

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: <div style="text-align: center; font-size: 1.5em;">5</div>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mrs.	Ashley	B			
	NICKNAME	LAST	SUFFIX	Date Received		
		Ferguson				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX					
	APT / SUITE #; CITY; STATE; ZIP CODE					
	Henderson, TX 75654					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	Date Hand-delivered or Date Postmarked
	(903)		658-2985			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		Receipt #	Amount \$
	Mrs.	Ashley	B			
	NICKNAME	LAST	SUFFIX		Date Processed	
		Ferguson			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	Henderson, TX 75654					
8 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION	
	(903)		658-2985			
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month		Day		Year	
	1 / 1		26		THROUGH 2 / 3 / 26	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month / Day / Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
	3 / 3 / 26					
12 OFFICE	OFFICE HELD (if any)					
	13 OFFICE SOUGHT (if known)					
	Rusk County Justice of the Peace, Pct. 4					
14 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	COMMITTEE NAME				
Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

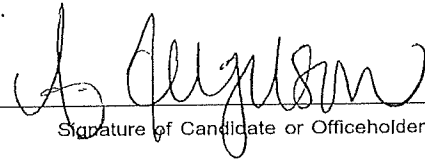
15 C/OH NAME
Mrs. Ashley B Ferguson

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)	\$ 60.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 360.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 11.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 695.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 225.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 or 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

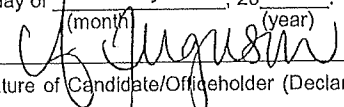
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Ashley B Ferguson, and my date of birth is 09/15/1992.
My address is _____, Henderson, TX, 75654, USA.

Executed in Rusk County, State of Texas, on the 2 day of February, 2026.


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	360.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	695.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 1
2 FILER NAME Mrs. Ashley B Ferguson		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/20	5 Full name of contributor out-of-state PAC (ID#: Norman C. Shaffer Sr. 6 Contributor address; City; State; Zip Code EW 1960 Rd, Waurika, OK 73573	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self-employed
Date	Full name of contributor 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 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 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 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
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 F1: 1		2 FILER NAME Mrs. Ashley B Ferguson		3 Filer ID (Ethics Commission Filers)	
4 Date 01/08/2026		5 Payee name Signs on the Cheap			
6 Amount (\$) 583.07		7 Payee address; 11525A Stonehollow Dr. Suite 120, Austin, TX 78758 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Large signs		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/31/2026		Payee name Rusk County Youth Project Show			
Amount (\$) 100.00		Payee address; 3303 FM 13, Henderson, TX 75654 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by Candidate		Description Buckle sponsor for RCYPS 2026		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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