

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 Plans)		2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS SUSAN L				OFFICE USE ONLY Date Received <i>Rec 7-14-26</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX WERNER				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P O BOX 35 MILES TX 76861				
☐ Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 659-6444				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR STANLEY J				
	NICKNAME LAST SUFFIX WERNER				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE P O BOX MILES TX 76861 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 659-8025				
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2026 THROUGH 06 / 30 / 2026				
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2026 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special				
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE PCT 1		13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ 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.				
	COMMITTEE TYPE COMMITTEE NAME				
	☐ GENERAL COMMITTEE ADDRESS				
	☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

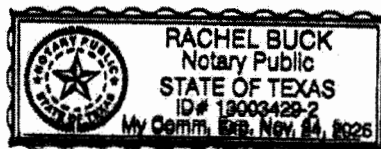
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 984.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1059.64
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.

Susan Werner
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Susan Werner this the 9th day of July, 2026, to certify which, witness my hand and seal of office.

Rachel Buck Rachel Buck Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

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	\$ 750.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 984.20
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Expenses
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:		2 FILER NAME SUSAN L WERNER		3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/2025		5 Payee name DAVID NOWLIN			
6 Amount (\$) 500.00		7 Payee address; 8531 SPILLWAY RD SAN ANGELO TX 76904 City; State; Zip Code ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 4X4 SIGN FRAMES		(b) Description 5 METAL SIGN FRAMES @ \$100 EACH		
	(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 11/08/2025		Payee name TOM GREEN COUNTY REPUBLICAN CHAIR			
Amount (\$) 375.00		Payee address; SAN ANGELO TEXAS City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FILING FEE		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			
Date 05/21/2026		Payee name RANGEL PRINTING			
Amount (\$) 109.20		Payee address; 1502 W BEAUREGARD AVE SAN ANGELO TX 76901 City; State; Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ENGRAVING CAMPAIGN MATERIAL		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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME SUSAN L WERNER		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: RAYMOND AND DONNA RUTLEDGE 6 Contributor address; City; State; Zip Code P O BOX 409 BRONTE TEXAS 76933	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 01/05/2026	Full name of contributor ☐ out-of-state PAC (ID#: MATT AND LESLIE HEALY Contributor address; City; State; Zip Code P O BOX 60711 SAN ANGELO TX 76906	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) REALTORS		Employer (See Instructions)
Date 01/30/2026	Full name of contributor ☐ out-of-state PAC (ID#: RACHEL EATON Contributor address; City; State; Zip Code P O BOX 60795 SAN ANGELO TX 76906	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions)
Date 12/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: LUCILLE WERNER Contributor address; City; State; Zip Code 2982 N 1692 MILES TEXAS 76861	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) RETIRED		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**

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:
2 FILER NAME SUSAN WERNER		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: ALAN BLOCK 6 Contributor address; City; State; Zip Code 2137 OFFICE PARK DR SAN ANGELO TX 76903	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions)		9 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)
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.		