

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="text-align: center; font-size: 2em; font-weight: bold;">\$</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI M.R. ROY N ----- NICKNAME LAST SUFFIX RNEIL FERGUSON	OFFICE USE ONLY Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED APR 9 2015 LEWISVILLE CITY SECRETARY'S OFFICE </div> Date Hand-delivered or 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 1097 HOLLY LANE LEWISVILLE, TX 75067		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 315-8367		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. ROY N ----- NICKNAME LAST SUFFIX RNEIL FERGUSON		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1097 HOLLY LANE LEWISVILLE, TX 75067		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 315-8367		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01 / 01 / 2015 THROUGH 03 / 30 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 2012	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) LEWISVILLE CITY COUNCIL PLACE 2	13 OFFICESOUGHT (if known) LEWISVILLE CITY COUNCIL PLACE 2	

GOTO PAGE 2

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 11.38

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 56.48

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1018.08

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

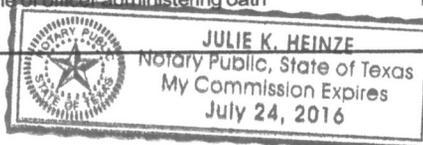
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said R. Neil Ferguson, this the 9th day of April, 2015, to certify which, witness my hand and seal of office.

Julie K. Heinze
Signature of officer administering oath

Julie K. Heinze
Printed name of officer administering oath

Notary Public
Title of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 1	
2 FILER NAME ROY N FERGUSON (R NEIL)		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD & BEVERLY FORD	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 829 HIGH MEADOW CT. LEWISVILLE, TX 75077		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON M. ELLIS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 340 W. WALTERS ST. LEWISVILLE, TX 75057		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL M. TOMKOVICH	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2038 BRIARCLIFF RD. LEWISVILLE, TX 75067		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME ROY N. FERGUSON (R NEIL)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/31/2015	5 Payee name FACEBOOK, INC.	
6 Amount (\$) 5.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. BOX 10005 PALO ALTO, CA 94303	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) SPONSOR/PROMOTE STORY/POST FOR ELECTFERGUSON PAGE
Date 02/28/2015	Payee name FACEBOOK, INC.	
Amount (\$) 12.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 10005 PALO ALTO, CA 94303	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPONSOR/PROMOTE STORY/POST FOR ELECTFERGUSON PAGE
Date 03/11/2015	Payee name FACEBOOK, INC.	
Amount (\$) 25.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 10005 PALO ALTO, CA 94303	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPONSOR/PROMOTE STORY/POST FOR ELECTFERGUSON PAGE
Date 03/11/2015	Payee name FACEBOOK, INC.	
Amount (\$) 5.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 10005 PALO ALTO, CA 94303	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SPONSOR/PROMOTE STORY/POST FOR ELECTFERGUSON PAGE

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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: <p style="font-size: 2em; text-align: center;">2 of 2</p>	2 FILER NAME <p style="font-size: 1.5em; text-align: center;">ROY N FERGUSON (R NEW)</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">02/13/2015</p>	5 Payee name <p style="font-size: 1.2em; text-align: center;">NAMECHEAP.COM</p>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="font-size: 1.2em; text-align: center;">11400 W. OLYMPIC BLVD, SUITE 200 LOS ANGELES, CA 90064</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="font-size: 1.2em; text-align: center;">ADVERTISING EXPENSE</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="font-size: 1.2em; text-align: center;">DOMAIN HOSTING PACKAGE</p>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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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

01/01/2015

5 Name of person from whom amount is received

DENTON AREA TEACHER CREDIT UNION

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

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

8

Amount (\$)

1.50

7 Purpose for which amount is received

INTEREST INCOME ON CAMPAIGN FUND ACCOUNT

Date

01/02/2015

Name of person from whom amount is received

DENTON AREA TEACHER CREDIT UNION

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

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

Amount (\$)

0.26

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 (\$)

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