

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>William</i>	MI <i>E.</i>	<b>OFFICE USE ONLY</b>  Date Received  <b>FILED ELECTRONICALLY APRIL 25, 2025 @ 4:45 P.M. CITY CLERKS OFFICE LINDA MENDENHALL</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME <i>Ferguson</i>		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <i>Sugar Land Tx 77479</i>			
	AREA CODE      PHONE NUMBER      EXTENSION  <i>( [REDACTED] )</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>M.</i>	FIRST <i>Brian</i>	MI	
	NICKNAME <i>Shaw</i>		SUFFIX	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <i>[REDACTED] Sugar Land Tx 77479</i>			
	AREA CODE      PHONE NUMBER      EXTENSION  <i>[REDACTED]</i>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>3 / 25 / 25</i> <i>4 / 23 / 25</i>			
11 ELECTION	ELECTION DATE Month      Day      Year <i>5 / 3 / 25</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <i>City Council At-large 1</i>		13 OFFICE SOUGHT (if known) <i>Mayor</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>William Ferguson</u>		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)	\$ <u>21,620.73</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>24,151.</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>14,002.61</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,800.-</u>

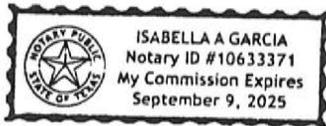
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 25<sup>TH</sup> day of APRIL, 2025, to certify which, witness my hand and seal of office.

Isabella A. Garcia ISABELLA A. GARCIA NOTARY  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>William Ferguson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21620. <sup>73</sup>
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	\$ 20151. <sup>5</sup>
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	\$ —

21620-73

# 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: <u>9</u>
2 FILER NAME <u>William Ferguson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/25</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Harry Green</u>	7 Amount of contribution (\$) <u>3000</u> <u>\$2500.</u>
6 Contributor address; City; State; Zip Code <u>[Redacted] Houston TX 77024</u>		
8 Principal occupation / Job title (See Instructions) <u>Real Estate</u>		9 Employer (See Instructions) <u>Harry Green</u>
Date <u>3/25</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Burak Koyun</u>	Amount of contribution (\$) <u>3000</u> <u>\$100.</u>
Contributor address; City; State; Zip Code <u>[Redacted] S.I. 77479</u>		
Principal occupation / Job title (See Instructions) <u>Account Manager</u>		Employer (See Instructions) <u>Harmony</u>
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 9
2 FILER NAME William Ferguson		3 Filer ID (Ethics Commission Filers)
4 Date 4/4	5 Full name of contributor out-of-state PAC (ID#: _____) Doug Turner	7 Amount of contribution (\$) Ⓐ 1500 \$500.
6 Contributor address; City; State; Zip Code [Redacted] S.L. TX 77498		
8 Principal occupation / Job title (See Instructions) Plumber		9 Employer (See Instructions)
Date 3/28	Full name of contributor out-of-state PAC (ID#: _____) Rebecca Striping	Amount of contribution (\$) Ⓐ 50 \$50.
Contributor address; City; State; Zip Code [Redacted] S.L. TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26	Full name of contributor out-of-state PAC (ID#: _____) Dzizie Bayazitoglu	Amount of contribution (\$) Ⓐ 3500 \$150.
Contributor address; City; State; Zip Code [Redacted] Rosenberg TX 77471		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Maulik Punshīt	Amount of contribution (\$) Ⓐ 3000 \$250.
Contributor address; City; State; Zip Code [Redacted] Sugar Land TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) FAM Health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: <b>9</b>
2 FILER NAME <b>William Ferguson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/10</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Julie McErlane</b>	7 Amount of contribution (\$) <b>Ⓐ 50</b> <b>\$ 50</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>S.L. Tx 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>4/9</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Shuri Scott - Cook</b>	Amount of contribution (\$) <b>Ⓐ 150</b> <b>\$ 150</b>
Contributor address; City; State; Zip Code [Redacted] <b>S.L. 77498</b>		
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions)
Date <b>4/6</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sonit Seth</b>	Amount of contribution (\$) <b>Ⓐ 100</b> <b>\$ 100.</b>
Contributor address; City; State; Zip Code [Redacted] <b>S.L. 77479</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions)
Date <b>4/4</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Rydin</b>	Amount of contribution (\$) <b>Ⓐ 1500</b> <b>\$ 1000.</b>
Contributor address; City; State; Zip Code [Redacted] <b>Houston Tx 77081</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>9</u>
2 FILER NAME: <u>William Ferguson</u>		3 Filer ID (Ethics Commission Filers)
4 Date: <u>4/19</u>	5 Full name of contributor: <u>Chesley Choudhury</u> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code: <u>[Redacted] Hou. TX 77099</u>	7 Amount of contribution (\$) <u>(A) 600</u> <u>\$250.</u>
8 Principal occupation / Job title (See Instructions): <u>IT Consultant</u>		9 Employer (See Instructions): <u>Tan Chien</u>
Date: <u>4/19</u>	Full name of contributor: <u>Cayetano Silva</u> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code: <u>[Redacted] S.C. TX 77498</u>	Amount of contribution (\$) <u>(A) 600</u> <u>\$350.</u>
Principal occupation / Job title (See Instructions): <u>Owner</u>		Employer (See Instructions): <u>CS3 Interests LLC</u>
Date: <u>4/15</u>	Full name of contributor: <u>Kate Baumbach</u> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code: <u>[Redacted] Sugar Land TX 77479</u>	Amount of contribution (\$) <u>(A) 220</u> <u>\$20.</u>
Principal occupation / Job title (See Instructions): <u>Homemaker</u>		Employer (See Instructions): <u>-</u>
Date: <u>4/14</u>	Full name of contributor: <u>Robert Hurton</u> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code: <u>[Redacted] Sugar Land TX 77478</u>	Amount of contribution (\$) <u>(A) 220</u> <u>\$200</u>
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: 9
2 FILER NAME <i>William Ferguson</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/27	5 Full name of contributor out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3/27	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100
--------------	---	--------------------------------------

