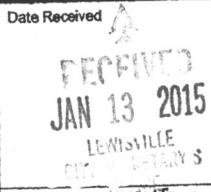


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> FIRST <b>ROY</b> LAST NICKNAME <b>RNEIL</b>	MI <b>N</b> SUFFIX	<b>OFFICE USE ONLY</b> Date Received  Date Handled/Returned/Postmarked Receipt #      Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1097 HOLLY LANE LEWISVILLE, TX 75067</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 315-8367</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b> FIRST <b>ROY</b> LAST NICKNAME <b>RNEIL</b>	MI <b>N</b> SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1097 HOLLY LANE LEWISVILLE, TX 75067</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 315-8367</b>		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>07 / 01 / 2014      12 / 31 / 2014</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>05 / 12 / 2012</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>LEWISVILLE CITY COUNCIL PLACE 2</b>	13 OFFICE SOUGHT (if known) <b>LEWISVILLE CITY COUNCIL PLACE 2</b>	
<b>GOTO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **ROY N. FERGUSON (R NEIL)** 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

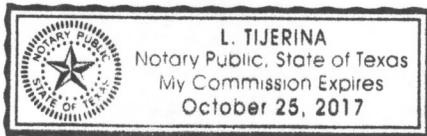
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 501.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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



*Roy N. Ferguson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roy N. Ferguson, this the 13th day of January, 20 15, to certify which, witness my hand and seal of office.

*L. Tijerina* Signature of officer administering oath  
 L. Tijerina Printed name of officer administering oath  
 Notary Public Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1 of 1</b>	2 FILER NAME <b>ROY N. FERGUSON (R NEIL)</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>07/23/2014</b>	5 Payee name <b>FACEBOOK, INC.</b>
-----------------------------	---------------------------------------

6 Amount (\$) <b>5.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. BOX 10005 PALO ALTO, CA 94303</b>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>SPONSOR/PROMOTE STORY/POST FOR ELECTFERGUSON PAGE</b>
--------------------------	--	---

Date <b>12/24/2014</b>	Payee name <b>FACEBOOK, INC.</b>
---------------------------	-------------------------------------

Amount (\$) <b>5.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. BOX 10005 PALO ALTO, CA 94303</b>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>SPONSOR/PROMOTE STORY/POST FOR ELECTFERGUSON PAGE</b>
------------------------	--	---

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

ROY N FERGUSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

DENTON AREA TEACHER CREDIT UNION

8 Amount (\$)

0.25

07/02/2014

6 Address of person from whom amount is received; City; State; Zip Code

P.O. BOX 827  
225 WEST MULBERRY  
DENTON, TX 76201

7 Purpose for which amount is received

INTEREST INCOME ON CAMPAIGN FUND ACCOUNT

Date

Name of person from whom amount is received

DENTON AREA TEACHER CREDIT UNION

Amount (\$)

0.26

10/02/2014

Address of person from whom amount is received; City; State; Zip Code

P.O. BOX 827  
225 WEST MULBERRY  
DENTON, TX 76201

Purpose for which amount is received

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED