CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mrs Maria E NAME Date Received NICKNAME LAST Sam Silver RECEIVED 4 CANDIDATE/ ADDRESS / PO BOX APT / SUITE #; CITY STATE: ZIP CODE **OFFICEHOLDER** 209 Lasso Horseshoe Bay Texas 78657 FEB 2 6 2024 MAILING **ADDRESS** LLANO CO. ELECTIONS ADMINISTRATOR Change of Address 5 CANDIDATE AREA CODE PHONE NUMBER EXTENSION Date Hand-delive **OFFICEHOLDER** PHONE Receipt:# Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER Maria Mrs E Date Processed NAME NICKNAME SUFFIX Date Imaged Sam Silver STREET ADDRESS (NO PO BOX PLEASE): APT ! SUITE # 7 CAMPAIGN TREASURER 209 Lasso 78657 Horseshoe Bay Texas. **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 02 26 24 06 24 THROUGH ELECTION TYPE **ELECTION DATE** # ELECTION Primary Other / 05 24 Special General 13 OFFICE SOUGHT (If known) OFFICE HELD (If any) 12 OFFICE JP Precinct 1Llano County 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sam Silver		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	* TOTAL POLITICAL EXPENDITURES	\$ 6145.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true tured to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Carr	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	Control of the Contro	TO SAME TO SAME
(2) Unsworn Declaration	병이 그는 사용하다 회에 회에는 그리면 보다니까 그리고 아이를 보고 있었다.	00/00/01
My name is MARU	E. SAM SILVER and my date of birth is 1	03/30/54
My address is	(street) HOUSESHOEDING	1X. 1865/ US ate) (country)
Executed in LIAM	1 Parallel To	UOVY 20 (country)
10.0	Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Sam	Silver 20 Filer to (Ethic	s Commissio	n Filers)
The second secon	MEDULE SUBTOTALS ME OF SCHEDULE	A CONTRACTOR OF THE PARTY OF TH	SUBTOTAL
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	2400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		
46	SCHEDULE E: LOANS	\$	
5.	SCHEDULE FI POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S:	- 2
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s	3745.48
10:	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	эн \$	
11.	SCHEDULE NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The Instruction Guide explains ho	w to complete t	his form.	1 Total pages Schedule A1:
Sam Silv				3 Filer ID (Ethics Commission Filers)
4 Date 2/14	5 Full name of contributor D. Reznicek	utor out-of-state PAC (ID#)		7 Amount of contribution (\$)
2/19	6 Contributor address; Cat Spring	City: Texas	State; Zip Code	100.0
Principal of Rancher	ccupation / Job title (See Instructions	0.	9 Employer (See Instruct	tona)
Date 2/14	Full name of contributor K. Jones	out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; Horseshoe Bay	City; Texas	State, Zip Code	
Principal oc	cupation / Job title (See Instructions)		Employer (See Instructi	ons)
Date 2/14	Full name of contributor K Hussey	out-of-state PAC (ID#)		Amount of contribution (\$)
	Contributor address: Horseshoe Bay	Çity;	State; Zip Code Texas	
Principal of	copation / Job title (See Instructions)).	Employer (See Instruction	ons)
Date 2/15	Full name of contributor P. Aves	out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address Horseshoe Bay	City;	State: Zip Code Texas	1000.
Principal or	coupation / Job title (See Instructions)		Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	he Instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1:	
2 FILER NA Sam Silv				3 Filer ID (Ethics Commission Filers)	
4 Date 2/15	5 Full name of contributor out-of-state PAC (IDIII) F. Gracely		7 Amount of contribution (\$) 50.00		
2710	6 Contributor address; Horseshoe Bay	City;	State: Zip Code Texas		
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruction	ons)	
Date 2/16	Full name of contributor M. Walsh	out-of-state PAC (ID#)		Amount of contribution (\$)	
	Contributor address; Horseshoe Bay	City:	State; Zip Code Texas		
Principal or	cupation / Job title (See Instructions)		Employer (See Instruction	ons)	
Date 2/19	Full name of contributor D. Rose	out-of-state PAC (ID#)		Amount of contribution (\$) 50.00	
	Contributor address; Horseshoe Bay	City;	State; Zip Code Texas		
Principal of	cupation / Job title (See Instructions)		Employer (See Instruction	ons)	
Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)	
2/19		***************************************		200.00	
	Contributor address; Horseshoe Bay	City;	State; Zip Code Texas		
	cupation / Job title (See Instructions)		Employer (See Instructi	one)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	to dompieto di	is form.	1 Total pages Schedule A1:
			3 Filer ID (Ethics Commission Filers)
E. Hurd			7 Amount of contribution (\$) 500.00
6 Contributor address; Horseshoe Bay	City;	State; Zip Code Texas	
ation / Job title (See Instructions)		9 Employer (See Instruct	ons)
Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
ation / Job title (See Instructions)		Employer (See Instructi	ons)
Full name of contributor	out-of-state PAC (ID#)		Amount of contribution (\$)
Contributor address;	City;	State: Zip Code	
ation / Job title (See Instructions)		Employer (See Instructi	ons)
Full name of contributor	out-of-state P/	AC (10#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
ation / Job title (See Instructions)		Employer (See Instructi	ons)
	6 Contributor address; Horseshoe Bay atton / Job title (See Instructions) Full name of contributor Contributor address; atton / Job title (See Instructions) Full name of contributor Contributor address;	E. Hurd 6 Contributor address; City; Horseshoe Bay atton / Job title (See Instructions) Full name of contributor out-of-state Pi atton / Job title (See Instructions) Full name of contributor out-of-state Pi Contributor address; City; Contributor address; City; Full name of contributor out-of-state Pi Full name of contributor out-of-state Pi	E. Hurd 6 Contributor address; City; State; Zip Code Texas ation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Contributor address; City; State; Zip Code ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City; State; Zip Code

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

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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
Broth Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarles/Veges/Contract Lebor Solicitation/Fundratising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter e category not listed above)

Great Gard Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1.	2 FILER NAME Sam Silver	3 Filer ID (Ethics Commission Filers)		
4 Date 4/6	s Payee name Vista Print			
6 Amount (\$) 2075.66	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Mailer		
	(C) Check I travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date 2/23	Payee name USPS			
Amount (\$) 340.00	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailer		
	Check if travel outside of Texas Complete Schedule T.	Check if Asisti	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	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 # Austi	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Consulting Exponse Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Glt/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 Other (enter a category not listed above)

	The instruction Guide explains how to	o complete this form.		
1 Total pages Schedule G:	2 FILER NAME Sam Silver		3 Filer ID (Ethics Commission Filers)	
4 Date 02/14	5 Payee name HSB Beacon			
6 Amount (\$) 591.00 Reinbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this achequie) Advertising	(b) Description Newspaper		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check & Austin	TX, officeholder fiving expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 02/14	Payee name HSB Beacon			
Amount (\$) 289.00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description		
2. (2)\$0.4554(B)(0.5.07)	Check if trayel outside of Texas. Complete Schedule T. Check if Aust		in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date 02/14	Payee name Printworks			
Amount (\$) 473.32 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Advertising	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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Adventising Expense
Accounting/Banking
Consulting Expense
Contributions/Constitions Made By
Candidate/Officerolder/Political Committee
Contributions/Contrib

Event Expense Fees Food/Beverage Expense GRI/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Megas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Qut Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sam Silver 5 Payee name 4 Date 02/16 USPS 6 Amount (\$) 7 Payee address; City; State: Zip Code 680.00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Advertising EXPENDITURE Check if travel butside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name USPS 02/17 Amount (\$) Payee address; Zip Code City: State; 1020.00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising EXPENDITURE Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name **HSBPOA** 02/14 Amount (\$) Payee address; City: State: Zip Code 520.00 political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct penditure to benefit C/OH

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (epier a calegory not lated above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sam Silver 4 Date 5 Payee name 02/15 PIC 6 Amount (\$) 7 Payee address; City; State: Zip Code 176.00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE **Event Expense** OF EXPENDITURE Check if prevel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City: Amount (\$) State: Zip Code mbursement from ical contributions infonded Description Category (See Categories listed at the top of this schedule) PURPOSE OF KPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held ete ONLY if direct to benefit C/OH

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