### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr MRS		MI L.	OFFICE USE ONLY
NAME	NICKNAME	LAST WERNER	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 17526 E HI	APT / SUITE #: C	MILES TX 76861	Received 1-13-22
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	
OFFICEHOLDER	( 325 )	659-6444		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr MR		мı J	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	NORMANE	WERNER	Sorrix	Date Imaged
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	175	26 E HELWIG RD	MILES	TEXAS 76861
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	( 325)	656-	8025	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	07	/ 01 / 2021	THROUGH 12	/ 31 / 2021
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	03 / 01	2022 X General	Special	- <u></u>
12 OFFICE	OFFICE HELD (if any) JUSTICE	OF THE PEACE PC	T 1	)
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		enter de la constant
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	1			
		GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME SUSA	NWERNER	16 Filer ID (Ethics Commission File	ers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$ 1,522.88 CARRIED OVE	ER
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<sup>)</sup> \$ 4,372.88	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,150.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	st day <sub>\$</sub> 3,222.88	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE \$	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru guired to be reported by me under Title 15, Election Code.	ue and correct and includes all info	rmation
		) )	
	Signature of Ca	andidate or Officeholder	—
	Please complete either option below	<b>W</b> :	
(1) Affidavit	LINDA B. SIMPSON Notary Public STATE OF TEXAS ID# 128393334-2 y Comm. Exp. April 19, 2025		
Sworn to and subscribed	before me by <u>SUSAN Werner</u> this the	13 day of January	·'
20 , to certify which, witness my hand and seal of office.			
Signature of officer administe		Title of officer administerin	ng oath
	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth is	s	·
My address is	,,, ,,	(ototo) (zin codo) (zouctat)	•
Executed in		(state) (zip code) (country)	
	County, State of , on the day of (mont	th) (year)	
	Signature of Candi	lidate/Officeholder (Declarant)	-

## SUBTOTALS - C/OH

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

19	nmission Filers)	
	,	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4372.88
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	<b>\$</b> 1150.00
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	\$

# 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 5 Full name of contributor Dean Feathers	) <b>7</b> Amount of contribution (\$)
12/15/2021 <b>6</b> Contributor address; City; State; Zip Code 312 Edinburgh San Angelo Texas 76901	500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)   Banker Citizens State	
Date Full name of contributorout-of-state PAC (ID#: Tom Davidson	) Amount of contribution (\$)
12/20/2021 Contributor address; City; State; Zip Code	500.00
36 E Twohig Ste 350 San Angelo Texas 76903	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self	structions)
Date Full name of contributor 🗌 out-of-state PAC (ID#:	) Amount of contribution (\$)
12/28/2021 WILLIAM J. FIVEASH Contributor address; City; State; Zip Code	100.00
9751 CR 1640 PAINT ROCK, TEXAS 76866	
Principal occupation / Job title (See Instructions) Employer (See In	istructions)
Date Full name of contributor Dout-of-state PAC (ID#: SAN ANGELO POLICE OFFICERS PAC	) Amount of contribution (\$)
12/31/2021 Contributor address; City; State; Zip Code 401 E BEAUREGARD SAN ANGELO TX 76903	1,000.00
Principal occupation / Job title (See Instructions) Employer (See In	istructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
FILER NAME SUSAN W	ERNER		3 Filer ID (Ethics Commission Filers)
Date	Date 5 Full name of contributorout-of-state PAC (ID#:) MARK HAECHTEN		7 Amount of contribution (\$)
12/30/2021	6 Contributor address; City; P O BOX 547 VERIBEST T	State; Zip Code	500.00
Principal occu FARME	pation / Job title (See Instructions) 9 R/INSURANCE AGENT	Employer (See Instructi SELF EMPLOYED/	ons) /HAECHTEN INSURANCE
Date 01/03/2022	RUSS WEATHERFORD	)#:)	Amount of contribution (\$)
01/03/2022	Contributor address; City;	State; Zip Code	250.00
	P O BOX 462 VERIBEST Texas	s 76886	· · · · · · · · · · · · · · · · · · ·
	ation / Job title (See Instructions) ARMER	Employer (See Instructi SELF EMPLC	•
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occuj	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

r

### 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/Politica	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursemen ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor		
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME SUSAN WERNER	ман Калан ( ) — — — — — — — — — — — — — — — — — —	3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/2021	5 Payee name RNHA			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
150.00	SA	N ANGELO	тх	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSES	BACK THE	BADGE BANNER	
	(C) Check if travel outside of Texas. Complete Sched	uleT. Check if	Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
Date	Payee name			
11/15/2021	TGC REPUBLICAN PARTY			
Amount (\$)	Payee address;	City;	State; Zip Code	
375.00	2525 JOHNSON ST STE A	SAN ANGELO	TEXAS 76904	
	Category (See Categories listed at the top of this sched	lule) Description		
PURPOSE OF EXPENDITURE	FILING FEES	FOR PLAC	CE ON BALLET	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
Date	Payee name			
12/28/2021	MCLAUGHLIN ADVERTISEME	NT		
Amount (\$)	Payee address;	City;	State; Zip Code	
625.00	115 S PARK ST	SAN ANGELO T	EXAS 76901	
	Category (See Categories listed at the top of this sched	lule) Description		
PURPOSE OF EXPENDITURE	ADVERTIZING	DESIGN	AND ORDER PUSHCARDS ECT	
	Check if travel outside of Texas. Complete Sched	ule T. Check if	Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED	