CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

20				
1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:		
	The same of the sa	Total pages med.	1 1 1 1 4	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MRS. MA NICKHAME S Q IM	FIRST ICIA SILVER	E SUFFIX	JAN 18 2024
4 ORIGINAL REPORT TYPE	January 15 July 15 July 15 30th day before election Sth day before election	Runoff Exceeded modified reporting	or (specify)	Pate Hand-delivered or Date Postmarked
6 ORIGINAL PERIOD COVERED		Tear Month D	Day Year	ate Processed
	k ONLY if applicable:	nalty of perjury, that this corre		•
Semiannual mislead or to	reports: I swear, or affirm or misrepre-sent the inform s: I swear, or affirm, that d that the report as origin	m, that the original report was mation contained in the report. I am filing this corrected report in ally filed is inaccurate or incompany to the contained of	not later than the	14th business day after the
Semiannual mislead or to	reports: I swear, or affirm or misrepre-sent the inform s: I swear, or affirm, that d that the report as origin	mation contained in the report. I am filing this corrected report in ally filed is inaccurate or incompad was made in good faith.	not later than the	14th business day after the affirm, that any error or
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Semiannual mislead or to Other report date I learne omission in t	reports: I swear, or affire o misrepre-sent the inform s: I swear, or affirm, that d that the report as originally file the report as originally file	mation contained in the report. I am filing this corrected report in ally filed is inaccurate or incompad was made in good faith.	not later than the plete. I swear, or Sulvey	14th business day after the affirm, that any error or
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Semiannual mislead or to mislead or to other report date I learned omission in the commission in the c	reports: I swear, or affirm or misrepre-sent the inform so I swear, or affirm, that d that the report as originally file report as originally file. Pleating of the report of the repor	mation contained in the report. I am filing this corrected report in ally filed is inaccurate or incompad was made in good faith. The signate as a complete either options and of office. and of office administering oath and my date	not later than the plete. I swear, or what we of Candidate/Off on below: _ this the of birth is (state) (JANUAR)	14th business day after the affirm, that any error or (37) iceholder day of
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CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs	FIRST Maria		MI E	OFFICE U	SEONLY
NAME	NICKNAME Sam	LAST Silver		SUFFIX	RECE!	/ED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ANDERS JON BOY	MELL SUITE #	city; state; shoe Bay. Texa	zip code s. 78657	JAN 181 LIAND C ELECTIC ENEMINISTR	IO.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ION	Date Hand-delivered or	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME Sam	FIRST Maria LAST Silver		MI E SUFFEX	Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	•	suite #, city seshoe Bay		state; Texas. 78657	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ION	1.4 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	
9 REPORT TYPE	July 15	30th day before	election Exc	noff seeded Modified porting Limit	15th day after treasurer appo (Officeholder O	intment
10 PERIOD COVERED	Month 10	Day Year / 18 / 23	THROUGH	Month 12	Day Year 23	
11 ELECTION	Month Day 03 / 05	Year Primar		Other Description		
12 OFFICE	OFFICE HELD (if any	A STATE OF THE STA		sought (if known of the Peac		2 18 18 18 18 18 18 18 18 18 18 18 18 18
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REC COMMITTEE NAME	RES MAY HAVE BEEN MADE	WITHOUT THE CAND	NDATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 16 File			iler ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	4,2	
	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 OF REPORTING PERIOD	DAY \$	0	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$	0	
	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code. A Companying report is true a quired to be reported by me under Title 15, Election Code.	Pare"	Silver	
	Please complete either option below:			
(1) Afficiavit				
NOTARY STAMP/SEAL			수 있다.	
Sworn 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	The state of the s	Title o	of officer administering oath	
(2) Unsworn Declaration My name is	(street) County, State of Texas, on the 16 Hay of Jan 1	03/3 7x 786 te) (zip co	~	
	(month)C	e/Officeholde	year)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERN Maria E.	IAME 20 Filer ID (E	thics Commission	Filers)
	ULE SUBTOTALS OF SCHEDULE	,	UBTOTAL MOUNT
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 CONTRIBUTION	v s \$	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	С/ОН \$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$	0

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politics	al Committee Legal Services Salarie	g Expense es/Wages/Contract Labor	Travel Out Of District: Other (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide explains how 2 FILER NAME Maria E "Sam" Silver	to complete this form.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$ 256.71
5 Date 12/14/2023	6 Payee name Signs.Com		
7 Amount (\$) 788.75	8 Payee address; 1550 South Gladiola Street. Sa	city; alt Lake City.	State; Zip Code Utah. 84104
9 TYPE OF EXPENDITURE	Political Nor	-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard Signs	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Au	ustin, 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	· :	-2
Amount (\$) 355.06	Payee address; 813 12th Street Mark	city; ble Falls	State; Zip Code Texas. 78564
TYPE OF EXPENDITURE	Political Nor	n-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing	Description Banners	
	Check if travel outside of Texas, Complete Schedule	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	:EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information 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 By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expensional Travel In District Travel Out Of District

1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers
2	Maria E "Sam" Silver			
4 TOTAL OF UNITEM	NIZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$ 256.71	
5 Date	6 Payee name			
12/29/2023	Golfballs.com			
7 Amount (\$) 95.81	8 Payee address; 126 Arnould Boulevard Lafayette	city;	State; Duisiana	Zip Code 70506
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
PURPOSE OF Expenditure	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Golf Balls	:	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense
11 Complete <u>ONLY</u> if direct	Candidate / Officeholder name C	Office sought	Office	held
	A PARAMETER AND A PARAMETER AN	:		
	Payee name	:		
expenditure to benefit C/OH	Payee name Payee address;	City;	State;	Zîp Code
expenditure to benefit C/OH Date	The property at the second sec	City;	State;	Zîp Code
Date	Payee address;	City;	State;	Zîp Code
Date Amount (\$)	Payee address;		State;	Zip Code
Date Amount (\$)	Payee address; Political Non-P	Political	State;	Zîp Code
Date Amount (\$) TYPE OF EXPENDITURE	Payee address; Political Non-P	Political	State;	Zip Code
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political Non-P	Political Description	State;	
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political Non-P Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	Political Description		ing expense
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Non-P Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Political Description Check if A	ustin, TX, officeholder liv Office	ing expense
Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Non-P Cafegory (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Political Description Check if A	ustin, TX, officeholder liv	ing expense

Forms provided by Texas Ethics Commiss

Reset Page

Revised 8/17/2020

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expenso Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (and or District

Total pages Schedule G: Date	Maria E "Sam" Silver	I.	•	s Commission Filers)
				- #111
11/27/2023	5 Payee name Llano County Republican Party	22.5		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	P.O. Box 787	_lano	Texas	78643
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Candidate Filin	g Fee	
	(c) 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
Date 12/14/2023	Payee name Signs.Com	· "m · · · · · · · · · · · · · · · · · · ·	્રાસ્ત્રી	
Amount (\$) 788.75 Reimbursement from political contributions intended	Payee address; 1550 South Gladiola Street	City: Salt Lake City	State; Utah	Zip Code 84104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Pescription Yard Signs		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date 12/19/2023	Payee name Signs to Go			
Amount (\$) 355.06 Reimbursement from political contributions intended	Payee address; 813 12th Street	City; Marble Falls	State; Texas.	Zip Code 78 564
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Banners		en i
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS		· · · · · · · · · · · · · · · · · · ·	

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

Event Expense Fees Food/Beverage Expense Gifl/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 (entry a category not listed above)

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. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Maria E. "Sam" Silver 4 Date 5 Payee name 12/29/2023 Golfballs.Com 6 Amount (\$) 7 Payee address; City; State: Zip Code 295.81 126 Arnold Blvd. Lafayette Louisiana. imbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Golfballs **Printing** OF **EXPENDITURE** (c) 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; Amount (\$) City; State; Zip Code imbursement 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 Payee name Date City; Payee address; Amount (\$) State: Zip Code Reimbursement from political contributions Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED