

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	RECEIVED JAN 18 2024	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Receipt #	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$	
	<input type="checkbox"/> 8th day before election			Date Processed	
Month Day Year			Month Day Year		
10 / 18 / 23			THROUGH 12 / 31 / 23		
6 EXPLANATION OF CORRECTION					
ADDITIONAL FUNDS + Schedules					

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Maria E. Silver*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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 administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is MARIA E SILVER and my date of birth is 03/30/1954

My address is HORSESHOE BAY, TX 78657, LLANO

Executed in LLANO County, State of TEXAS, on the 18th day of JANUARY, 2024

*Maria E. Silver*  
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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 NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mrs	Maria	E			
	NICKNAME	LAST	SUFFIX	Date Received		
	Sam	Silver		<b>RECEIVED</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
Change of Address	Horseshoe Bay, Texas, 78657					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Mrs	Maria	E			
	NICKNAME	LAST	SUFFIX	Date Processed		
	Sam	Silver		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #	CITY	STATE	ZIP CODE
(Residence or Business)	Horseshoe Bay, Texas, 78657					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(					

9 REPORT TYPE

January 15    
  30th day before election    
  Runoff    
  15th day after campaign treasurer appointment (Officeholder Only)

July 15    
  8th day before election    
  Exceeded Modified Reporting Limit    
  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 10 / Day 18 / Year 23    
 THROUGH    
 Month 12 / Day 31 / Year 23

11 ELECTION

ELECTION DATE: Month 03 / Day 05 / Year 24

ELECTION TYPE: Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace

14 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 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

18 SIGNATURE

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.

*Maria E. "Sam" Silver*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARIA E SILVER, and my date of birth is 03/30/1954

My address is \_\_\_\_\_ Horseshoe Bay TX 78657 USA (street) (city) (state) (zip code) (country)

Executed in Llano County, State of Texas, on the 16<sup>th</sup> day of January, 2024 (month) (year)

Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Maria E. "Sam" Silver		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
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 TO FILER		\$ 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	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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Maria E "Sam" Silver	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 256.71
<b>5</b> Date 12/14/2023	<b>6</b> Payee name Signs.Com	
<b>7</b> Amount (\$) 788.75	<b>8</b> Payee address; City; State; Zip Code 1550 South Gladiola Street. Salt Lake City. Utah. 84104	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 12/19/2023	<b>Payee name</b> Signs to Go	
<b>Amount (\$)</b> 355.06	<b>Payee address; City; State; Zip Code</b> 813 12th Street      Marble Falls      Texas. 78564	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Banners
	(c) <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      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Candidate/Officeholder/Political Committee

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 F4: 2  
2 FILER NAME: Maria E "Sam" Silver  
3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED 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 Code  
126 Arnould Boulevard Lafayette Louisiana 70506

9 TYPE OF EXPENDITURE  
 Political  Non-Political

10 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 Austin, TX, officeholder living expense

11 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

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 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)

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 G:		<b>2</b> FILER NAME Maria E "Sam" Silver		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/27/2023		<b>5</b> Payee name Llano County Republican Party			
<b>6</b> Amount (\$) 375 <small>Reimbursement from political contributions intended</small>		<b>7</b> Payee address; P.O. Box 787 Llano		City;	State; Texas
				Zip Code	78643
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Candidate Filing Fee		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 12/14/2023		Payee name Signs.Com			
Amount (\$) 788.75 <small>Reimbursement from political contributions intended</small>		Payee address; 1550 South Gladiola Street		City; Salt Lake City	State; Utah
				Zip Code	84104
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing		Description Yard Signs		
	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 12/19/2023		Payee name Signs to Go			
Amount (\$) 355.06 <small>Reimbursement from political contributions intended</small>		Payee address; 813 12th Street		City; Marble Falls	State; Texas
				Zip Code	78564
<b>PURPOSE OF EXPENDITURE</b>	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, TX, officeholder living expense		
Candidate / Officeholder name      Office sought      Office held					
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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                        | 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 G: 2	<b>2</b> FILER NAME Maria E. "Sam" Silver	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/29/2023	<b>5</b> Payee name Golfballs.Com	
<b>6</b> Amount (\$) 295.81 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 126 Arnold Blvd. Lafayette Louisiana.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Golfballs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED