

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR C FIRST <div style="text-align: center; font-size: 2em; margin: 5px 0;">Mark</div> NICKNAME LAST MI SUFFIX <div style="text-align: center; font-size: 2em; margin: 5px 0;">Woerner</div>	OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">FILED FOR RECORD AT 2:20 PM</div> Date Hand-delivered or Postmarked <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">OCT 28 2014</div> Receipt # Amount <div style="text-align: center; color: blue; font-weight: bold;">DIANA T. BARRERA</div> Date Processed By City Court, Nueces County, Texas By <u>Deirdre</u> Deputy Date Imaged <u>Stamken</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 403 Waco Corpus Christi TX 78401		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 361 654-6565		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR C FIRST <div style="text-align: center; font-size: 2em; margin: 5px 0;">Allan</div> NICKNAME LAST MI SUFFIX <div style="text-align: center; font-size: 2em; margin: 5px 0;">Torres</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4541 Everhart Rd #3 Corpus Christi TX 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 361 816-9125		
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 07 / 2014 THROUGH 10 / 27 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judge Nueces County Court at Law #4	

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Mark H Woerner 15 ACCOUNT # (Ethics Commission Filers)

16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

18 AFFIDAVIT

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.



Mark H. Woerner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 20th day of October, 20 14, to certify which, witness my hand and seal of office.

Angela Garza
Signature of officer administering oath

Angela Garza
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

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 10/22/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Ellison	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 410 Peoples St Corpus Christi TX 78401		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **Attorney** 10 Contributor's job title

11 Contributor's employer/law firm **self** 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 10/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leslie Cassidy III	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Po Box 941 Corpus Christi TX 78403		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Attorney** Contributor's job title

Contributor's employer/law firm **self** Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 10/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Barker	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7118 Gingerberry Corpus Christi TX 78414		(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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME Mark H Woerner		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 10/23/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark H Woerner	9 Loan Amount (\$) 5000.00
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address: City, State, Zip Code 403 Waco Corpus Christi, TX 78401	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | 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 |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Mark H Woelner	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/16/14	5 Payee name Jeff Butler
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6 Amount (\$) 4000.00	7 Payee address; City; State; Zip Code 1321 Peterson Corpus Christi TX 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/14	Payee name Jeff Butler
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Amount (\$) 5000.00	Payee address; City; State; Zip Code 1321 Peterson Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED