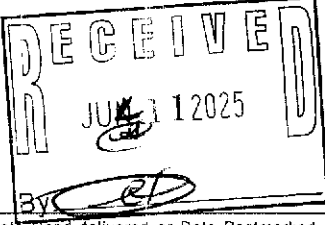


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>7</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Sam <hr/> NICKNAME LAST SUFFIX Houston		<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6301 FM 945 South Cleveland, TX 77328										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 281 ) 450-9007										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Elbert K <hr/> NICKNAME LAST SUFFIX Ken Syphrett										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 50 River Creek Rd. Cleveland, TX 77328										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 281 ) 593-0664										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month Day Year            1 / 1 / 25         </div> <div>THROUGH</div> <div>           Month Day Year            6 / 30 / 25         </div> </div>										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year            11 / 5 / 24         </div> <div style="flex: 2;">           ELECTION TYPE            Primary Runoff Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any) San Jacinto County Sheriff	13 OFFICE SOUGHT (if known) San Jacinto County Sheriff									
14 NOTICE FROM POLITICAL COMMITTEE(S)          Additional Pages	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.										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sam Houston		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 18,104.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,104.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,500.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,484.18
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the 11 day of July, 2025.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Sam Houston		<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	\$ 18,104.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 26,500.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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  
Credit Card Payment

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.

<b>1</b> Total pages Schedule F1: 1		<b>2</b> FILER NAME Sam Houston		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/28/2025		<b>5</b> Payee name John Raley, Atty			
<b>6</b> Amount (\$) 25,000.00		<b>7</b> Payee address; City; State; Zip Code 1717 St. James Place ste 320 Houston, TX 77506			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services		<b>(b)</b> Description Defense for lawsuit filed by Greg Capers		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/01/2025		Payee name John Raley, Atty			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 1717 St. James Place ste 320 Houston, TX 77506			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		Description Defense for lawsuit filed by Greg Capers		
	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					
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 if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Sam Houston</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/24/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Skip Martin</b> 6 Contributor address; City; State; Zip Code <b>1263 US Hwy 59 N Cleveland, TX 77327</b>	7 Amount of contribution (\$) <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/24/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mr &amp; Mrs. R.C. Sweeten</b> Contributor address; City; State; Zip Code <b>8721 FM 1725 Cleveland, TX 77328</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Philip McCulloch</b> Contributor address; City; State; Zip Code <b>60 Cemetery Rd. Coldspring, TX 77331</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Eastex Tool LLC</b> Contributor address; City; State; Zip Code <b>255 Evergreen Heights Rd. Coldspring, TX 77331</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Sam Houston</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/25/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Dianna &amp; Shannon Bailey</b> 6 Contributor address; City; State; Zip Code <b>PO Box 886 Coldspring, TX 77331</b>	7 Amount of contribution (\$) <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sandra &amp; Sam Houston</b> Contributor address; City; State; Zip Code <b>6301 FM 945 Rd. S Cleveland, TX 77328</b>	Amount of contribution (\$) <b>24.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Eastex Tool LLC</b> Contributor address; City; State; Zip Code <b>255 Evergreen Heights Rd. Coldspring, TX 77331</b>	Amount of contribution (\$) <b>120.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Van Brookshire</b> Contributor address; City; State; Zip Code <b>8130 State Hwy 150 W Coldspring, TX 77331</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

(Attachment to Schedule A1)

Total Pages Schedule A1: 3

## FUNDRAISER 1/25/2025

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Amount Cash</i>
Butch Mosley			\$ 75.00
Caroline Weisinger			\$ 155.00
Connie Chandler			\$ 710.00
Emmett Jones		(281) 900-7755	\$ 160.00
Gordon Fisher			\$ 570.00
Jan McKay		(832) 473-6784	\$ 50.00
Lisa Jolly			\$ 100.00
Michelle Dabney		(936) 828-6962	\$ 100.00
Nancy Colvin		(979) 922-6849	\$ 135.00
Robert Moody		(832) 515-6104	\$ 375.00
Sandi Dsipcki			\$ 20.00
Scooter Franklin		(936) 788-8461	\$ 100.00
Tom Suttle		(832) 444-6720	\$ 60.00