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: 7

OFFICE USE ONLY

Date Received: RECEIVED MAY 1 2015 LEWISVILLE CITY SECRETARY'S OFFICE

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Roy | MI: N.

NICKNAME: R Neil | LAST: Ferguson | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1097 Holly Lane Lewisville Texas 75067

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (972) | PHONE NUMBER: 315-8367 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Roy | MI: N.

NICKNAME: R Neil | LAST: Ferguson | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1097 Holly Lane Lewisville Texas 75067

8 CAMPAIGN TREASURER PHONE

AREA CODE: (972) | PHONE NUMBER: 315-8367 | 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 $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 03 / 31 / 2015 THROUGH Month / Day / Year: 04 / 29 / 2015

11 ELECTION

ELECTION DATE Month / Day / Year: 05 / 09 / 2015

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Lewisville City Council Place 2

13 OFFICE SOUGHT (if known): Lewisville City Council Place 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Roy N. (R Neil) Ferguson

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	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3450.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 4625.00

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2084.60

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.

R Neil 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 1st day of May, 20 15, to certify which, witness my hand and seal of office.

Julie K. Heinze	Julie K. Heinze	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

NOTARY PUBLIC STATE OF TEXAS
JULIE K. HEINZE
Notary Public, State of Texas
My Commission Expires
July 24, 2016

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. (R Neil) Ferguson

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/01/2015	Mark N. Wood 16608 NE 132nd Street, Redmond WA 98052	400.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/13/2015	Toby Rotman 4107 Remington Park Ct., Flower Mound TX 75028	500.00 (If travel outside of Texas, complete Schedule T)	

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 ($)	In-kind contribution description (if applicable)
04/21/2015	Melinda Jemison 1315 Cedar Ridge, Lewisville Texas 75067	50.00 (If travel outside of Texas, complete Schedule T)	

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 ($)	In-kind contribution description (if applicable)
04/24/2015	TREPAC/Texas Association of REALTORS® P.O Box 2246, Austin TX 78768-2246	2000.00 (If travel outside of Texas, complete Schedule T)	

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 ($)	In-kind contribution description (if applicable)
04/24/2015	Quinn Chen 6509 Timber Wolf Trail, Plano TX 75093	500.00 (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 foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 F: 1 of 1	2 FILER NAME Roy N. (R Neil) Ferguson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/28/2015	5 Payee name R Neil Ferguson	
6 Amount ($) 45.00	7 Payee address; City; State; Zip Code 1097 Holly Lane Lewisville Texas 75067	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Marked Intended Reimbursements	(b) Description (If travel outside of Texas, complete Schedule T) Previously Unreimbursed 2013 Expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/28/2015	Payee name Roy N. (R Neil) Ferguson	
Amount ($) 20.00	Payee address; City; State; Zip Code 1097 Holly Lane Lewisville Texas 75067	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marked Intended Reimbursements	Description (If travel outside of Texas, complete Schedule T) Previously Unreimbursed 2014 Expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 04/28/2015	Payee name Roy N. (R Neil) Ferguson	
Amount ($) 2334.00	Payee address; City; State; Zip Code 1097 Holly Lane Lewisville Texas 75067	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marked Intended Reimbursements	Description (If travel outside of Texas, complete Schedule T) Unreimbursed 2015 to Date Expenses
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 (If travel outside of Texas, complete Schedule T)
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 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1 of 1	Roy N. (R Neil) Ferguson	

4 Date	5 Payee name
04/14/2015	Bradburry Signs

6 Amount ($)	7 Payee address; City; State; Zip Code
$2197.53 [X] Reimbursement from political contributions intended	894 North Mill Street, Suite 3, Lewisville TX 75067

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Campaign Signs & Supports

Date	Payee name
04/26/2015	Quicktrip #00941

Amount ($)	Payee address; City; State; Zip Code
$40.43 [X] Reimbursement from political contributions intended	1035 W. Round Grove Road, Lewisville TX 75067

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Travel in District	Campaign Sign Installations

Date	Payee name
04/27/2015	Facebook, Inc.

Amount ($)	Payee address; City; State; Zip Code
$12.09 [X] Reimbursement from political contributions intended	1601 Willow Road, Menlo Park, CA 94025-1452

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

Date	Payee name
04/26/2015	Lowe's Home Centers, LLC

Amount ($)	Payee address; City; State; Zip Code
$27.47 [X] Reimbursement from political contributions intended	1051 North Stemmons Freeway, Lewisville TX 75067

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Large Campaign Sign Supports

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Roy N. (R Neil) Ferguson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/01/2015	5 Payee name PayPal, Inc.	
6 Amount ($) 11.90	7 Payee address; City; State; Zip Code 2211 N. First St., San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Banking Fees	(b) Description (See instructions regarding type of information required.) Credit Card Processing Fee
Date 04/21/2015	Payee name PayPal, Inc.	
Amount ($) 1.75	Payee address; City; State; Zip Code 2211 N. First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Banking Fees	(b) Description (See instructions regarding type of information required.) Credit Card Processing Fee
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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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. (R Neil) Ferguson

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Name of person from whom amount is received / 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
04/01/2015	Denton Area Teachers Credit Union P.O. Box 827, 225 West Mulberry Street, Denton TX 76201	0.17
	7 Purpose for which amount is received: Interest Income on Campaign Finance Fund Checking Account	

Date	Name of person from whom amount is received / Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	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	Amount ($)
	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	Amount ($)
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED