

# 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:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>Mrs Maria</b>	MI <b>E</b>	<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b>  <i>Red</i> <b>JAN 21 2025</b>  LLANO CO. ELECTIONS ADMINISTRATOR
	NICKNAME	LAST <b>Sam Silver</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>, Horseshoe Bay, Texas. 78657</b>			Date Hand-delivered or Date Postmarked
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE ( )	PHONE NUMBER	EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Mrs Maria</b>	MI <b>E</b>	Receipt #
	NICKNAME	LAST <b>Sam Silver</b>	SUFFIX	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>  <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>, Horseshoe Bay, Texas. 78657</b>			Date Processed
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( )	PHONE NUMBER	EXTENSION	Date Imaged
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH
		07 / 01 / 20	12 / 31 / 20	
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
		Month Day Year 11 / 05 / 24	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Justice of the Peace Precinct 1</b>	<b>13 OFFICE SOUGHT (if known)</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.			
<small>Additional Pages</small>	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		


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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.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
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.

  
 \_\_\_\_\_  
 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 SAM 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 17th day of JANUARY, 2025.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)