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24 OCT 2025 AM 09:35

OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2025 to 10/19/2025

1. Committee I.D. Number

98250

2. Committee Name

CTE JACK D. FERGUSON

4. Candidate Last Name First Name M.I.

FERGUSON JACK D

4a. Office Sought Including District # or Community Served (If applicable)

CITY COUNCIL, AUBURN HILLS

4b. County of Residence **OAKLAND COUNTY**

5. Committee's Mailing Address

**2360 OAKNOLL
AUBURN HILLS, MI 48326**

Area Code and Phone (810) 571-1140
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**MARGARET FERGUSON
2360 OAKNOLL
AUBURN HILLS, MI 48326**

Area Code & Phone (248) 338-9389

7. Treasurer's Business Address

**2360 OAKNOLL
AUBURN HILLS, MI 48326**

Area Code and Phone (248) 338-9389

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/04/2025

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2025



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98250

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JACK D. FERGUSON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,050.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,050.00</u>	(18.) \$ <u>1,150.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,050.00</u>	(20.) \$ <u>1,150.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>805.80</u>	(21.) \$ <u>805.80</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,308.05</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,308.05</u>	(23.) \$ <u>1,684.51</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>274.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,324.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,308.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>16.83</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98250
2. Committee Name CTE JACK D. FERGUSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/23/2025
Name & Address:
SHADIA MARTINI
1717 HERON RIDGE DR
BLOOMFIELD TOWNSHIP, MI 48302

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation OWNER/BROKER Employer GREAT ESTATES REALTY

Business Address 1717 HERON RIDGE DR, BLOOMFIELD TOWNSHIP, MI 48302

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/23/2025
Name & Address:
PAUL BORUCKI
3053 CARLY COURT
AUBURN HILLS, MI 48326

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address 3053 CARLY COURT, AUBURN HILLS, MI 48326

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt 09/24/2025
Name & Address:
ROCHESTER AREA DEMOCRATIC CLUB PAC
511 OLDE TOWNE RD
P.O. BOX 80277
ROCHESTER, MI 48308

\$ 300.00

\$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

1,050.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

1,050.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98250**

CANDIDATE COMMITTEE

2. Committee Name **CTE JACK D. FERGUSON**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARGARET FERGUSON 2360 OAKNOLL ST AUBURN HILLS, MI 48326 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: RETIRED 2360 OAKNOLL ST, AUBURN HILLS, MI 48326 ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FOOD FOR MEET AND GREET 5. Date Of Receipt: 06/23/2025 6. Vendor Name & Address: LARCOS BROS PIZZA 3329 AUBURN RD, AUBURN HILLS, MI 48326	\$ 53.00	\$ 106.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MARGARET FERGUSON 2360 OAKNOLL ST AUBURN HILLS, MI 48326 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: RETIRED 2360 OAKNOLL ST, AUBURN HILLS, MI 48326 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PRINTING WALK CARDS 5. Date Of Receipt: 08/22/2025 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 201.40	\$ 307.40
Contribution #3 PAC Receipt? ☐ Yes Name & Address: JACK FERGUSON 2360 OAKNOLL ST AUBURN HILLS, MI 48326 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: RETIRED 2360 OAKNOLL ST, AUBURN HILLS, MI 48326 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description VOTER DATA SOFTWARE 5. Date Of Receipt: 08/27/2025 6. Vendor Name & Address: MDP 606 TOWNSEND ST, SUITE 650, LANSING, MI 48933	\$ 150.00	\$ 651.40

Page Subtotal **404.40** **307.40**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98250**

CANDIDATE COMMITTEE

2. Committee Name **CTE JACK D. FERGUSON**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JACK FERGUSON 2360 OAKNOLL ST AUBURN HILLS, MI 48326 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: RETIRED 2360 OAKNOLL ST, AUBURN HILLS, MI 48326 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description PRINTING WALK CARDS 5. Date Of Receipt: 09/24/2025 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 201.40	\$ 852.80
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JACK FERGUSON 2360 OAKNOLL ST AUBURN HILLS, MI 48326 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: RETIRED 2360 OAKNOLL ST, AUBURN HILLS, MI 48326 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description MAILING CARDS BALANCE 5. Date Of Receipt: 09/29/2025 6. Vendor Name & Address: THE ORIGINAL PRINT SHOPPE 270 S TELEGRAPH RD, PONTIAC, MI 48341	\$ 200.00	\$ 1,052.80
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ _____	\$ _____

[Click Here for Memo Itemization](#)

Page Subtotal

401.40

1,052.80

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

805.80

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **98250**
2. Committee Name **CTE JACK D. FERGUSON**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: POSTCARD MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2025 Date	\$ 1,308.05
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	1,308.05
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,308.05

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98250
2. Committee Name CTE JACK D. FERGUSON

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: JACK D FERGUSON 2360 OAKNOLL ST AUBURN HILLS, MI 48326	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/23/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

500.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

500.00

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98250**
2. Committee Name **CTE JACK D. FERGUSON**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/23/2025	4. Number of Individuals Attending or Participating (whichever is greater) 11	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. LARCOS BROS. PIZZA 3329 AUBURN RD AUBURN HILLS, MI 48326 ☐ Private Residence
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7. Total Contributions **500.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **500.00**
10. Total Cost of Event **53.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.