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 C	ommission Filers)	2 Total pages f	iled:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MRS	FIRST SUSAN		MI L	OFFICE	USEONLY	
NAME	NICKNAME	WERNER		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE;	ZIP CODE			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 659-64	EXTENSI 44	NC		d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR MR.	FIRST STANLE	Υ	J Ј	Receipt #	Amount \$	
NAME	NICKNAME	LAST		SUFFIX	Date 1 1000360		
		WERNER		OSITIA	Date Imaged		
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / S	CITY;		STATE;	ZIP CODE	
ADDRESS	P O BO	X 35	MILES		TEXAS 7	6861	
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO	ON			
TREASURER PHONE	(325)	656-8025					
9 REPORT TYPE	January 15	30th day before e	election Run	off		fter campaign appointment er Only)	
	July 15	X 8th day before ele	JOHO I	eeded Modified orting Limit		ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month 02	Day Year 2022	THROUGH	Month 02	Day Yea / 20)22	
11 ELECTION	ELECTION DA	TE .		ELECTION TYPE			
	Month Day Year Primary Runoff Other						
	03 / 01	/ 2022 General	Special	Description			
	<u> </u>		10				
12 OFFICE	JUSTICE OF	THE PEACE PCT 1		OUGHT (if known	PEACE PCT	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		mante distribute		, , , , , , , , , , , , , , , , , , ,	
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
49.00 44.44.40		GO TO	PAGE 2				
I		30 10					

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,425.88
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,575.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,746.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 1,829.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Can	didate or Officeholder
	Please complete either option below	:
(1) Affidavit	RACHEL BUCK Notary Public STATE OF TEXAS ID # 13003429-2 My Commission Expires 11-24-2022	
NOTARY STAMP/SEA		n Joh
Sworn to and subscribed 20 22, to certify	which, witness my hand and seal of office.	day of <u>TEO</u> ,
Radul Pu	ch Rachel Buck	Notary
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	OR OR	
(2) Onsworn Declarati	on	
	, and my date of birth is	· .
My address is	(street) (city) (st	tate) (zip code) (country)
Executed in	County, State of, on the day of(month)	
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		_{\$} 7,575.88
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 CO	NTRIBUTIONS	\$ 5,746.32
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: PÓLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

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/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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 Lebor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a extension not listed above)

Date 11/01/2021 5 Payee name RNHA	Contributions/Donations Made By Candidate/Officeholder/Political	FI	rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
SUSAN WERNER 5 Payses narme RNHA Amount (\$) 150.00 SAN ANGELO TX 150.00 SAN ANGELO TX PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 17/15/2021 Payses address; City: State: Zip Code BACK THE BADGE BANNER (c) Conspicte State if Austin, TX, officeholder narme Office sought Office held Office sought Office sought Office held Purpose OF EXPENDITURE Candidate / Officeholder narme Office sought Office sought Office held Office held Description FOR PLACE ON BALLET Candidate / Officeholder narme Office sought Office sought Office held Office held Description FOR PLACE ON BALLET Office held Office sought Office held Date 12/28/2021 Payses name MCLAUGHLIN ADVERTISEMENT Amount (\$) Payse address; City: State: Zip Code FILING FEES Office sought Office sought Office held Office held Description FOR PLACE ON BALLET Office sought Office sought Office held Description Description FOR PLACE ON BALLET Office sought Office sought Office held Description Office sought Office held	Credit Card Payment	The Instruction Guide explains h	ow to complete this form.			
11/01/2021 RNHA R	Total pages Schedule F1:	_ · · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)		
SAN ANGELO TX		5 Payee name	42.2			
(a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (b) Description ADVERTISING EXPENSES BACK THE BADGE BANNER (c) Description BACK THE BADGE BANNER (d) Description Complete QNLY if direct Observer to benefit C/OH Payee name TGC REPUBLICAN PARTY Amount (\$) Payee address; City: State: Zip Code of State (State)	Amount (\$)	7 Payee address;	City;	State; Zip Code		
ADVERTISING EXPENSES BACK THE BADGE BANNER (e) Check if travel outside of Tiszas. Complete Schedule T. Check if Austin, Tx, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Date 11/15/2021 Payee name TGC REPUBLICAN PARTY Amount (5) Payee address; City; State: Zip Code 375.00 Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenses ADVERTISING EXPENSES BACK THE BADGE BANNER BACK THE BADGE BANNER Check if Austin, Tx, officeholder living expense Office sought Check if Austin, Tx, officeholder living expense City: State: Zip Code ADVERTISING Payee name MCLAUGHLIN ADVERTISEMENT ADVERTIZING Check if Austin, Tx, officeholder living expense Complete QNLY if direct expenses City: State: Zip Code ADVERTIZING Description Descri	150.00	SA	N ANGELO	тх		
ADVERTISING EXPENSES BACK THE BADGE BANNER		(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
Complete QNLY if direct expenditure to benefit C/OH Date 11/15/2021 Payee name TGC REPUBLICAN PARTY Amount (\$) Payee address; City: State: Zip Code 2525 JOHNSON ST STE A SAN ANGELO TEXAS 76904 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Date 12/28/2021 Payee address: Candidate / Office holder name Candidate / Office holder name MCLAUGHLIN ADVERTISEMENT Payee address: City: State: Zip Code Office sought Office hold Office hold Payee name MCLAUGHLIN ADVERTISEMENT Category (See Categories listed at the top of this schedule) Date 12/28/2021 Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Date 12/28/2021 Description Category (See Categories listed at the top of this schedule) Description Office sought Office hold Category (See Categories listed at the top of this schedule) Complete QNLY if direct Candidate / Office holder name Complete QNLY if direct Candidate / Office holder name Office sought Office hold	OF	ADVERTISING EXPENSES	BACK THE B	ADGE BANNER		
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 schedule) PURPOSE OF EXPENDITURE Candidate / Office holder name Candidate / Office State City: State: Zip Code TEXAS 76904 Description FOR PLACE ON BALLET Candidate / Office holder name Office sought Office held Payee name MCLAUGHLIN ADVERTISEMENT Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Date 12/28/2021 Payee name MCLAUGHLIN ADVERTISEMENT Category (See Categories listed at the top of this schedule) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Office sought Office held Category (See Categories listed at the top of this schedule) Description Description Description Description Description Description Description Description Office sought Office held Category (See Categories listed at the top of this schedule) Description Description Description Description Office sought Office held		(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aus	stin, TX, officeholder living expense		
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 schedule) Description FOR PLACE ON BALLET Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date 12/28/2021 Payee name MCLAUGHLIN ADVERTISEMENT Amount (\$) Payee address; City; State; Zip Code 625.00 115 S PARK ST SAN ANGELO TEXAS 76901 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description DESIGN AND ORDER PUSHCARDS Complete QNLY if direct Candidate / Officeholder name Complete QNLY if direct Candidate / Officeholder name			Office sought	Office held		
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 schedule) Description FOR PLACE ON BALLET 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 Payee name 12/28/2021 Payee address; City: State: Zip Code 625.00 115 S PARK ST SAN ANGELO TEXAS 76901 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description DESIGN AND ORDER PUSHCARDS Category (See Categories listed at the top of this schedule) Description DESIGN AND ORDER PUSHCARDS Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name				
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Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Office sought Office hold	Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE FILING FEES FOR PLACE ON BALLET Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Office held Office held Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Office held Office sought Office held Office held Office sought Office held	375.00	2525 JOHNSON ST STE A	SAN ANGELO	TEXAS 76904		
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	OF	FILING FEES FOR PLACE ON BALLET				
Date 12/28/2021 Payee name MCLAUGHLIN ADVERTISEMENT Amount (\$) Payee address; City; State; Zip Code 625.00 115 S PARK ST SAN ANGELO TEXAS 76901 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete QNLY if direct Candidate / Office holder name Office sought Office held		Check if travel outside of Texas. Complete Sched	lule T. Check If Au	stin, TX, officeholder living expense		
Amount (\$) Payee address; City; State; Zip Code 625.00 115 S PARK ST SAN ANGELO TEXAS 76901 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held			Office sought	Office held		
Amount (\$) Payee address; City; State; Zip Code 625.00 115 S PARK ST SAN ANGELO TEXAS 76901 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name				
625.00 115 S PARK ST SAN ANGELO TEXAS 76901 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Candidate / Office holder	12/28/2021	MCLAUGHLIN ADVERTISEME	ENT			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description DESIGN AND ORDER PUSHCARDS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought	Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE ADVERTIZING DESIGN AND ORDER PUSHCARDS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	625.00	115 S PARK ST	SAN ANGELO TE	XAS 76901		
OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Candidate / Office held		Category (See Categories listed at the top of this sched	dule) Description			
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Complete ONLY if direct Cartelada / Circomoladi Harris		Check if travel outside of Taxes. Complete Sched	tule T. Check if Au	stin, TX, officeholder living expense		
			Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED		

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services		Office Over Polling Expending Expension		Transportation E Travel In District Travel Out Of Di		ense
Credit Card Payment				ins how to	complete this form.			
1 Total pages Schedule F1:	2 FILER N	SUSAN WERN	ER			3 Filer ID (E	thics Commission File	rs)
4 Date 02/08/2022	5 Payeena MCL	ame AUGHLIN ADV	ERTISIN	IG				
6 Amount (\$) 3824.17	7 Payee a	ddress;	T SAN	N ANGEL	City; O TEXAS	State;	Zip Code	
8	(a) Catego	y (See Categories liste	d at the top of th	nis schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADV	ERTISING EX	PENSE		CAMPAIN	MATERIALS		
	(c)	Check if travel outside of	Texas. Complete	e Schedule T.	Check if A	Austin, TX, officeholder	living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder	name		Office sought		Office held	
Date	Payee na	ame						
02/08/2022	SKL	ENARIKS MEA	T MARK	ET				
Amount (\$)	Payee a	ddress;		100	City;	State	Zip Code	
396.46	108	ROBINSON	MILES	S TI	EXAS	76861		
	Categor	y (See Categories listed	at the top of thi	s schedule)	Description			
PURPOSE OF EXPENDITURE	EVE	NT EXPENSES	3		CHILI ME	AT		
		Check if travel outside of	Texas. Complete	e Schedule T.	Check if A	Austin, TX, officeholder	living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder	name		Office sought		Office held	
Date	Payee n	ame	(
02/08/2022	IDEA	L FOOD MARI	KET					
Amount (\$)	Payee a	ddress;			City;	State	Zip Code	
75.69	101 5	ROBINSON	M	ILES	TEXAS	76861		
	Categor	(See Categories listed	at the top of thi	s schedule)	Description			
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		Check if travel outside of	Texas. Complete	e Schedule T.	Check if A	Austin, TX, officeholder	living expense	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder		OF THE	Office sought		Office held THE PEACE PO)T 1
	ΔΤ	TACH ADDITION	AL COPIE	S OF THIS	SCHEDULEAS	IEEDED		

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/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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others restaurated should

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME SUSAN WERNER		3 Filer ID (Ethics	s Commission Filers)
4 Date 2/2/2022	5 Payee name V.F.W.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
300.00	125 S BROWNING ST SAN A	NGELO TEXAS	76903	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	FUNDRAISE	R	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H SUSAN WERNER JUSTICE OF THE	Office sought PEACE PCT 1 J	USTICE OF TH	Office held IE PEACE PCT 1
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE A1

SUSAN WERNER 5 Full name of contributor		Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Dean Feathers 6 Contributor address; 312 Edinburgh San Angelo Texas 76901 Principal occupation / Job title (See Instructions) Banker Full name of contributor	FILER NAME SUSAN W		3 Filer ID (Ethics Commission Filers)
State Zip Code 500.00 500.00 San Angelo Texas 76901 San Angelo Texas 76901 Size Size San Angelo Texas 76901 Size Size Size San Angelo Texas 76901 Size S	Date	Dean Feathers	
Banker Citizens State Bank	12/15/2021	6 Contributor address; City; State; Zip Code	
Tom Davidson Contributor address: City: State: Zip Code 500.00 Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor			•
Contributor address: City: State: Zip Code 500.00 Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor out-of-state PAC (IDIF: Amount of contribution (\$) 12/28/2021 WILLIAM J. FIVEASH 100.00 Contributor address: City: State: Zip Code 9751 CR 1640 PAINT ROCK, TEXAS 76866 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) 2/28/2021 Contributor out-of-state PAC (IDIF: Amount of contribution (\$) Contributor address: City: State: Zip Code 1,000.00 Amount of contribution (\$)		Tom Davidson	Amount of contribution (a)
Principal occupation / Job title (See Instructions) Attorney Self Date Full name of contributor WILLIAM J. FIVEASH Contributor address; 9751 CR 1640 PAINT ROCK, TEXAS 76866 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100.00 Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; San Angelo Police Officers Pac Contributor address; City; Sate; Zip Code 401 E BEAUREGARD SAN ANGELO TX 76903	12/20/2021		500.00
Attorney Self Date Full name of contributor		36 E Twohig Ste 350 San Angelo Texas 76903	
12/28/2021 WILLIAM J. FIVEASH 100.00	-		ructions)
Contributor address; City; State; Zip Code 9751 CR 1640 PAINT ROCK, TEXAS 76866 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (IDN: Amount of contribution (\$) SAN ANGELO POLICE OFFICERS PAC Contributor address; City; State; Zip Code 401 E BEAUREGARD SAN ANGELO TX 76903	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor	12/28/2021		100.CO
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) SAN ANGELO POLICE OFFICERS PAC 12/31/2021 Contributor address; City; State; Zip Code 1,000.00		9751 CR 1640 PAINT ROCK, TEXAS 76866	
SAN ANGELO POLICE OFFICERS PAC 12/31/2021 Contributor address; City; State; Zip Code 401 E BEAUREGARD SAN ANGELO TX 76903			tructions)
Contributor address; City; State; Zip Code 401 E BEAUREGARD SAN ANGELO TX 76903	Principal occu	pation / Job title (See Instructions) Employer (See Inst	
		Full name of contributor out-of-state PAC (IDW:	
	Date	Full name of contributor out-of-state PAC (IDM:) Amount of contribution (\$)
	Date 12/31/202	Full name of contributor out-of-state_PAC (ID#:	
	Date 12/31/202	Full name of contributor out-of-state_PAC (ID#:	
	Date 12/31/202	Full name of contributor out-of-state_PAC (ID#:	
	Date 12/31/202	Full name of contributor out-of-state_PAC (ID#:	

