

# 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 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST: Mark MI: H NICKNAME: LAST: WOERNER SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6741 Deerwood Dr Corpus Christi TX 78413	Date Received FILED FOR RECORD AT M JAN 17 2018 KARA SANDS CLERK, COUNTY COURT, RECES COUNTY TEXAS BY: <i>[Signature]</i> DEPUTY 2:30 PM Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 813-3902 EXTENSION:	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST: Allan MI: NICKNAME: LAST: TORRES SUFFIX:	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4541 Everhart #3 Corpus Christi TX 78411	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 816-9125 EXTENSION:		
9 REPORT TYPE	<input checked="" 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 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 07/16/2017    THROUGH    01/15/2018		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge County Court at Law 4	13 OFFICE SOUGHT (if known) Judge County Court at Law 4	

2018-022

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME	15 Filer ID (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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  <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	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,826.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21458.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Mark H. Woerner, this the 16th day of January, 2018, to certify which, witness my hand and seal of office.

Christina Ann Cadena      Christina Ann Cadena      notary public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 19050.00
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1826.00
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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

7/18/17

Charles Webb

\$2000.00

6 Contributor address; City; State; Zip Code

710 N. Resquite St  
Corpus Christi TX 78401

8 Contributor's principal occupation

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

Webb Cason PC

12 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 (\$)

8/18/17

Kenneth Culbreth, Jr

\$100.00

Contributor address; City; State; Zip Code

239 Indiana Ave Corpus Christi TX 78404

Contributor's principal occupation

Contributor's job title

A Attorney

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

Jordan, Hyden Wamble, Culbreth  
& Holzer, PC

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 (\$)

8/28/17

M. D. Scott

\$500.00

Contributor address; City; State; Zip Code

5548 County Rd 81, Robstown TX 78380

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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Mark H Woerner

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/17

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Stephen J. Chapman

7 Amount of contribution (\$)

\$1000.00

6 Contributor address:

City: State: Zip Code

530 S. Jordan Ave  
Corpus Christi TX 78401

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Chapman Law Firm

11 Law firm of contributor's spouse (if any)

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

Date

11/3/17

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Richard L Leshin

Amount of contribution (\$)

\$1000.00

Contributor address:

City: State: Zip Code

800 N. Shoreline Suite 500N  
Corpus Christi TX 78401

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Welder/Leshin LLP

Law firm of contributor's spouse (if any)

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

Date

11/3/17

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

Richard W Crews

Amount of contribution (\$)

\$1500.00

Contributor address:

City: State: Zip Code

750 N. Central Expressway, Ste 1600  
Dallas TX 75231

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Hartline Dawes Barger Dreyer LLP

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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Mark H. Woerner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/3/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jeffrey Lehman</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>1001 3rd St Suite 1 Corpus Christi TX 78404</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Anderson Lehman, Borre + Morasini LLP</i>		Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jorge Rangel</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>PO. BOX 2663 Corpus Christi TX 78403</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>The Rangel Law Firm PLLC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Douglas A. Allison</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>403 N. Trenchard Corpus Christi TX 78401</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <i>Law Office of Douglas A. Allison</i>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Mark H Woerner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/31/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Monte English</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>555 N. Coronado St 1020 Corpus Christi TX 78401</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Monte English Law LLC</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/31/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Leslie Cassidy</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 241 Corpus Christi TX 78403</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Les Cassidy PLLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/31/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Bill Bonilla</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>P.O. Drawer 5488 Corpus Christi TX 78465</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Bonilla + Chapa PC</b>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Mark H Woerner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/18/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kametha Berry</i>	7 Amount of contribution (\$) <i>\$2,500.00</i>
6 Contributor address; City; State; Zip Code <i>Po Box 868 Corpus Christi TX 78403</i>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>7/18/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nathan East</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Po Box 1333 Portland TX 78374</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Nathan East</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>7/18/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>William Thau III</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5337 Yorktown Blvd Suite 4A2 Corpus Christi TX 78413</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>William A. Thau III PC</i>		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.



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Mark H Woerner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/31/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Todd A. Hunter, Jr. PC</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>500 N. Water St Suite 800 Corpus Christi TX 78401</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Liles White PLLC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/31/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Rebecca R. Kieschnick</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>904 E. Market Sinton TX 78387</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Donnell Abernathy + Kieschnick PC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/31/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nathan Burkett</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 3189 Corpus Christi TX 78463</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Law office of Nathan Burkett</i>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Mark H Woerner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/3/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>James McKibben</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>555 N. Carondelet St 1100 Corpus Christi</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>McKibben + Villarreal, PC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Pack Fancher</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>555 N. Carondelet St Suite 1200 Corpus Christi TX 78401-0843</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Hunter, Barker + Fancher, L.L.P.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Bill William J. "Billy" Granberry</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>615 N. Upper Broadway St 1280 Corpus Christi TX 78401</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Brin + Brin, P.C.</i>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Mark H Woerner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/3/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>David Rumley</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>123 N. Carrizo St Corpus Christi TX 78401</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Wingston Rumley Dunn + Blair LLP</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/14/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Craig Sico</b>	Amount of contribution (\$) <b>\$2000.00</b>
Contributor address; City; State; Zip Code <b>802 N. Coronado Ste 900 Corpus Christi TX 78401</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Sico, Hoelscher, Harris + Braugh LLP</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/14/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Robert C Hilliard</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>719 S. Shoreline Corpus Christi TX 78401</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Hilliard, Martinez + Gonzalez LP</b>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Mark H. Woerner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/14/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Terry Shamsie</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>4002 Castle Valley Dr Corpus Christi TX 78410</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>self</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/14/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Michael P. O'Brien</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>206 Dolphin Place Corpus Christi TX 78411</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/28/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Scott M Ellison</b>	Amount of contribution (\$) <b>\$350.00</b>
Contributor address; City; State; Zip Code <b>410 Peoples St Corpus Christi TX 78401</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Scott M Ellison, PLLC</b>		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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Mark H. Woerner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/28/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Shelby A. Jordan</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>500 N. Shoreline Blvd Ste 900 Corpus Christi TX 78401</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Jordan, Hyden, Wamble, Culbreth + Holzer, PC</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/28/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Audrey Mullert Vicknair</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>802 N. Carondeque Ste 2100 Corpus Christi TX 78401-0036</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Law Office of Audrey Mullert Vicknair</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/21/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Stephen P. Carrigen</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>5900 Memorial Dr Suite 210 Houston TX 77007</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Carrigen + Anderson, PLLC</b>		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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Mark H Woerner		3 Filer ID (Ethics Commission Filers)	
4 Date 07/18/17		5 Payee name Texas Center for Judiciary			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 1210 San Antonio St Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 08/18/17		Payee name Hammons Education Leadership Programs (H.E.L.P.)			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 4833 Saratoga #447 Corpus Christi TX 78413			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/30/17		Payee name Homer Villarreal			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 608 Indiana St Robstown TX 78380			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Mark H Woerner	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 11/2/17	<b>5</b> Payee name Mike Treiber (Cassidy's Irish Pub)			
<b>6</b> Amount (\$) \$676.00	<b>7</b> Payee address; City; State; Zip Code 601 N. Water St Corpus Christi, TX 78401			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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