

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:	<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	MI	
	FIRST <i>William</i>	<i>E</i>	
NICKNAME	LAST <i>Ferguson</i>	SUFFIX	
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Final report
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election		
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	
	<i>04 / 23 / 25</i> THROUGH	<i>05 / 28 / 25</i>	
	Date Received <i>FILED IN PERSON DECEMBER 31, 2025 @ 10:25 AM J. Mendenhall</i>	Date Hand-delivered or Date Postmarked	
	Receipt #	Amount \$	
	Date Processed		
	Date Imaged		

**6** EXPLANATION OF CORRECTION  
*Dollar amount was unintentional left off of field #7. Dollar amount was included in calculations.*

**7** SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  
 Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*William Ferguson*  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *William Ferguson* and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, *Sugar Land, TX, 77479, USA*.

Executed in *Fort Bend* County, State of *Texas*, on the *31* day of *December*, 20*25*.

*William Ferguson*  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# 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

FIRST

MI

William

NICKNAME

LAST

SUFFIX

Ferguson

OFFICE USE ONLY

Date Received 5/30/2025  
4:52 PM  
Ashish Agrawal  
Filed in person

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS (NO PO BOX)

APT / SUITE #:

CITY:

STATE:

ZIP CODE

sugar land, tx 77479

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ashish

NICKNAME

LAST

SUFFIX

Agrawal

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Sugar Land, TX 77479

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

4

23

25

THROUGH

Month

Day

Year

5

28

25

11 ELECTION

ELECTION DATE

Month

Day

Year

6

7

25

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council At Large 1

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

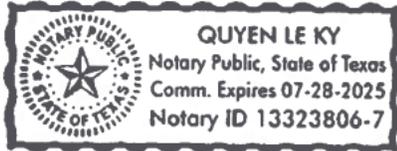
15 C/OH NAME <i>William Ferguson</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>47,989.37</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>36,067.33</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>11922.04</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1800.00</i>

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 30 day of May

20 25, to certify which, witness my hand and seal of office.

*[Signature]* Quyen Ky Records Technician  
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 47989.37
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	\$ 36067.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/28/25</b>	5 Payee name <b>Loughorn Steakhouse</b>	
6 Amount (\$) <b>\$112.30</b>	7 Payee address: <b>Sugar Land</b>	City: <b>Tx</b> State: Zip Code
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. <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 <b>4/28/25</b>	Payee name <b>Whataburger</b>	
Amount (\$) <b>\$47.10</b>	Payee address: <b>Sugar Land</b>	City: <b>Tx.</b> State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Beverage</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
Date <b>5/29/25</b>	Payee name <b>Fort Bend Republican Womens Club</b>	
Amount (\$) <b>\$220.00</b>	Payee address: <b>Richmond</b>	City: <b>Tx.</b> State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donations Made.</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

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>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission #):
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4 Date <b>4/28</b>	5 Payee name <b>Sign Banner</b>
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6 Amount (\$) <b>\$ 752.34</b>	7 Payee address: <b>Houston TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising 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>4/28</b>	Payee name <b>Fort Bend Rainbow</b>
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Amount (\$) <b>\$500.00</b>	Payee address: <b>Richmond TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donations Made</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/28</b>	Payee name <b>Home Depot</b>
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Amount (\$) <b>\$ 146.42</b>	Payee address: <b>Sugar Land TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Sign material</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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>29</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/29/25</b>	5 Payee name <b>La Madelaine</b>
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6 Amount (\$) <b>\$ 20.22</b>	7 Payee address: <b>Sugar Land 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>Food Beverage</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/28/25</b>	Payee name <b>Andrea Salisbury</b>
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Amount (\$) <b>\$ 125.</b>	Payee address: <b>Houston TX</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <b>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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/28</b>	Payee name <b>Mr. Houston</b>
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Amount (\$) <b>\$ 1600.00</b>	Payee address: <b>Missouri City TX</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <b>Event Expense</b>	Description: <b>Deposit</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 page, Schedule F1 <b>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Elics Commission Filers)
4 Date <b>5/12/25</b>	5 Payee name <b>German Vega</b>	
6 Amount (\$) <b>\$500.00</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>Consulting Expense</b>	(b) Description <b>Sign Management</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>5/12</b>	Payee name <b>Ruthie</b>	
Amount (\$) <b>\$300.00</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>Consulting Expense</b>	Description <b>Sign Management</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	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/27/25</b>	5 Payee name <b>RUDY'S</b>
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6 Amount (\$) <b>\$79.62</b>	7 Payee address: <b>Richmond, 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>Food 1/3 P.F.V.</b>	(b) Description <b>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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/13/25</b>	Payee name <b>Cornerstone Christian Academy</b>
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Amount (\$) <b>\$433.00</b>	Payee address: <b>Sugar Land TX</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donations Made</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/13/25</b>	Payee name <b>First Watch</b>
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Amount (\$) <b>51.81</b>	Payee address: <b>Sugar Land TX.</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Beverage</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"/>	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/14/25</b>	5 Payee name <b>Children's Museum</b>
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6 Amount (\$) <b>\$100.00</b>	7 Payee address: <b>Sugar Land TX</b>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Donations Made By Candidate</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>5/14/25</b>	Payee name <b>First Watch</b>
------------------------	----------------------------------

Amount (\$) <b>\$39.93</b>	Payee address: <b>Sugar Land TX</b>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Food Beverage</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"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/13</b>	Payee name <b>Burt</b>
---------------------	---------------------------

Amount (\$) <b>\$500</b>	Payee address: <b>Houston TX</b>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Consulting</b>	Description <b>Sign Management</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <b>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers):
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4 Date <b>5/27/25</b>	5 Payee name <b>MAILCHIMP</b>
--------------------------	----------------------------------

6 Amount (\$) <b>\$42.64</b>	7 Payee address: <b>HOUSTON</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>ADVERTISING</b>	(b) Description: <b>EMAILS</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>5/28/25</b>	Payee name <b>MILIMO REED</b>
------------------------	----------------------------------

Amount (\$) <b>\$156.00</b>	Payee address: <b>RICHMOND, TX</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>CONSULTING</b>	Description: <b>PODOLK WALKING</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>5/27/25</b>	Payee name <b>OPERATION RETROT BALK BALK</b>
------------------------	---

Amount (\$) <b>\$268.85</b>	Payee address: <b>SUGAR LAND, TX</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>DONATION MADE BY CANDIDATE</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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# 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 Expenses |
| Consulting Expense   | Food/Beverage Expense         | Printing Expense               | Travel In District                          |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                      |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)   |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission File)
4 Date <b>5/28/25</b>	5 Payee name <b>GERMAN VEGAS</b>	
6 Amount (\$) <b>\$550.00</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</b>	(b) Description <b>SIGN MANAGEMENT</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
Date <b>5/27/25</b>	Payee name <b>NATHAN VIVARES</b>	
Amount (\$) <b>\$150.00</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</b>	Description <b>NEGOTIATION, CANVASING</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
Date <b>5/27/25</b>	Payee name <b>DOCKAR TREE</b>	
Amount (\$) <b>\$43.95</b>	Payee address, City: State: Zip Code <b>SUGAR LAND, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>DECORATIONS</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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**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 page, Schedule F1 <i>24</i>	<b>2</b> FILER NAME <i>William Ferguson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/15/25</i>	<b>5</b> Payee name <i>Sign Banner</i>	
<b>6</b> Amount (\$) <i>\$270.63</i>	<b>7</b> Payee address: City: <i>Houston</i> State: <i>TX</i> Zip Code:	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signs &amp; Caps</i>
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>5/14/25</i>	Payee name <i>Sign Banner</i>	
Amount (\$) <i>\$346.40</i>	Payee address: City: <i>Houston</i> State: <i>TX</i> Zip Code:	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Signs &amp; Caps</i>
	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 <i>5/14/25</i>	Payee name <i>Fort Bend Republican Women's Club</i>	
Amount (\$) <i>\$1005.00</i>	Payee address: City: <i>Richmond</i> State: <i>TX</i> Zip Code:	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Sugar Creek</i>
	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

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>24</b>	<b>2</b> FILER NAME <b>William Ferguson</b>	<b>3</b> Filer ID (Ethics Commission Filers):
<b>4</b> Date <b>5/28/25</b>	<b>5</b> Payee name <b>FISH CITY GRILL</b>	
<b>6</b> Amount (\$) <b>\$69.78</b>	<b>7</b> Payee address: City: State: Zip Code <b>SUGAR LAND, TX</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule): <b>FOOD 1/3 REV.</b>	(b) Description <b>CAMP 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"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/27/25</b>	Payee name <b>BOLLEE'S</b>	
Amount (\$) <b>\$45.19</b>	Payee address: City: State: Zip Code <b>RICHMOND, TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <b>FOOD 1/2 REV</b>	Description <b>EVENT DRINKS 1/2 ICE</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/27/25</b>	Payee name <b>AMAZON MARKETPLACE</b>	
Amount (\$) <b>\$64.89</b>	Payee address: City: State: Zip Code <b>HOUSTON, TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <b>ADVERTISING</b>	Description <b>WOMENS SLIPDS</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 <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.

<b>1</b> Total pages Schedule F1 <b>21</b>	<b>2</b> FILER NAME <b>William Ferguson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/28/25</b>	<b>5</b> Payee name <b>PT. BEND REPUBLICAN WOMEN</b>	
<b>6</b> Amount (\$) <b>\$ 123.00</b>	<b>7</b> Payee address: <b>SUGAR LAND, TX</b> City: State: Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<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
Date <b>5/28/25</b>	Payee name <b>FLOYDS</b>	
Amount (\$) <b>\$120.94</b>	Payee address: <b>SUGAR LAND, TX</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD &amp; BEV.</b>	Description <b>CAMP. 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/28/25</b>	Payee name <b>DOUBLE DAVES</b>	
Amount (\$) <b>\$38.97</b>	Payee address: <b>MISSOURI CITY, TX</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD &amp; BEV.</b>	Description <b>CAMP. EVENT / MEET &amp; REST</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 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>21</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/25</b>	5 Payee name <b>Gigi's Playhouse</b>	
6 Amount (\$) <b>\$ 5,000.00</b>	City, State, Zip Code <b>[REDACTED] Stafford TX 77477</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation Made</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/16</b>	Payee name <b>Russo's</b>	
Amount (\$) <b>\$ 331.34</b>	Payee address; City, State, Zip Code <b>Sugar Land TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Beverage</b>	Description <b>Campaign Event GW</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
Date <b>5/15</b>	Payee name <b>Milmo Reed</b>	
Amount (\$) <b>\$ 150.00</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</b>	Description <b>Block Walking</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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**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>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>4/30/25</b>	5 Payee name: <b>BUC-EE'S</b>
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6 Amount (\$): <b>\$42.87</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 &amp; BEVERAGE</b>	(b) Description: <b>EVENT DRINKS 1/2 ICE</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
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Date: <b>4/29/25</b>	Payee name: <b>MAILCHIMP</b>
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Amount (\$): <b>37.31</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>EMAILS</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
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Date: <b>5/29/25</b>	Payee name: <b>ACI FT. BEND ELECTRIC</b>
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Amount (\$): <b>\$66.00</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>EVENT EXPENSE</b>	Description: <b>EXTRA ELECTRIC ALL MEEDED FOR SOUND &amp; LIGHTS</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
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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>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/25</b>	5 Payee name <b>Milano Reed</b>	
6 Amount (\$) <b>\$150.00</b>	7 Payee address; City, State, Zip Code <b>Richmond TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Block walking</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
Date <b>5/1/25</b>	Payee name <b>UNIVERSAL SIGNS</b>	
Amount (\$) <b>\$243.56</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/PRINTING</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>4/30/25</b>	Payee name <b>J. CARTER LOGO WEAR</b>	
Amount (\$) <b>\$41.88</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 &amp; CAPS</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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**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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: <u>29</u>	<b>2</b> FILER NAME <u>William Ferguson</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>5/5/25</u>	<b>5</b> Payee name <u>ACADEMY SPORTS</u>	
<b>6</b> Amount (\$) <u>162.11</u>	<b>7</b> Payee address; City, State, Zip Code <u>SUGAR LAND, TX</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>POLLING EXPENSE</u>	
	<b>(b)</b> Description <u>CLAIMS FOR POLL WORKERS</u>	
	<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
Date <u>5/2/25</u>	Payee name <u>MONICA RILEY</u>	
Amount (\$) <u>\$2,000.-</u>	Payee address; City, State, Zip Code <u>MISSOURI CITY, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u> <u>CONSULTING EXPENSE</u>	
	Description <u>POLLING WORKERS</u>	
	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 <u>5/1/25</u>	Payee name <u>MILMO REED</u>	
Amount (\$) <u>\$200.00</u>	Payee address; City, State, Zip Code <u>RICHMOND, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONSULTING</u>	
	Description <u>BLOCK WALKING</u>	
	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 page, Schedule F1: <i>24</i>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/19/25</i>	5 Payee name <i>Sign Banner</i>	
6 Amount (\$) <i>\$433.00</i>	7 Payee address: <i>Houston TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signs</i>
	(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 <i>5/19/25</i>	Payee name <i>Rudy's</i>	
Amount (\$) <i>\$82.91</i>	Payee address: <i>Richmond TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage</i>	Description <i>Campaign Team Meeting</i>
	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 <i>5/19/25</i>	Payee name <i>Shipley Donuts</i>	
Amount (\$) <i>\$105.26</i>	Payee address: <i>Sugar Land TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage</i>	Description <i>NT Event</i>
	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>2</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/5/25</b>	5 Payee name <b>ST. THERESA CHURCH</b>	
6 Amount (\$) <b>\$1,100.00</b>	7 Payee address; City, State, Zip Code <b>SUGAR LAND, TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION / DONATION EVENT EXPENSE</b>	(b) Description <b>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"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/5/25</b>	Payee name <b>RUDY'S</b>	
Amount (\$) <b>\$1702.43</b>	Payee address; City, State, Zip Code <b>SUGAR LAND</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD &amp; BEVERAGE</b>	Description <b>WATCH PARTY</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
Date <b>5/5/25</b>	Payee name <b>DOLLAR TREE</b>	
Amount (\$) <b>\$40.59</b>	Payee address; City, State, Zip Code <b>SUGAR LAND, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>WATCH PARTY</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            | 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: <u>24</u>	<b>2</b> FILER NAME <u>William Ferguson</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>5/6/25</u>	<b>5</b> Payee name <u>SIGN BANNER</u>	
<b>6</b> Amount (\$) <u>\$1759.00</u>	<b>7</b> Payee address; City, State, Zip Code <u>HOUSTON, TX</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING/PRINTING</u>	<b>(b)</b> Description <u>SIGNS</u>
	<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
Date <u>5/5/25</u>	Payee name <u>ALISSA BEARDEN</u>	
Amount (\$) <u>\$300.00</u>	Payee address; City, State, Zip Code <u>HOUSTON, TX</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>CONSULTING</u>	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 <u>5/5/25</u>	Payee name <u>MILIMO REED</u>	
Amount (\$) <u>\$150.00</u>	Payee address; City, State, Zip Code <u>RICHLAND, TX</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>CONSULTING</u>	Description <u>BLACK WALKING</u>
	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>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/25</b>	5 Payee name <b>Burt</b>	
6 Amount (\$) <b>750.00</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>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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/19/25</b>	Payee name <b>German Vega</b>	
Amount (\$) <b>550.00</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 Expense</b>	Description <b>Sign Management</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
Date <b>5/19/25</b>	Payee name <b>Jay</b>	
Amount (\$) <b>300.00</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>Consulting</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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**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.

<b>1</b> Total pages Schedule F1: 29	<b>2</b> FILER NAME William Ferguson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/9/25	<b>5</b> Payee name LONGHORN STEAKHOUSE	
<b>6</b> Amount (\$) \$97.78	<b>7</b> Payee address; SUGAR LAND, TX	City: State: Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	<b>(b)</b> Description CAMPAIGN MEETING
	<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 5/8/25	Payee name SIGN BANNER	
Amount (\$) \$1997.21	Payee address; HOUSTON, TX	City: State: Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING / ADVERTISING	Description 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 5/7/25	Payee name ZEESHAN	
Amount (\$) \$1,000.00	Payee address; HOUSTON, TX	City: State: Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description PODCAST
	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.

<b>1</b> Total pages Schedule F1: <i>24</i>	<b>2</b> FILER NAME <i>William Ferguson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/20/25</i>	<b>5</b> Payee name <i>Longhorn Steakhouse</i>	
<b>6</b> Amount (\$) <i>\$ 71.99</i>	<b>7</b> Payee address: City, State, Zip Code <i>Sugar Land TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food Beverage</i>	<b>(b)</b> Description <i>Campaign Team Meeting</i>
	<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	
Date <i>5/20/25</i>	Payee name <i>Lamar Little League</i>	
Amount (\$) <i>\$ 400.00</i>	Payee address: City, State, Zip Code <i>Richmond TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Banners</i>
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
	Candidate / Officeholder name Office sought Office held	
Date <i>5/19/25</i>	Payee name <i>MIT</i>	
Amount (\$) <i>\$ 1000</i>	Payee address: City, State, Zip Code <i>Houston TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Beverage</i>	Description <i>Campaign Meet and Greet</i>
	Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
	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>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/12/25</b>	5 Payee name <b>HOME DEPOT</b>	
6 Amount (\$) <b>\$280.29</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>ADVERTISING EXPENSE</b>	(b) Description <b>SIGN POSTS SUPPLIES</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
Date <b>5/12/25</b>	Payee name <b>SIGN BANNER</b>	
Amount (\$) <b>\$2543.88</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 EXPENSE</b>	Description <b>PRINTING EXPENSE SIGNS (PRINTED)</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
Date <b>5/12/25</b>	Payee name <b>BECK'S PRIME</b>	
Amount (\$) <b>\$442.35</b>	Payee address; City, State, Zip Code <b>SUGAR LAND</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD &amp; BEVERAGE</b>	Description <b>TEAM 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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# 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: <i>24</i>	2 FILER NAME <i>William Ferguson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/22/25</i>	5 Payee name <i>Bar Louie</i>	
6 Amount (\$) <i>\$311.97</i>	7 Payee address: City, State, Zip Code <i>Sugar Land Tx 77479</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	(b) Description <i>Campaign Team Meeting</i>
	(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 <i>5/22/25</i>	Payee name <i>Fort Bend Election Office</i>	
Amount (\$) <i>\$40.00</i>	Payee address: City, State, Zip Code <i>Rosenberg Tx 77471</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Election Data</i>
	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 <i>5/21/25</i>	Payee name <i>J Carter Logoulian</i>	
Amount (\$) <i>\$403.92</i>	Payee address: City, State, Zip Code <i>Houston Tx</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Shirts, Caps.</i>
	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 <b>24</b>	2 FILER NAME <b>William Ferguson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/23/25</b>	5 Payee name <b>Sigis Banner</b>	
6 Amount (\$) <b>\$ 795.64</b>	7 Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Sigis</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
Date <b>5/23/25</b>	Payee name <b>Katy Christian Magazine</b>	
Amount (\$) <b>\$ 800.00</b>	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/22/25</b>	Payee name <b>Fort Bend Republican Women's Club</b>	
Amount (\$) <b>\$ 116.20</b>	Payee address; City, State, Zip Code <b>Richard TX 77406</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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>6</b>
2 FILER NAME <b>William Ferguson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/27/2025</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Vernon Beyer</b>	7 Amount of contribution (\$) <b>\$ 10,000.00</b>
6 Contributor address, City, State, Zip Code <b>Sugar Land, TX</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address, City, State, Zip Code	Amount of contribution (\$)
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.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME William Ferguson		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Rena Kain 6 Contributor address, City, State, Zip Code Sugar Land, TX	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 05/16/2025	Full name of contributor out-of-state PAC (ID# _____) Mohammed Lalany Contributor address; City, State Zip Code Sugar Land, TX	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2025	Full name of contributor out-of-state PAC (ID# _____) Majestic Contributor address; City, State Zip Code Sugar Land, TX	Amount of contribution (\$)  2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)
Date 05/16/2025	Full name of contributor out-of-state PAC (ID# _____) Ft. Bend Business Coalition Contributor address; City, State Zip Code Sugar Land, TX	Amount of contribution (\$)  5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>William Ferguson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/29/2025</b>	5 Full name of contributor <b>Robert Barbour</b> <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>[REDACTED] Sugar Land, TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Co-owner</b>		9 Employer (See Instructions) <b>CEG</b>
Date <b>04/29/2025</b>	Full name of contributor <b>Susan Buddeke</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)  <b>250.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] Houston, TX 77005</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>05/06/2025</b>	Full name of contributor <b>Bangar Aaloori</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>Sugar Land, TX</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions) <b>Media Masala Radio</b>
Date <b>05/06/2025</b>	Full name of contributor <b>Vernon Beyer</b> <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)  <b>25,000.00</b>
Contributor address; City; State; Zip Code <b>Sugar Land, TX</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
<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>		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME William Ferguson		3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2025	5 Full name of contributor Andy Uschold out-of-state PAC (ID#: _____) 6 Contributor address, City, State, Zip Code [REDACTED] Sugar Land, Tx 77478	7 Amount of contribution (\$)  5.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Real Estate
Date 05/06/2025	Full name of contributor Robert Mason out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/06/2025	Full name of contributor Debra Propper out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 05/01/2025	Full name of contributor Sam Maida out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Law Firm Owner		Employer (See Instructions) Maida Law Firm
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME William Ferguson		3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2025	5 Full name of contributor Diana Barcus out-of-state PAC (ID#: _____) 6 Contributor address: [REDACTED] Sugar Land, TX 77479 City; State; Zip Code	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 05/06/2025	Full name of contributor Brandon Irby out-of-state PAC (ID#: _____) Contributor address: [REDACTED] Sugar Land, TX 77479 City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Fluor Enterprises
Date 05/06/2025	Full name of contributor Linda Adams out-of-state PAC (ID#: _____) Contributor address: [REDACTED] Sugar Land, TX 77479 City; State; Zip Code	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/06/2025	Full name of contributor Patrick Hood out-of-state PAC (ID#: _____) Contributor address: [REDACTED] Sugar Land, TX 77479 City; State; Zip Code	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Mr Medicare USA
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 6
2 FILER NAME William Ferguson		3 Filer ID (Ethics Commission Filers)
4 Date 05/22/2025	5 Full name of contributor Ray Aguilar out-of-state PAC (ID# _____ ) 6 Contributor address; City; State; Zip Code [REDACTED] Richmond, TX 77406	7 Amount of contribution (\$)  265.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Owner
Date 05/19/2025	Full name of contributor Tim Stubenrouch out-of-state PAC (ID# _____ ) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  300.00
Principal occupation / Job title (See Instructions) Prosperity Bank		Employer (See Instructions) Banker
Date 05/07/2025	Full name of contributor Thomas Fragale out-of-state PAC (ID# _____ ) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/07/2025	Full name of contributor Rochelle Lee out-of-state PAC (ID# _____ ) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Bracewell LLP		Employer (See Instructions) Controller

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