

# 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:<br><div style="text-align: right; font-size: 1.5em;">15</div>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br><i>Mrs Susan L</i><br>NICKNAME                      LAST                      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Werner</div>   |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><br><div style="font-size: 1.5em; opacity: 0.5;">FEB 6 2018</div><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount \$<br><br>Date Processed<br><br>Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><i>PO Box 35                      Miles                      TX 76861</i>   |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br><i>(325)                      212-6736</i>  |  |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br><i>Mr Stanley J</i><br>NICKNAME                      LAST                      SUFFIX<br><div style="text-align: center; font-size: 1.2em;">Werner</div>  |  |   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><i>PO Box 35                      Miles, TX 76861</i>  |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br><i>(325)                      656-8025</i>  |  |   |
| 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)<br><input 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<br><div style="text-align: center; font-size: 1.5em;">1 / 1 / 18                      THROUGH                      2 / 5 / 18</div>  |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month                      Day                      Year<br><div style="text-align: center; font-size: 1.5em;">3 / 6 / 18</div>  | 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)  |   |
|  | Justice of the Peace Pct 1  |  | Justice of the Peace Pct 1  |
| <b>GO TO PAGE 2</b>  |   |  |   |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

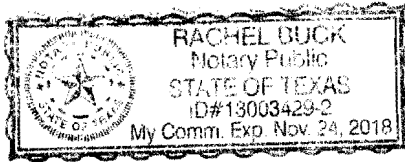
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|   |  |
|---|--|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE: _____ COMMITTEE NAME: _____<br>COMMITTEE ADDRESS: _____<br>COMMITTEE CAMPAIGN TREASURER NAME: _____<br>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 | \$ 1690.00 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 4115.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 47.67   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 357.32  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 4257.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 875.00  |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Susan Werner*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Susan Werner, this the fifth day of Feb, 2018, to certify which, witness my hand and seal of office.

|   |  |                                     |
|---|--|-------------------------------------|
| <i>Rachel Buck</i>                      | <u>Rachel Buck</u>                         | <u>Notary Public</u>                |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 4115.00                             |
| 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  | \$ 875.00                              |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 357.32                              |
| 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                        | \$ 375.00                              |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

|   |  |  |
|---|--|--|
| The instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A(J)1: <b>8</b>       |
| 2 FILER NAME<br><i>Susan Werner</i>   |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><i>1-10-18</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Wiki &amp; Ken Halfman</i> | 7 Amount of contribution (\$) <i>100.00</i>  |
| 6 Contributor address; City: State: Zip Code<br><i>1523 Floyd Dr., San Angelo, TX 76904</i>   |  |  |
| 8 Contributor's principal occupation<br><i>Medical - Farmer</i>   |  | 9 Contributor's job title                    |
| 10 Contributor's employer/law firm  |  | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any)  |  |  |
| Date<br><i>1-10-18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>James A. Kellermeier</i>     | Amount of contribution (\$) <i>100.00</i>    |
| Contributor address; City: State: Zip Code<br><i>Miles, TX 76861</i>  |  |  |
| Contributor's principal occupation<br><i>Retired</i>  |  | 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<br><i>1-14-18</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Lorene Werner</i>            | Amount of contribution (\$) <i>100.00</i>    |
| Contributor address; City: State: Zip Code<br><i>1502 CR 392, Miles, TX 76861</i>   |  |  |
| Contributor's principal occupation<br><i>Retired</i>  |  | 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)   |  |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>8</b>                  |
| 2 FILER NAME<br><b>Susan Werner</b>  |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>1/17/18</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mr + Mrs Ralph Kellermeier</b> | 7 Amount of contribution (\$) <b>50<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>5002 N. Helwig Rd Miles, Tx 76861</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Farmer</b>   |  | 9 Employer (See Instructions)                        |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John + Jill Kellermeier</b>      | Amount of contribution (\$) <b>50<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>18331 Ward Rd Miles, Tx. 76861</b>  |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Farmer</b>   |  | Employer (See Instructions)                          |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jerry + Kathy Seferik</b>        | Amount of contribution (\$) <b>50<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1229 Blackwood Rd San Angelo 76903</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Chase Aldridge</b>               | Amount of contribution (\$) <b>75<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>PO Box 202 Wall, Tx 76957</b>   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Insurance</b>  |  | Employer (See Instructions)                          |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME  
**Susan Werner**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/17/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Clayton Friend**

7 Amount of contribution (\$)

**100<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**PO Box 50 Mereta Tx 76940**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1/17/18**

**David Jones**

**50<sup>00</sup>**

Contributor address; City; State; Zip Code  
**6548 John Curry Rd Crystalval Tx 76935**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Sheriff**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1/17/18**

**Leon Buck**

**50<sup>00</sup>**

Contributor address; City; State; Zip Code  
**16121 n us Hwy 277 San Angelo 76905**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1/17/18**

**Alfred & Brenda Contreras**

**50<sup>00</sup>**

Contributor address; City; State; Zip Code  
**8542 Larkspur San Angelo Tx 76901**

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.**

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

**Susan Werner**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/17/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Glen + Brenda Moeller**

6 Contributor address; City; State; Zip Code

**5578 FM 580 San Angelo Tx 76903**

7 Amount of contribution (\$)

**50<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**1/17/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Glen + Brenda Kellermeier**

Contributor address; City; State; Zip Code

**1298 Blackwood Rd San Angelo 76905**

Amount of contribution (\$)

**50<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1/17/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Steve + Lisa Woodard**

Contributor address; City; State; Zip Code

**3845 Old Post Rd San Angelo, Tx 76904**

Amount of contribution (\$)

**50<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1/17/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Alfred Dela Garza**

Contributor address; City; State; Zip Code

**1851 N FM Hwy 1692 Miles Tx 76861**

Amount of contribution (\$)

**50<sup>00</sup>**

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>8</b>                   |
| 2 FILER NAME<br><b>Susan Werner</b>  |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><b>1/17/18</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Linda + Joe Warren</b>      | 7 Amount of contribution (\$) <b>100<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 575 Veribest Tx 76886</b>  |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                         |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cecil Book</b>                | Amount of contribution (\$) <b>100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>17401 FM380 miles Tx 76861</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sammy Farmer</b>              | Amount of contribution (\$) <b>100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>5108 Fairway Dr San Angelo Tx 76904</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mrs + Mrs William Fireash</b> | Amount of contribution (\$) <b>100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>9751 Cr 1640 Point Rock Tx 76866</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                           |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1: <b>8</b>                      |
| 2 FILER NAME<br><b>Susan Werner</b>   |   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>1/17/18</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tanner + Tracy King</b><br>6 Contributor address; City; State; Zip Code<br><b>5501 Fairway Dr San Angelo Tx 76904</b> | 7 Amount of contribution (\$)<br><b>100<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                            |
| Date<br><b>1/17/18</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Dennis Morrison Jr</b><br>Contributor address; City; State; Zip Code<br><b>7545 Plantation Ct Wall Tx 76957</b>         | Amount of contribution (\$)<br><b>150<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                              |
| Date<br><b>1/17/18</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kenneth Bully</b><br>Contributor address; City; State; Zip Code<br><b>PO Box 690 Eola, Tx 76937</b>                     | Amount of contribution (\$)<br><b>200<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                              |
| Date<br><b>1/26/18</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Terry Hudson + Anna Hudson</b><br>Contributor address; City; State; Zip Code<br><b>8330 WFM1692 Miles Tx 76861</b>      | Amount of contribution (\$)<br><b>50<sup>00</sup></b>    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                              |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>8</b>                     |
| 2 FILER NAME<br><b>Susan Werner</b>  |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>1/26/18</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Terry Hudson</b><br>6 Contributor address; City; State; Zip Code<br><b>8150 Thompson Rd Miles, Tx 76861</b>    | 7 Amount of contribution (\$)<br><b>50<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)<br><b>Farmer</b>   |  | 9 Employer (See Instructions)                           |
| Date<br><b>1/28/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Rodriguez</b><br>Contributor address; City; State; Zip Code<br><b>San Angelo, Tx 76905</b>                  | Amount of contribution (\$)<br><b>50<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)<br><b>SAPD</b>   |  | Employer (See Instructions)                             |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Harvey Berrera</b><br>Contributor address; City; State; Zip Code<br><b>113 Edinburgh Rd San Angelo, Tx 76901</b> | Amount of contribution (\$)<br><b>50<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| Date<br><b>1/17/18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Stone</b><br>Contributor address; City; State; Zip Code<br><b>233 Twin Oak San Angelo, Tx 76901</b>         | Amount of contribution (\$)<br><b>50<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

**Susan Werner**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/29/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Bo Bailey**

7 Amount of contribution (\$)

**100<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**5674 Mullins Cemetery Rd Miles 76861**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/2/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Ricky + Trisha Jordan**

Amount of contribution (\$)

**200<sup>00</sup>**

Contributor address; City; State; Zip Code

**27 Southridge Dr San Angelo, Tx. 76904**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/4/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**John Rodriguez**

Amount of contribution (\$)

**50<sup>00</sup>**

Contributor address; City; State; Zip Code

**San Angelo 76905**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**SAPD**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|                            |                                     |                                       |
|----------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME<br><i>Susan Werner</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

|                         |   |
|-------------------------|---|
| 5 Date<br><i>2-4-18</i> | 6 Payee name<br><i>McLaughlin Advertising</i> |
|-------------------------|---|

|               |  |
|---------------|--|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code<br><i>115 S. Park St. San Angelo TX 76903</i> |
|---------------|--|

|                       |  |
|-----------------------|--|
| 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)<br><i>advertising/consulting expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------|---|---|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| 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<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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

**LOANS**

**SCHEDULE E**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                      |   | 1 Total pages Schedule E:   |
| 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><i>11-12-17</i>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><i>Stanley Werner</i> | 9 Loan Amount (\$)<br><i>375.00</i>   |
| 6 Is lender a financial institution?<br>Y N                                    | 8 Lender address; City; State; Zip Code<br><i>Box 35 Miles TX 76861</i>                           | 10 Interest rate<br><i>0</i>  |
|  |   | 11 Maturity date<br><i>—</i>  |
| 12 Principal occupation / Job title (See Instructions)<br><i>Farmer</i>        |   | 13 Employer (See Instructions)<br><i>Self</i>   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none       |   | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | 17 Name of guarantor<br><br>18 Guarantor address; City; State; Zip Code                           | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)                                     |   | 21 Employer (See Instructions)  |

|  |   |  |
|--|---|--|
| Date of loan<br><i>1-5-18</i>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><i>Susan Werner</i> | Loan Amount (\$)<br><i>500.00</i>  |
| Is lender a financial institution?<br>Y N                                      | Lender address; City; State; Zip Code<br><i>Box 35 Miles, TX 76861</i>                        | Interest rate<br><i>0</i>  |
|  |   | Maturity date<br><i>—</i>  |
| Principal occupation / Job title (See Instructions)<br><i>Justice of Peace</i> |   | Employer (See Instructions)<br><i>Tom Green County</i>   |
| Description of Collateral<br><input checked="" type="checkbox"/> none          |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable    | Name of guarantor<br><br>Guarantor address; City; State; Zip Code                             | Amount Guaranteed (\$)   |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)  |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:         | <b>2</b> FILER NAME<br><i>Susan Werner</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>1/9/18</i>            | <b>5</b> Payee name<br><i>Mayfield Paper Co</i>   |  |
| <b>6</b> Amount (\$)<br><i>47.67</i>      | <b>7</b> Payee address; City; State; Zip Code<br><i>1115 S. Hill St. San Angelo 76902</i>       |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                               |  |   |  |
|-------------------------------|--|---|--|
| Date<br><i>1/17/18</i>        | Payee name<br><i>SKLENARIK SKLENARIKS Smoked Meats</i>                               |   |  |
| Amount (\$)<br><i>184.61</i>  | Payee address; City; State; Zip Code<br><i>108 Robinson St. Miles, Tx. 76841</i>     |   |  |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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><i>1/18/18</i>        | Payee name<br><i>IDEAL FOOD STORE</i>  |   |  |
| Amount (\$)<br><i>125.04</i>  | Payee address; City; State; Zip Code<br><i>101 S Robinson Miles, Tx. 76861</i>       |   |  |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 PERSONAL FUNDS

# SCHEDULE G

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME<br><i>Susan Werner</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>11-12-17</i>  | <b>5</b> Payee name<br><i>Stanley &amp; Susan Werner</i>                                      |  |
| <b>6</b> Amount (\$)<br><i>375.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>Box 35, Miles, TX 76861<br/>Miles, TX</i> |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Filing Fees</i> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Susan Werner</i>  | Office sought<br><i>JP 1</i>   |
|   |   | Office held<br><i>JP 1</i>   |

|  |                                      |
|--|--------------------------------------|
| Date   | Payee name                           |
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   | Payee name                           |
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

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