JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/QH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr Mark	H	Date Received OR RECORD
	NICKNAME LAST	SUFFIX	AT 4,32 P M
	Woerner		www.fie
4 CANDIDATE /		conflict and other conflicts	JUL 1 5 2014
OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	DANA T BARDERA
MAILING ADDRESS	403 1000 001 1030	CI	DANA T. BAPTERA
change of address		Ву	Deputy
	25.0005		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (361) 654-6565	EXTENSION	Date Processed
PHONE	(26.) (23.1.63.64		The contract of the contract o
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER NAME	Mr Allon		
1/20 21101 110	NICKNAME LAST	SUFFIX	
	Torres		
7 CAMBAICN	CTREET ADDRESS (NO DO DOV DI FACE)		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
ADDRESS (residence or business)	4541 Everhart R	y to colbe	Christi TX 78411
(Zasinoso,	R		
8 CAMPAIGN	AREA CODE PHONE NUMBER (361) 816-9125	EXTENSION	
TREASURER PHONE	(361) 816-9125		
	0		
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 \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	01/16/2014 THROUGH	07/15/	2014
		. / /	20,1
11 ELECTION	ELECTION DATE ELECTION TYPE		
II ELECTION	ELECTION DATE Month Day Year Primary		
	11 /04 /2014	Runoff	Seneral Special
			I
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	and the second s
		vidge ,	1 1 -+ -+
ű		Nuccestour LOW # 4	7 Lour 1 a 1
		LOW #	

GO TO PAGE 2

2014-119

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

15 C/OHNAME	H. V	10erner 16	ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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 TYPE COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4990.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$		
2	4. TOTAL POLITICAL EXPENDITURES \$8852.60		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,400		\$10,490.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20,000.00		
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. ANGELA GARZA My Commission Expires April 20, 2017			
Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said MOIK H WOER er, this the day of, 20 _ L, to certify which, witness my hand and seal of office.			
Ingula 6	W3W	Angela Garza	Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath			

SCHEDULE A (J)

The Instruction Guide explains how to complete this	1 Total pages Sche	dule A(J):	
2 FILER NAME		3 ACCOUNT # (Eth	nics Commission Filers)
Mark H Woerner		NE NE	
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
		contribution (\$)	description(if applicable)
oilsslit Dr Hayson Daword		200.00	
6 Contributor address; City; State; Zip Code		200.00	
4602 Damescus			
1602 3(1)(050) 3			
Corpus Christi TX 784	(13	(If traval autaida a	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job		rexas, complete scriedale 1)
g Contributor o principal cocapation	10 Contabator spop		
11 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if any))
			,
13 If contributor is a child, law firm of parent(s) (if any)			
			A CONTRACTOR OF THE CONTRACTOR
Date Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
01/25/14 Michael E Marty		contribution (\$)	description(if applicable)
		(00.00	
Contributor address; City; State; Zip Code		3	
		Valence in the second	
			of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Contributor's employer/law firm	Law film of contri	butor's spouse (if any))
(f 4-1).		- water of the contract of the	2.2
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
01/27/14 Darron Bergstrom		contribution (\$)	description(if applicable)
01271		100.00	
Contributor address; City; State; Zip Code			
		(If travel outside of	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Contributor's employer/law firm	Law firm of contril	butor's spouse (if any)	N .
		No. of Contrast Contr	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedule A(J):		
MOTH H. WOETNET	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 5 Full name of contributor Oul-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)		
	(If travel outside of Texas, complete Schedule T)		
9 Contributor's principal occupation	10 Contributor's job title		
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Oul-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable)		
Contributor's principal occupation 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 Full name of contributor Doul-of-state PAC (ID#	Amount of contribution (\$) description(if applicable) (If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law film Law Office of Christopher Waller	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J):		
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
Mark H. Woerner			
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of 8 In-kind contribution		
03/67/14 bond 5tuart 6 Contributor address; City; State; Zip Code	contribution (\$) description(if applicable)		
6 Contributor address; City; State; Zip Code			
	(If travel outside of Texas, complete Schedule T)		
9 Contributor's principal occupation	10 Contributor's job title		
Section Control of Section Section Control of Section			
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution		
04/01/14 Scott M. FILISON	contribution (\$) description(if applicable)		
	150.00		
Contributor address; City; State; Zip Code			
TIO PEOPLES			
OHOLIH Scott M. Ellison Contributor address; City; State; Zip Code Corpus Christian TX 78401 (If travel outside of Texas, complete Schedule T			
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T) Contributor's job title		
Attorney	Owner		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
W 20	5 × 400 EMBESSES 6 6		
If contributor is a child, law firm of parent(s) (if any)			
Dete 5 11 5			
Date Full name of contributorout-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)		
OHIOITH JOE P. Initon	250.00		
OHIOIIII JOE P. ITITO Contribution (\$) description (if applicable) Contributor address; City: State; Zip Code 615 N. Vipper Bropolius y 5te 800			
615 N. Upper Brogalina , Ste 800			
Corpuschisti TX 78	407		
Corpose arest 12 10	(If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation Contributor's job title			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If another than it is a shill be a few and a f			
If contributor is a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J):		
2 FILER NAME Mark H Woerner	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 5 Full name of contributor Doul-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable) 200:00 (If travel outside of Texas, complete Schedule T)		
9 Contributor's principal occupation	10 Contributor's job title		
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorloul-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable)		
Contributor's principal occupation	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 Full name of contributor Os/08/14 Fuge Sec Sec Score Contributor address; City; State; Zip Code	Amount of contribution (\$) description(if applicable) (If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation	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)			

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SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Scho	edule A(J):
2 FILER NAME	R NAME		3 ACCOUNT # (Et	thics Commission Filers)
Mark H. Wo	erner			
	out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
07/15/14 R. Jay R	Peining		contribution (\$)	description(if applicable)
6 Contributor address; City; 1701 Cecles Co	State: Zip Code	le	a .	
Corpus Christi	TX 7841	3	(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation	1	O Contributor's job t		₩
Attorney		ouner		
11 Contributor's employer/law firm Low Office of R. Vay	Reining 1	2 Law firm of contrib	outor's spouse (if any	")
13 If contributor is a child, law firm of parent(s) (if any				
		Wille - 1800 0000 000 000 000 000 000 000 000 0		
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City;	State, Zip Code	30 0 0 0 0 0 0 0 0 0 0	· 	
ž n			93	
			(If travel outside o	of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job ti	itle	
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 Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code				
			(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job ti		
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)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees	Printing Expense Office Overhead/Re	CONTRACTOR AND CONTRA	
	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Mark H. Woerner	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/24/14	5 Payee name Jeff Butler	W	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
560.00			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Printing (Compaign Flyers)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date 03(14	reff Butter	ia .	
Amount (\$)	Payee address City; State; Zip Code		
1250.00	Corpus Christi TX 7841	12	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Consulting Expense	Political Consultant	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
41/40/50	Victory Store. Com Payee address; City; State; Zip Code 5200 5W. 307 8+		
Amount (\$)	Payee address; City; State; Zip Code		
3712.00	3712.00 5200 500 57		
	Devenport IA 528		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Campaign Signs Office sought Office held	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name	3	
03/05/14	Victory Store. Con Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code	s+.	
272.00	320	one to the control of	
	Dovenport IA 50	2802	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Bun per Sticke 13	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Event Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Mark H. Woerner 4 Date 7 Payee address; City: State: Zip Code 1321 Peterson Corpus Christi TK 78412 03/07/14 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Political Consultant Consulting Expense EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Butler 04/01/14 TEFF Payee address; City; State; Zip Code Amount (\$ Deterson 1250.00 CIPUS CHISK TK 78412 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Political Consulta Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; Peterson Amount (\$) 1250.00 Colpus Chrok TX 78412 Category (See categories listed at the top of this schedule) **PURPOSE** OF Consulting Ex **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH Devid Mendez (DM Productions Payee address; City; State; Zip Code P.O. Box 71803 06/02/14 Amount (\$) 500.00 Carpos Christ TX 78467 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Advertising Expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 06/62/14	5 Payee name Teff Bottler 7 Payee address; City; State; Zip Code				
6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 13Z1 Peterson Conjus Christi TY 784	13			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Consultant			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date 0 7 0 1 1 1 1 1	Payee name VEFF BUTLEF	6			
Amount (\$) 1250.00	Payee address; City; State; Zip Code 1321 Peterson Calpas Christi TY . T	8413			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Consulting Expense	Political Consultant			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date · - ·	Payee name	M			
Amount (\$)	Payee address; City; State; Zip Code	с д 1 % 1 ме			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					