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. 2 FILER NAME SUSAN WERNER 4 Date S Full name of contributor out-of-state PAC (IDR: State; Zip Code S (Contributor address; City: State; Zip Code Contributor Contributor				•
SUSAN WERNER Date	The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
MARK HAECHTEN 6 Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) FARMER/INSURANCE AGENT Dete 01/03/2022 Full name of contributor out-of-state PAC (IDIs: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) FARMER Date Full name of contributor out-of-state PAC (IDIs: Amount of contribution (\$) Principal occupation / Job title (See Instructions) FARMER Date Full name of contributor out-of-state PAC (IDIs: Amount of contribution (\$) Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$)		ERNER		3 Filer ID (Ethics Commission Filers)
12/30/2021 6 Contributor address; P O BOX 547 VERIBEST Texas 76886 500.00		MARK HAECHTEN	7 Amount of contribution (\$)	
SELF EMPLOYED/HAECHTEN INSURANCE Date	12/30/2021	6 Contributor address; City;	State; Zip Code	500.00
RUSS WEATHERFORD Contributor address; City; State; Zip Code 25(1.00) P O BOX 462 VERIBEST Texas 76886 Principal occupation / Job title (See Instructions) FARMER Employer (See Instructions) SELF EMPLOYED 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) Amount of contribution (\$) Contributor address; City; State; Zip Code	Principal occu FARME	pation / Job title (See Instructions) R/INSURANCE AGENT		
Contributor address: City: State: Zip Code 250.00 Principal occupation / Job title (See Instructions) FARMER Date Full name of contributor out-of-state PAC (ID#:		RUSS WEATHERFORD		Amount of contribution (\$)
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Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
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Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	otions)
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instru	Ctions)
	March			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

And the state of t	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:) 02/02/2022 BONNIE SLONE 6 Contributor address; City; State; Zip Code 15733 ARRINGTON RD MILES TEXAS 76861	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED	ons)
Date Full name of contributor out-of-state PAC (ID#:) JEFFREY SCHWARTZ 02/02/2022 Contributor address; City; State; Zip Code 1750 BLACKWOOD RD SAN ANGELO TEXAS 76905	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) FARMER Employer (See Instruction SELF	ons)
Date Full name of contributor out-of-state PAC (ID#:) VIKI FORLANO HALFMAN Contributor address; City; State; Zip Code 1523 FLOYD SAN ANGELO TEXAS 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) MEDICAL DOCTOR Employer (See Instructions) SHANNON	ons)
Date Full name of contributorout-of-state PAC (ID#:) VINCENT MELONE Contributor address; City; State; Zip Code 3210 PALO DURO DR SAN ANGELO TEXAS 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
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SCHEDULE A1

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Filer ID (Ethics Commission Filers Amount of contribution (\$)
100.00
Amount of contribution (\$) 250.00
Amount of contribution (\$) 100.00
Amount of contribution (\$)

SCHEDULE A1

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The Instruction Guide explains h	low to complete this form.	1 To	ntal pages Schedule A1:
2 FILER NAME SUSAN WERNER		3 Fi	ler ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 02/02/2022 STEPHEN I 6 Contributor address; 6945 HARRIETT RD	Zip Code	mount of contribution (\$)	
8 Principal occupation / Job title (See Instruction	ns) 9 Employ	er (See Instructions) TIRED	
02/02/2022 Contributor address; 3225 S JEFFERSON	out-of-state PAC (ID#:	Zip Code 76905	mount of contribution (\$)
Principal occupation / Job title (See Instruction	ns) Employ	er (See Instructions)	
02/08/2022 MATT & LESLI Contributor address;	out-of-state PAC (ID#:		mount of contribution (\$) 50.00
Principal occupation / Job title (See Instruction REALTORS	ns) Employ SELI	er (See Instructions)	
Date Full name of contributor Contributor address;	□ out-of-state PAC (ID#:		mount of contribution (\$)
Principal occupation / Job title (See Instruction	ns) Employ	er (See Instructions)	
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www.ethics.state.tx.us

Revised 8/17/2020