

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| The JC/OH Instruction Guide explains how to complete this form.                          |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:<br><b>14</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>FIRST<br><b>William</b><br>NICKNAME<br><b>Ferguson</b><br>LAST<br>MI<br><b>E</b><br>SUFFIX  | <b>OFFICE USE ONLY</b><br>Date Received  |                                   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>Sugar Land Tx 77479</b>   | Date Hand-delivered or Date Postmarked   |                                   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(832) 372 1634</b>  | Receipt #  | Amount \$                         |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>FIRST<br><b>Glen</b><br>NICKNAME<br><b>Hill</b><br>LAST<br>MI<br><b>Preston</b><br>SUFFIX   | Date Processed   | Date Imaged                       |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>3551 Maramatha Dr. Sugar Land Tx 77479</b>   |  |                                   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(832) 302-5103</b>  |  |                                   |
| 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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                                   |
| 10 PERIOD COVERED  | Month Day Year    Month Day Year<br><b>01 / 23 / 26</b> THROUGH <b>02 / 21 / 26</b>  |  |                                   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>03 / 03 / 26</b>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                   |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><b>Justice of the Peace Pet 3</b>   |                                   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | 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<br><input type="checkbox"/> SPECIFIC  | COMMITTEE TYPE    COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                   |

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|  |   |  |
|--|---|--|
| 15 JC/OH NAME<br><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>25.00</i>                        |
| EXPENDITURE TOTALS                       | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <i>10,076.70</i>                    |
| CONTRIBUTION BALANCE                     | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <i>15,694.01</i>                    |
| OUTSTANDING LOAN TOTALS                  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

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.

\_\_\_\_\_  
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 *4/11/68*

My address is \_\_\_\_\_ *Sugar Land TX 77479 USA*  
(street) (city) (state) (zip code) (country)

Executed in *Fort Bend* County, State of *Texas*, on the *23* day of *February* 20*26*  
(month) (year)

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

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME

*William 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                                      | \$ <i>25.00</i>     |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>10,876.70</i> |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                        | \$                  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                  |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                                   | \$                  |
| 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 | \$ <i>.12</i>       |

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1<br><b>1</b>     |
| 2 FILER NAME<br><b>William Ferguson</b>   |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>2/19</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Joel Ramirez</b>                      | 7 Amount of contribution (\$) <b>\$ 25.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>16302 Brush Meadow Ct. S-L. TX 77498</b> |   |   |
| 8 Contributor's principal occupation<br><b>Sin Investigator</b>                             |   | 9 Contributor's job title                     |
| 10 Contributor's employer/law firm<br><b>Bluefire Insurance</b>                             |   | 11 Law firm of contributor's spouse (if any)  |
| 12 If contributor is a child, law firm of parent(s) (if any)                                |   |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                   |
| Contributor's principal occupation  |   | Contributor's job title                       |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)     |
| If contributor is a child, law firm of parent(s) (if any)                                   |   |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                   |
| Contributor's principal occupation  |   | Contributor's job title                       |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)     |
| If contributor is a child, law firm of parent(s) (if any)                                   |   |   |

**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 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 Labour | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form

|                                 |   |                                       |
|---------------------------------|---|---------------------------------------|
| 1 Total p <b>9</b> Schedule F1: | 2 FILER NAME<br><b>William Ferguson</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---|---------------------------------------|

|                         |                            |
|-------------------------|----------------------------|
| 4 Date<br><b>2/2/26</b> | 5 Payee name<br><b>Wix</b> |
|-------------------------|----------------------------|

|   |  |
|---|--|
| 6 Amount (\$) <b>\$29.22</b>                                      | 7 Payee address; City: <b>San Francisco CA</b> State: Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> | (b) Description<br><b>Web</b>  |
|                          | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        | <input type="checkbox"/> 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<br><b>2/2/26</b> | Payee name<br><b>Universal Signs &amp; Banners</b> |
|-----------------------|--|

|   |  |
|---|--|
| Amount (\$) <b>\$811.88</b>                                       | Payee address; City: <b>Houston TX</b> State: Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                       |                                   |
|-----------------------|-----------------------------------|
| Date<br><b>2/2/26</b> | Payee name<br><b>Kara McLaney</b> |
|-----------------------|-----------------------------------|

|   |  |
|---|--|
| Amount (\$) <b>\$500</b>  | Payee address; City: <b>Murkel Texas</b> State: Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Consulting 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 |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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>9</b>                   | 2 FILER NAME<br><b>William Ferguson</b>  | 3 Filer ID (Ethics Commission Filers)                                    |
| 4 Date  | 5 Payee name   |  |
| 6 Amount (\$) -                                       | 7 Payee address; City; State; Zip Code   |  |
|   | <input type="checkbox"/> Check if individual's residence address.                              |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule):                              | (b) Description  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            | <input type="checkbox"/> 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<br><b>2/3/26</b>                                 | Payee name<br><b>German Vega</b>   |  |
| Amount (\$) <b>\$ 850.00</b>                          | Payee address; City; State; Zip Code<br><b>Houston TX</b>                                      |  |
|   | <input type="checkbox"/> Check if individual's residence address.                              |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule):<br><b>Advertising</b>            | Description<br><b>Block Walking</b>                                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                | <input type="checkbox"/> Check if Austin, TX officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held  |
| Date<br><b>2/9/26</b>                                 | Payee name<br><b>United Airlines</b>   |  |
| Amount (\$) <b>\$ 194.99</b>                          | Payee address; City; State; Zip Code<br><b>Houston TX</b>                                      |  |
|   | <input type="checkbox"/> Check if individual's residence address.                              |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule):<br><b>Travel out of district</b> | Description<br><b>Airline</b>  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                | <input type="checkbox"/> 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 page: <b>9</b> Schedule F1: | 2 FILER NAME<br><b>William Ferguson</b> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---|---------------------------------------|

|                         |                                    |
|-------------------------|------------------------------------|
| 4 Date<br><b>2/9/26</b> | 5 Payee name<br><b>Bright Line</b> |
|-------------------------|------------------------------------|

|                                 |   |                                      |        |          |
|---------------------------------|---|--------------------------------------|--------|----------|
| 6 Amount (\$)<br><b>\$48.00</b> | 7 Payee address;<br><input type="checkbox"/> Check if individual's residence address. | City:<br><b>West Palm Beach Fla.</b> | State: | Zip Code |
|---------------------------------|---|--------------------------------------|--------|----------|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Transportation</b> | (b) Description  |
|                          | (c) <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<br><b>2/9/26</b> | Payee name<br><b>Parking Spot</b> |
|-----------------------|-----------------------------------|

|                               |   |                            |        |          |
|-------------------------------|---|----------------------------|--------|----------|
| Amount (\$)<br><b>\$55.30</b> | Payee address;<br><input type="checkbox"/> Check if individual's residence address. | City:<br><b>Houston Tx</b> | State: | Zip Code |
|-------------------------------|---|----------------------------|--------|----------|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Transportation</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<br><b>2/9/26</b> | Payee name<br><b>Hampton Inn &amp; Suites</b> |
|-----------------------|---|

|                                 |   |                                    |        |          |
|---------------------------------|---|------------------------------------|--------|----------|
| Amount (\$)<br><b>\$1230.82</b> | Payee address;<br><input type="checkbox"/> Check if individual's residence address. | City:<br><b>West Palm Beach FL</b> | State: | Zip Code |
|---------------------------------|---|------------------------------------|--------|----------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Travel out of district hotels</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**

**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 9 Schedule F1:                           | 2 FILER NAME<br><i>William Ferguson</i>   | 3 Filer ID (Ethics Commission Filers)                                    |
| 4 Date<br><i>2/9/26</i>                               | 5 Payee name<br><i>German Vega</i>  |  |
| 6 Amount (\$) <i>\$700.00</i>                         | 7 Payee address; City: <i>Houston</i> State: <i>TX</i> Zip Code                         |  |
|   | <input type="checkbox"/> Check if individual's residence address.                       |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule):<br><i>Advertising</i> | (b) Description<br><i>Sign construction</i>                              |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> 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<br><i>2/11/26</i>                                | Payee name<br><i>Home Depot</i>   |  |
| Amount (\$) <i>\$149.06</i>                           | Payee address; City: <i>Sugar Land</i> State: <i>TX</i> Zip Code                        |  |
|   | <input type="checkbox"/> Check if individual's residence address.                       |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule):<br><i>Advertising</i>     | Description<br><i>Sign Material</i>                                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         | <input type="checkbox"/> Check if Austin, TX officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held   |
| Date<br><i>2/11/26</i>                                | Payee name<br><i>Universal Sign &amp; Banner</i>  |  |
| Amount (\$) <i>\$1342.70</i>                          | Payee address; City: <i>Houston</i> State: <i>TX</i> Zip Code                           |  |
|   | <input type="checkbox"/> Check if individual's residence address.                       |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule):<br><i>Advertising</i>     | Description<br><i>Signs</i>  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         | <input type="checkbox"/> 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 page: <b>9</b> Schedule F1: | 2 FILER NAME<br><b>William Ferguson</b> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---|---------------------------------------|

|                          |                                       |
|--------------------------|---------------------------------------|
| 4 Date<br><b>2/12/26</b> | 5 Payee name<br><b>Cracker Barrel</b> |
|--------------------------|---------------------------------------|

|   |  |
|---|--|
| 6 Amount (\$) <b>\$18.65</b>                                      | 7 Payee address; City: <b>Richmond</b> State: <b>Tx</b> Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule):<br><b>Food Expense</b>   | (b) Description:<br><b>Team Meeting</b> |
|                          | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>2/12/26</b> | Payee name<br><b>Milmo Reed</b> |
|------------------------|---------------------------------|

|   |  |
|---|--|
| Amount (\$) <b>\$1000.00</b>                                      | Payee address; City: <b>Richmond</b> State: <b>Tx</b> Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |

|                        |  |             |
|------------------------|--|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule):<br><b>Consulting 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 |             |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |                                      |
|------------------------|--------------------------------------|
| Date<br><b>2/13/26</b> | Payee name<br><b>Robert Lawrence</b> |
|------------------------|--------------------------------------|

|   |  |
|---|--|
| Amount (\$) <b>\$300.00</b>                                       | Payee address; City: <b>Surgeon Land</b> State: <b>Tx</b> Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |  |

|                        |  |             |
|------------------------|--|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule):<br><b>Accounting</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 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: **9**      2 FILER NAME: **William Ferguson**      3 Filer ID (Ethics Commission Filers):

4 Date: **2/13/26**      5 Payee name: **HEB**

6 Amount (\$): **\$ 49.69**      7 Payee address: **Sugar Land Tx**  
 City:      State:      Zip Code:  
 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE: **Food Expense**  
 (a) Category (See Categories listed at the top of this schedule):  
 (b) Description:  
 (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: **2/17/26**      Payee name: **J Carter Cojowear**

Amount (\$): **\$ 333.00**      Payee address: **Houston Tx**  
 City:      State:      Zip Code:  
 Check if individual's residence address.

PURPOSE OF EXPENDITURE: **Advertising**  
 Category (See Categories listed at the top of this schedule):      Description: **Shirts**  
 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: **2/17/26**      Payee name: **Huge Off**

Amount (\$): **\$ 11.43**      Payee address: **Houston Tx**  
 City:      State:      Zip Code:  
 Check if individual's residence address.

PURPOSE OF EXPENDITURE: **Fees**  
 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:

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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 <b>9</b> Schedule F1:                           | 2 FILER NAME<br><b>William Ferguson</b>   | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><b>2/18/26</b>                                     | 5 Payee name<br><b>Bombay Delight</b>   |   |
| 6 Amount (\$)<br><b>\$10.48</b>                              | 7 Payee address; City, State, Zip Code<br><b>Sugar Land Tx</b><br><input type="checkbox"/> Check if individual's residence address. |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Beverage Expense</b>   | (b) Description<br><b>Team Meeting</b>                                    |
|  | (c) <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<br><b>2/18/26</b>                                       | Payee name<br><b>Milmo Reed</b>   |   |
| Amount (\$)<br><b>\$500.00</b>                               | Payee address; City, State, Zip Code<br><b>Richmond Tx</b><br><input type="checkbox"/> Check if individual's residence address.     |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Consulting 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held  |
| Date<br><b>2/18/26</b>                                       | Payee name<br><b>Kara McLaney</b>   |   |
| Amount (\$)<br><b>\$500.00</b>                               | Payee address; City, State, Zip Code<br><b>Marvel Tx</b><br><input type="checkbox"/> Check if individual's residence address.       |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Consulting 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 |
| 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 3(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>9</b> | 2 FILER NAME<br><b>William Ferguson</b> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|---|---------------------------------------|

|                          |                                 |
|--------------------------|---------------------------------|
| 4 Date<br><b>2/19/26</b> | 5 Payee name<br><b>Los Tios</b> |
|--------------------------|---------------------------------|

|   |   |
|---|---|
| 6 Amount (\$)<br><b>\$ 59.41</b>                                  | 7 Payee address; City, State, Zip Code<br><b>Sugar Land Tx.</b> |
| <input type="checkbox"/> Check if individual's residence address. |   |

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Food Expense</b> | (b) Description<br><b>Team Meeting</b>                                   |
|                          | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> 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<br><b>2/19/26</b> | Payee name<br><b>Rehydrate</b> |
|------------------------|--------------------------------|

|   |   |
|---|---|
| Amount (\$)<br><b>\$ 300.00</b>                                   | Payee address; City, State, Zip Code<br><b>Houston Tx</b> |
| <input type="checkbox"/> Check if individual's residence address. |   |

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |  |
|------------------------|--|
| Date<br><b>2/20/26</b> | Payee name<br><b>Universal Sign &amp; Banner</b> |
|------------------------|--|

|   |   |
|---|---|
| Amount (\$)<br><b>\$ 530.43</b>                                   | Payee address; City, State, Zip Code<br><b>Houston Tx</b> |
| <input type="checkbox"/> Check if individual's residence address. |   |

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> | Description<br><b>Signs</b>  |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    | <input type="checkbox"/> 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 page <b>9</b> Schedule F1:                    | 2 FILER NAME<br><b>William Ferguson</b>  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>2/21/26</b>                              | 5 Payee name<br><b>Salt grass</b>  |  |
| 6 Amount (\$) <b>\$ 50.08</b>                         | 7 Payee address; City, State; Zip Code<br><b>Sugar Land Tx</b>   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Food Expense</b>  | (b) Description<br><b>Team Meeting</b> |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>2/2/26</b>                                 | Payee name<br><b>Needville Area Chamber of Commerce</b>  |  |
| Amount (\$) <b>\$ 500.00</b>                          | Payee address; City, State; Zip Code<br><b>Needville Tx</b>  |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Contribution / Donation</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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held              |
| Date<br><b>2/19/26</b>                                | Payee name<br><b>Aneedit</b>   |  |
| Amount (\$) <b>\$ 1.30</b>                            | Payee address; City, State; Zip Code<br><b>Houston Tx</b>  |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Fees</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 ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held              |

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

## SCHEDULE K

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 K: 1

2 FILER NAME

*William Ferguson*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/18/26*

5 Name of person from whom amount is received

*Frost Bank*

8 Amount (\$)

*:12*

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

*Sugar Land TX*

7 Purpose for which amount is received

*Interest paid*

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

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