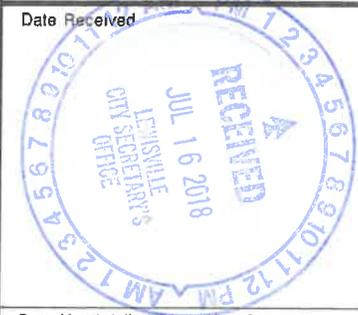


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: «8»			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY 		
	Mr.	Roy	N			
NICKNAME	LAST		SUFFIX			
R Neil	Ferguson					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE	Date Received		
	1097 Holly Lane		Lewisville Texas 75067			
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(972)	315-8367				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #		
	Mr.	Roy	N	Amount \$		
NICKNAME		LAST		SUFFIX		
R Neil		Ferguson		Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE			
	1097 Holly Lane		Lewisville Texas 75067			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(972)	315-8367				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input checked="" 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	Month	Day	Year
	06	07	2018	THROUGH	06	30 / 2018
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
06 / 16 / 2018			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Lewisville City Council - Place 2					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Roy N (R Neil) Ferguson **15 Filer ID (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	\$ 133.28
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1079.98
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 90.41
	4. TOTAL POLITICAL EXPENDITURES	\$ 340.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4175.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

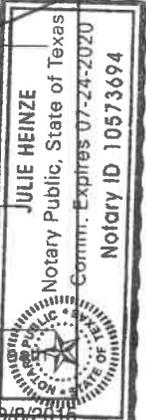
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said R. Neil Ferguson, this the 16th day of July, 20 18, to certify which, witness my hand and seal of office.

Julie Heinze
 Signature of officer administering oath

Julie Heinze
 Printed name of officer administering oath

Notary Public
 Title of officer administering



SUBTOTALS - C/OH

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

19 FILER NAME Roy N (R Neil) Ferguson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 946.70
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 340.41
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 340.41
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.42

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 (of 2)

2 FILER NAME

Roy N (R Neil) Ferguson

3 Filer ID (Ethics Commission Filers)

4 Date

06/15/2018

5 Full name of contributor

Gail T. Robinson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

916 Royal Oaks Drive Lewisville TX 75067

8 Principal occupation / Job title (See Instructions)

[not required]

9 Employer (See Instructions)

[not required]

Date

06/15/2018

Full name of contributor

Kathy Ueckert

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2038 Dove Creek Way Lewisville TX 75077

Principal occupation / Job title (See Instructions)

[not required]

Employer (See Instructions)

[not required]

Date

06/11/2018

Full name of contributor

Brian Wood

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

96.80

Contributor address; City; State; Zip Code

1031 Summit Way Lewisville TX 75077

Principal occupation / Job title (See Instructions)

[not required]

Employer (See Instructions)

[not required]

Date

06/11/2018

Full name of contributor

Mark Wood

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

96.80

Contributor address; City; State; Zip Code

6160 Canyon Ridge Lane Conroe TX 77304

Principal occupation / Job title (See Instructions)

[not required]

Employer (See Instructions)

[not required]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 (of 2)
2 FILER NAME <p style="text-align: center;">Roy N (R Neil) Ferguson</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">06/11/2018</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Deanna Perkins</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">1360 Daffodil Lane Lewisville TX 75077</p>	7 Amount of contribution (\$) <p style="text-align: center;">53.10</p>
8 Principal occupation / Job title (See Instructions) <p style="text-align: center;">[not required]</p>		9 Employer (See Instructions) <p style="text-align: center;">[not required]</p>
Date <p style="text-align: center;">06/15/2018</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Liebchen Partners Ltd.</p> Contributor address; City; State; Zip Code <p style="text-align: center;">1400 Moccasin Trail Lewisville TX 75077</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">[not required]</p>		Employer (See Instructions) <p style="text-align: center;">[not required]</p>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 (of 1)	2 FILER NAME Roy N (R Neil) Ferguson	3 Filer ID (Ethics Commission Filers)
4 Date 06/24/2018	5 Payee name VISA	
6 Amount (\$) 340.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 790104 St. Louis, MO 63179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 (of 3)	2 FILER NAME Roy N (R Neil) Ferguson	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 90.41
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5 Date 06/12/2018	6 Payee name United States Postal Service
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7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code 194 Civic Cir, Lewisville, TX 75067
---------------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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 Filer ID (Ethics Commission Filers)
4 Date 06/29/2018	5 Name of person from whom amount is received <p style="text-align: center;">Bank of the West - Lewisville TX</p> 6 Address of person from whom amount is received; City; State; Zip Code <p style="text-align: center;">108 W. Northwest Hwy. Grapevine Texas 76051</p>	8 Amount (\$) <p style="text-align: center;">0.42</p>
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <p style="text-align: center;">Campaign Holding Account Quarterly Interest Income</p>		
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 <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		
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 <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED