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CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		MI	Date Received	TED
NAME	NICKNAME	MARIA	• • • • • • • • •	SUFFIX	JAN 1	
	SAM	SILVET	2			
ORIGINAL REPORT	January 15	Runoff		Final report	Date Hand-delivered	
	30th day before el	ection	modified reporting	ther (specify)	Receipt #	Amount \$
	Sth day before ele	ction Toth day a appointment	fter treasurer nt (officeholder only)		Date Processed	<u> </u>
ORIGINAL PERIOD	Month Day	Year	Month	Day Year	Data transf	
	10/18	23 THROUG	# 12/3	31/a3	Date Imaged	
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CANDIDATE / OFFICEHOLDERFORM C/OHCAMPAIGN FINANCE REPORTCOVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr First Mrs Maria	Mi E	OFFICE USE ONLY
NYME.	NICKNAME LAST Sam Silver	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		city; state; zip code noe Bay. Texas. 78657	JAN 182024 LLAND CO. ELECTICINS ADMINISTRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 414-1574	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	ms/mrs/mr first Mrs Maria	MI E	Receipt # Amount \$
	NICKNAME LAST Sam Silver	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 209 Lasso Horse	city; eshoe Bay	state; ZIP CODE Texas. 78657
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 414-1574	EXTENSION	
9 REPORT TYPE	January 15 30th day before of July 15 8th day before elements		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 18 23	Month 12	Day Year / 31 / 23
11 ELECTION	ELECTION DATE Month Day Year 03 05 24 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known) Justice of the Peak	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURE CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS	EASURER NAME	
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

(1) Affidavit

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 File	r ID (Ethics Con	mission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	256.71
	4. TOTAL POLITICAL EXPENDITURES	\$	2071.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

Filver naria 8

Signature of Candidate or Officeholder

Please complete either option below:

NOTARY STAMP/SEAL				
Swom to and subscribed before me by			_ this the	day of,
20, to certify which, witness my hand	l and seal of office.			
Signature of officer administering oath	Printed name of officer	administering oath		Title of officer administering oath
	01	2		
(2) Unsworn Declaration My name is <u>MARUA E SIL</u> My address is <u>209 LASSO</u> (street) Executed in <u>LLAND</u> County, State			By TX_ (state)	3/30/1954 78657 USA (zip code) (country) ($4_{20}24$ (year)
		Signature	e of Candidate/Offic	peholder (Declarant)
Forms provided by Texas Ethics Comm	get Form	Rese	t Page	Revised 8/17/202

SUB	TOTALS - C/OH		NIC/OH ET PG 3
19 FILER N Maria E.	IAME 20 Filer ID (Ethics Co "Sam" Silver	ommissio	on Filers)
na se a concerna de la	ULE SUBTOTALS DF SCHEDULE	1	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1696.33
9.	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	2071.33
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$	0

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Reset Form

	RES MADE BY CRED		SCHEDULE F4
Advertising Expense Accounting Expense Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Event Expense Foes Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	EGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor alns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Maria E "Sam" Silver		3 Filer ID (Ethics Commission Filer
4 TOTAL OF UNITE	MIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	s 256.71
5 Date 12/14/2023	6 Payee name Signs.Com		
7 Amount (\$) 788.75	8 Payee address; 1550 South Gladiola Street.	сі ку ; Salt Lake City.	State; Zip Code Utah. 84104
9 TYPE OF EXPENDITURE		Non-Political	10
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of it Printing (c) Check if travel outside of Texas. Comple	Yard Signs	Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/19/2023	Payee name Signs to Go		
Amount (\$) 355.06	Payee address; 813 12th Street	city; Marble Falls	State; Zip Code Texas. 78564
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t Printing	Banners	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Check if travel outside of Texas. Compk	office sought	Austin, TX, officeholder living expense

A STAR SCOV	RES MADE BY CREDIT CARD SCHEDULE F4 rmation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	
1 Total pages Schedule F4: 2	2 FILER NAME 3 Filer ID (Ethics Commission File Maria E "Sam" Silver
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 256.71
5 Date 12/29/2023	6 Payee name Golfballs.com
7 Amount (\$) 295.81	8 Payee address;City;State;Zip Code126 Arnould BoulevardLafayetteLouisiana70506
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Golf Balls
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expanse
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
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 Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

		PENDITURES	MADE	FROM
PERSO	NAL FU	INDS		

SCHEDULE G

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

EXPENDITURI	CATEGORIES	FOR BOX 8(a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Git/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.

Total pages Schedule G:	² FILER NAME Maria E "Sam" Silver		3 Filer ID (Ethics Commission Filers)
^{Date} 11/27/2023	5 Payee name Liano County Republican Party	2000 	
Amount (\$) 75 Reimbursement from political contributions intended	7 Payee address; P.O. Box 787	City; _lano	State; Zip Code Texas 78643
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Candidate Filir	ng Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/14/2023	Payee name Signs.Com		r Frank
Amount (\$) 88.75 Reimbursement from political contributions intended	Payee address; 1550 South Gladiola Street	city: Salt Lake City	State; Zip Code y Utah 84104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Yard Signs	
	Check if travel outside of Texas, Complete Schedule 'f.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date 12/19/2023	Payee name Signs to Go		
Amount (\$) 55.06 Reimbursement from political contributions intended	Payee address; 813 12th Street	City: Marble Falls	State; Zip Code Texas. 78564
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Banners	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	a, TX, officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED)ED
orms provided by Texas E	thics Com Reset Form cs.s	Reset Page	Revised 8/17/2

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SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	aan Ropayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alanes/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G: 2	² FILER NAME Maria E. "Sam" Silver		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2023	5 Payee name Golfballs.Com		
6 Amount (\$) 295.81 Reimbursement from political contributions intended	7 Payee address; 126 Arnold Blvd.	city; Lafayette	State; Zip Code Louisiana.
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedu Printing	(b) Description Golfballs	н на селото селото на селото н На селото на
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	in the second	
Amount (\$) Reimbursement from politicat contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu		
	Check if travel outside of Texas. Complete Scheduk	eT. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	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
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDI	ED
Forms provided by Texas Et	hics Com Resot Form cs.s	Reset Page	Revised 8/17/2020