

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST SUSAN	MI L.
	NICKNAME	LAST WERNER	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	17526 E HELWIG RD MILES TX 76861		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 659-6444	EXTENSION
	Date Received Received 1-13-22		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST STANLEY	MI J
	NICKNAME	LAST WERNER	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	17526 E HELWIG RD MILES TEXAS 76861		
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 656-8025	EXTENSION
	Date Hand-delivered or Date Postmarked		
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)		
	<input checked="" 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
	07	01	2021
THROUGH		Month	Day
		12	31
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03	01	2022	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE PCT 1	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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SUBTOTALS - C/OH

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

19 FILER NAME SUSAN WERNER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4372.88
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1150.00
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 12/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean Feathers <hr/> 6 Contributor address; City; State; Zip Code 312 Edinburgh San Angelo Texas 76901	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Citizens State Bank
Date 12/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Davidson <hr/> Contributor address; City; State; Zip Code 36 E Twohig Ste 350 San Angelo Texas 76903	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM J. FIVEASH <hr/> Contributor address; City; State; Zip Code 9751 CR 1640 PAINT ROCK, TEXAS 76866	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAN ANGELO POLICE OFFICERS PAC <hr/> Contributor address; City; State; Zip Code 401 E BEAUREGARD SAN ANGELO TX 76903	Amount of contribution (\$) 1,000.00
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

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 12/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK HAECHTEN <hr/> 6 Contributor address; City; State; Zip Code P O BOX 547 VERIBEST Texas 76886	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) FARMER/INSURANCE AGENT		9 Employer (See Instructions) SELF EMPLOYED/HAECHTEN INSURANCE
Date 01/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSS WEATHERFORD <hr/> Contributor address; City; State; Zip Code P O BOX 462 VERIBEST Texas 76886	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF EMPLOYED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME SUSAN WERNER	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2021	5 Payee name RNHA	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code SAN ANGELO TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description BACK THE BADGE BANNER
	(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 11/15/2021	Payee name TGC REPUBLICAN PARTY	
Amount (\$) 375.00	Payee address; City; State; Zip Code 2525 JOHNSON ST STE A SAN ANGELO TEXAS 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FILING FEES	Description FOR PLACE ON BALLET
	<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 12/28/2021	Payee name MCLAUGHLIN ADVERTISEMENT	
Amount (\$) 625.00	Payee address; City; State; Zip Code 115 S PARK ST SAN ANGELO TEXAS 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING	Description DESIGN AND ORDER PUSHCARDS ECT
	<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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