

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME OSCAR R SILVA		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 12.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,804.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,209.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

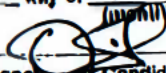
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Oscar Silva, and my date of birth is
 My address is 5807 Flax Bourton St, Humble, TX, 77346, USA

Executed in Harris County, State of Texas, on the 2nd day of April, 2025



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME OSCAR R SILVA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,792.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME OSCAR R SILVA		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2025	5 Full name of contributor EZEKIEL AVELAR out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2025	Full name of contributor JENN MORRIS out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2025	Full name of contributor MELINDA O'REILLY out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2025	Full name of contributor CHARLES MORGAN out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 3
2 FILER NAME OSCAR R SILVA		3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) JULIA BECKMAN	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/24/2025	Full name of contributor out-of-state PAC (ID#: _____) AISHA STEWART	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2025	Full name of contributor out-of-state PAC (ID#: _____) NATASHA TORR	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2025	Full name of contributor out-of-state PAC (ID#: _____) GARY ROBINSON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME OSCAR R SILVA		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor out-of-state PAC (ID#: _____) JOANNE CROSSLAND 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: _____) GLENN GRAYSHAW Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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 | 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.

1 Total pages Schedule F1: **5** 2 FILER NAME: **OSCAR R SILVA** 3 Filer ID (Ethics Commission Filers)

4 Date: **01/26/2025** 5 Payee name: **VISTAPRINT**

6 Amount (\$): **36.24** 7 Payee address; City; State; Zip Code:
100 HAYDEN AVE LEXINGTON MA 02421

8 PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** (b) Description: **BUSINESS CARDS**
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **03/04/2025** Payee name: **K&S SPORTSWEAR**

Amount (\$): **1,462.46** Payee address; City; State; Zip Code:
20121 W LAKE HOUSTON PKWY ST 1400 HUMBLE TX 77346

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Description: **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/OH Candidate / Officeholder name Office sought Office held

Date: **03/04/2025** Payee name: **VISTAPRINT**

Amount (\$): **108.23** Payee address; City; State; Zip Code:
100 HAYDEN AVE LEXINGTON MA 02421

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Description: **POST CARDS**
 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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME OSCAR R SILVA	3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2025	5 Payee name VISTAPRINT	
6 Amount (\$) 110.39	7 Payee address; 100 HAYDEN AVE	City; State; Zip Code LEXINGTON MA 02421
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POST CARDS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/14/2025	Payee name PAYPAL		
Amount (\$) 1.99	Payee address; 2211 N 1ST ST	City; State; Zip Code SAN JOSE CA 95131	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/15/2025	Payee name PAYPAL		
Amount (\$) 3.48	Payee address; 2211 N 1ST ST	City; State; Zip Code SAN JOSE CA 95131	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME OSCAR R SILVA	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2025	5 Payee name PAYPAL	
6 Amount (\$) 3.98	7 Payee address; 2211 N 1ST ST	City; State; Zip Code SAN JOSE CA 95131
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/25/2025	Payee name PAYPAL	
Amount (\$) 3.98	Payee address; 2211 N 1ST ST	City; State; Zip Code SAN JOSE CA 95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	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	Candidate / Officeholder name	Office sought Office held
Date 01/25/2025	Payee name PAYPAL	
Amount (\$) 3.98	Payee address; 2211 N 1ST ST	City; State; Zip Code SAN JOSE CA 95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	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	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME OSCAR R SILVA	3 Filer ID (Ethics Commission Filers)
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4 Date 01/26/2025	5 Payee name PAYPAL
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6 Amount (\$) 1.19	7 Payee address; 2211 N 1ST ST	City; SAN JOSE	State; CA	Zip Code 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/27/2025	Payee name PAYPAL
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Amount (\$) 1.39	Payee address; 2211 N 1ST ST	City; SAN JOSE	State; CA	Zip Code 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/30/2025	Payee name PAYPAL
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Amount (\$) 17.94	Payee address; 2211 N 1ST ST	City; SAN JOSE	State; CA	Zip Code 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME OSCAR R SILVA	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Payee name PAYPAL	
6 Amount (\$) 35.39	7 Payee address; 2211 N 1ST ST	City; State; Zip Code SAN JOSE CA 95131
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/15/2025	Payee name PAYPAL
Amount (\$) 1.99	Payee address; City; State; Zip Code 2211 N 1ST ST SAN JOSE CA 95131

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEES FOR ELECTRONIC CONTRIBUTIONS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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