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

Date 3/27	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3/27	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100
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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: <b>9</b>
2 FILER NAME <i>William Ferguson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/27</b>	5 Full name of contributor <i>William Ferguson</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/27</b>	Full name of contributor <i>Ashrah Arzual</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$2500.</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27</b>	Full name of contributor <i>Ashrah Arzual</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$2500.</b>
Contributor address; City; State; Zip Code <i>Sugarland TX 77479</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27</b>	Full name of contributor <i>Gary Gates for Texas</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$2500</b>
Contributor address; City; State; Zip Code <i>Rosenberg TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: <b>9</b>
2 FILER NAME <i>William Ferguson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Mullen Law Group</i>	7 Amount of contribution (\$) <b>\$500.</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>S.L. TX 77478</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <del>\$500</del> <b>\$1000.</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/15</b>	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$100.</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/15</b>	Full name of contributor out-of-state PAC (ID#: _____) <i>Bryan Buyer</i> Contributor address; City; State; Zip Code [Redacted] <b>S.L. TX 77479</b>	Amount of contribution (\$) <b>\$1000.</b>
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>William Ferguson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/27</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>William Ferguson</b>	7 Amount of contribution (\$) <b>\$3500.</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Gary O'Dwyer</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>[REDACTED] S.L. TX 77498</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Pape-Dawson Engineers PAC</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>[REDACTED] S.A. TX 77213</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Erik Miller</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>[REDACTED] Houston TX 77096</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>9</b>
2 FILER NAME <i>William Ferguson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/15</b>	5 Full name of contributor <i>A.m. Rodrigo</i> <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>[REDACTED] 4. Houston TX 77059</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/16</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) <b>\$ .73</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>[Signature]</i>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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22151

# 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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/1</b>	5 Payee name <b>Chili's Sugar Land</b>
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6 Amount (\$) <b>84.86</b>	7 Payee address: <b>S.L.</b>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	(b) Description <b>Campaign Meeting</b>
	(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
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Date <b>4/2</b>	Payee name <b>Minuti Coffee</b>
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Amount (\$) <b>24.12</b>	Payee address: <b>S.L.</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense</b>	Description <b>Campaign Meeting</b>
	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 <b>4/2</b>	Payee name <b>Mail Chimp</b>
--------------------	---------------------------------

Amount (\$) <b>26.65</b>	Payee address: <b>Houston TX</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/2</b>	5 Payee name <b>Universal Sign / Banner</b>	
6 Amount (\$) <b>\$ 2726.82</b>	7 Payee address: City: State; Zip Code <b>Houston TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(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 <b>4/3</b>	Payee name <b>J. Carter Logoukar</b>	
Amount (\$) <b>1320.42</b>	Payee address: City: State: Zip Code <b>Houston TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Shirts and hats</b>
	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 <b>4/3</b>	Payee name <b>Monica Riley</b>	
Amount (\$) <b>250.00</b>	Payee address: City: State: Zip Code <b>M.O. TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	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	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: **13**      2 FILER NAME: **William Ferguson**      3 Filer ID (Ethics Commission Filers)

4 Date: **4/3**      5 Payee name: **German Vega**

6 Amount (\$): **600.**      7 Payee address: **Houston, TX**      City; State; Zip Code

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

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

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

Date: **4/19**      Payee name: **Universal Signs & Banners**

Amount (\$): **811.88**      Payee address: **Houston TX**      City; State; Zip Code

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

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

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

Date: **4/7**      Payee name: **Home Depot**

Amount (\$): **136.40**      Payee address: **Sugar Land**      City; State; Zip Code

PURPOSE OF EXPENDITURE: **Advertising**      Category (See Categories listed at the top of this schedule)      Description: **T posts etc.**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/7</b>	5 Payee name <b>Embedo Coffee</b>	
6 Amount (\$) <b>19.85</b>	7 Payee address; City; State; Zip Code <b>Sugar Land</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	(b) Description <b>Campaign Meeting</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <b>4/7</b>	Payee name <b>Milimo Reed</b>	
Amount (\$) <b>100.</b>	Payee address; City; State; Zip Code <b>Richmond TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. 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 <b>4/7</b>	Payee name <b>Ruthie</b>	
Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>Houston TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Sign Installation</b>
	Check if travel outside of Texas. Complete Schedule T. 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

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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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/7</b>	5 Payee name <b>Jay</b>	
6 Amount (\$) <b>300.</b>	7 Payee address <b>Houston TX</b> City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(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 <b>4/7</b>	Payee name <b>Zeeshan</b>	
Amount (\$) <b>1000.</b>	Payee address; <b>Houston TX.</b> City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	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 <b>4/8</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>418.97</b>	Payee address; <b>Sugar Land TX</b> City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Sign material</b>
	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

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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 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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/8</b>	5 Payee name <b>Universal Sign &amp; Banner</b>	
6 Amount (\$) <b>1162.61</b>	7 Payee address: <b>Houston Tx</b> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(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 <b>4/8</b>	Payee name <b>Monica Riley</b>	
Amount (\$) <b>350.00</b>	Payee address: <b>Missouri City Tx</b> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	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 <b>7/8</b>	Payee name <b>Ruthie</b>	
Amount (\$) <b>450.00</b>	Payee address: <b>Houston Tx</b> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	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

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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 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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7/9</b>	5 Payee name <b>Hadi Law Firm</b>	
6 Amount (\$) <b>5300.00</b>	7 Payee address; City; State; Zip Code <b>Houston TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Billboard</b>
	(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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>4/11</b>	Payee name <b>Milimo</b>	
Amount (\$) <b>200.</b>	Payee address; City; State; Zip Code <b>Richmond TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Advertising</del> <b>Consulting Services</b>	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>4/14</b>	Payee name <b>Universal Signs &amp; Banners</b>	
Amount (\$) <b>3106.79</b>	Payee address; City; State; Zip Code <b>Houston TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs, Cards</b>
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

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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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/14</b>	5 Payee name <b>Mirza</b>
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6 Amount (\$) <b>9800</b>	7 Payee address: <b>Houston, TX</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Video for Campaign</b>
	(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
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Date <b>4/14</b>	Payee name <b>Ruthie</b>
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Amount (\$) <b>450.</b>	Payee address: <b>Houston TX</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	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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Date <b>4/15</b>	Payee name <b>Milmo</b>
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Amount (\$) <b>200.</b>	Payee address: <b>Richmond TX</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	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

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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 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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/15</b>	5 Payee name <b>Burt</b>
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6 Amount (\$) <b>\$750</b>	7 Payee address: <b>Houston TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(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
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Date <b>4/16</b>	Payee name <b>Mait chimp</b>
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Amount (\$) <b>\$26.25</b>	Payee address: <b>Houston TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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Date <b>4/16</b>	Payee name <b>Longhorn Steakhouse</b>
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Amount (\$) <b>48.57</b>	Payee address: <b>Sugar Land TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/17</b>	5 Payee name <b>Saltgrass</b>
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6 Amount (\$) <b>64.79</b>	7 Payee address; City; State; Zip Code <b>Sugar Land TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	(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
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Date <b>4/18</b>	Payee name <b>Sami Clark</b>
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Amount (\$) <b>289.03</b>	Payee address; City; State; Zip Code <b>Sugar Land TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>PA System</b>
	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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Date <b>4/18</b>	Payee name <b>Milina Reed</b>
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Amount (\$) <b>100.</b>	Payee address; City; State; Zip Code <b>Richmond TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Services</b>	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

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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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>4/18</b>	5 Payee name <b>German</b>
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6 Amount (\$) <b>500.</b>	7 Payee address; City; State; Zip Code <b>Houston TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(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
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Date <b>7/18</b>	Payee name <b>Mirza</b>
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Amount (\$) <b>700.00</b>	Payee address; City; State; Zip Code <b>Houston TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Video</b>
	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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Date <b>4/21</b>	Payee name <b>Lupe Tortilla</b>
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Amount (\$) <b>1445.23</b>	Payee address; City; State; Zip Code <b>Sugar Land TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	Description <b>Campaign Event</b>
	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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/21</b>	5 Payee name <b>Home Depot</b>
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6 Amount (\$) <b>\$177.01</b>	7 Payee address; City; State; Zip Code <b>Missouri City TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>T Posts, etc.</b>
	(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
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Date <b>4/22</b>	Payee name <b>Double Dicks</b>
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Amount (\$) <b>120.16</b>	Payee address; City; State; Zip Code <b>Missouri City TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Beverages</b>	Description <b>Campaign Event</b>
	(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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Date <b>4/22</b>	Payee name <b>Monica Riley</b>
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Amount (\$) <b>1724.00</b>	Payee address; City; State; Zip Code <b>Missouri City TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign 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"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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: <b>13</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/23</b>	5 Payee name <b>Fish City Grill</b>
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6 Amount (\$) <b>44.87</b>	7 Payee address: <b>Sugar Land TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage</b>	(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
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Date <b>4/23</b>	Payee name <b>Mail Chimp</b>
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Amount (\$) <b>21.32</b>	Payee address: <b>Houston TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED