   | <b>Description</b>                           |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>          | Candidate / Officeholder name  | Office sought Office held                    |

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# 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:                            | <b>2</b> FILER NAME<br>William Ferguson  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>2/14/25                                     | <b>5</b> Payee name<br>Texas Campaigns   |  |
| <b>6</b> Amount (\$)<br>\$750                                | <b>7</b> Payee address; City; State; Zip Code<br>[Redacted] Houston TX 77096   |  |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting  |  |
|  | <b>(b)</b> Description   |  |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                                |
|  |  | Office held                                  |
| Date<br>3/13/25  | Payee name<br>Texas Campaigns  |  |
| Amount (\$)<br>\$750   | Payee address; City; State; Zip Code<br>[Redacted] Houston TX 77096  |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Consulting   |  |
|  | Description  |  |
|  | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                                |
|  |  | Office held                                  |
| Date<br>2/3/25   | Payee name<br>Kara McLaney   |  |
| Amount (\$)<br>75  | Payee address; City; State; Zip Code<br>[Redacted] SL, TX 77479  |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Consulting   |  |
|  | Description  |  |
|  | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                                |
|  |  | Office held                                  |

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

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                |                                 |
|----------------|---------------------------------|
| 4 Date<br>3/21 | 5 Payee name<br>Universal Signs |
|----------------|---------------------------------|

|                        |   |       |        |          |
|------------------------|---|-------|--------|----------|
| 6 Amount (\$)<br>85.51 | 7 Payee address;<br>[Redacted] Houston TX 77083 | City; | State; | Zip Code |
|------------------------|---|-------|--------|----------|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |                               |
|-----------------|-------------------------------|
| Date<br>3/26/25 | Payee name<br>Universal Signs |
|-----------------|-------------------------------|

|                        |   |       |        |          |
|------------------------|---|-------|--------|----------|
| Amount (\$)<br>2814.50 | Payee address;<br>[Redacted] Houston TX 77083 | City; | State; | Zip Code |
|------------------------|---|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                 |                               |
|-----------------|-------------------------------|
| Date<br>1/17/25 | Payee name<br>Texas Campaigns |
|-----------------|-------------------------------|

|                    |   |       |        |          |
|--------------------|---|-------|--------|----------|
| Amount (\$)<br>750 | Payee address;<br>[Redacted] Houston TX 77096 | City; | State; | Zip Code |
|--------------------|---|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

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 2/27/25 5 Payee name Universal Signs

6 Amount (\$) 1866.23 7 Payee address: [Redacted] City: Houston, TX State: TX Zip Code 77083

8 (a) Category (See Categories listed at the top of this schedule) Advertising (b) Description (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 2/28 Payee name Universal Signs

Amount (\$) 811.88 Payee address: [Redacted] City: Houston TX State: TX Zip Code 77083

PURPOSE OF EXPENDITURE Advertising (c) 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 3/5/25 Payee name Universal Signs

Amount (\$) 2408.56 Payee address: [Redacted] City: Houston TX State: TX Zip Code 77083

PURPOSE OF EXPENDITURE Advertising (c) 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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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                            |                                  |                                       |
|----------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>William Ferguson | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------|---------------------------------------|

|                   |                                 |
|-------------------|---------------------------------|
| 4 Date<br>2/13/25 | 5 Payee name<br>Universal Signs |
|-------------------|---------------------------------|

|                          |   |       |        |          |
|--------------------------|---|-------|--------|----------|
| 6 Amount (\$)<br>2706.25 | 7 Payee address:<br>[Redacted] Houston TX 77083 | City: | State: | Zip Code |
|--------------------------|---|-------|--------|----------|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

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

|                 |                               |
|-----------------|-------------------------------|
| Date<br>2/13/25 | Payee name<br>Universal Signs |
|-----------------|-------------------------------|

|                        |   |       |        |          |
|------------------------|---|-------|--------|----------|
| Amount (\$)<br>2706.25 | Payee address:<br>[Redacted] Houston TX 77083 | City: | State: | Zip Code |
|------------------------|---|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

|                 |                               |
|-----------------|-------------------------------|
| Date<br>2/26/25 | Payee name<br>Universal Signs |
|-----------------|-------------------------------|

|                        |   |       |        |          |
|------------------------|---|-------|--------|----------|
| Amount (\$)<br>1022.62 | Payee address:<br>[Redacted] Houston TX 77083 | City: | State: | Zip Code |
|------------------------|---|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

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

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# 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<br>William Ferguson  | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date:<br>2/4/25                                     | 5 Payee name<br>Universal Signs   |  |
| 6 Amount (\$)<br>1732.00                              | 7 Payee address:<br>[Redacted] Houston TX 77083   |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description  |
|   | (c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br>2/11/25                                       | Payee name<br>Universal Signs   |  |
| Amount (\$)<br>1169.10                                | Payee address:<br>[Redacted] Houston TX 77083   |  |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description  |
|   | Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br>2/11/25                                       | Payee name<br>Universal Signs   |  |
| Amount (\$)<br>783.73                                 | Payee address:<br>[Redacted] Houston TX 77083   |  |
| <b>PURPOSE OF EXPENDITURE</b>                         | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description  |
|   | Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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# 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>William Ferguson   | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br>1/2/25   | <b>5</b> Payee name<br>Universal Signs  |  |
| <b>6</b> Amount (\$)<br>557.49                                      | <b>7</b> Payee address; City; State; Zip Code<br>[Redacted] Houston TX 77083  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising  | <b>(b)</b> Description                                     |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br>1/9/25  | Payee name<br>Universal Signs   |  |
| Amount (\$)<br>405.93   | Payee address; City; State; Zip Code<br>[Redacted] Houston TX 77083   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description  |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br>1/30/25   | Payee name<br>Universal Signs   |  |
| Amount (\$)<br>1001.31  | Payee address; City; State; Zip Code<br>[Redacted] Houston TX 77083   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description  |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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