

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: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Samuel D.R.			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Sam Satterwhite				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 202 Cedar Ridge Wylie, Texas 75098			Date Received	
☐ Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 977-2369			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Anne			Receipt # Amount \$	
	NICKNAME LAST SUFFIX Hiney			Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 301 Cottonbelt Wylie Tx 75098				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 672-4133				
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 Day Year Month Day Year 8 / 3 / 2026 THROUGH 10 / 3 / 2026				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 11 / 3 / 2026 ☒ General ☐ Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) WISD Trustee Place 2		
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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	☐ GENERAL	N/A			
	☐ SPECIFIC	COMMITTEE ADDRESS			
		N/A			
	COMMITTEE CAMPAIGN TREASURER NAME				
	N/A				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	N/A				

GO TO PAGE 2

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)

\$ \$2,750.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ \$2,750.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ \$2,767.86

4. TOTAL POLITICAL EXPENDITURES

\$ ~~\$2,786.86~~ ^{\$2,767.86/SS}

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ \$140.20

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ \$700.00

18 SIGNATURE

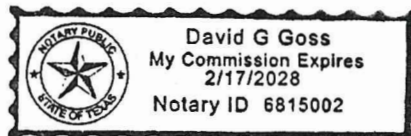
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by SAM SATTERWHITE this the 1st day of OCTOBER,
20 26, 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 _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$2,750.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	☐	SCHEDULE E: LOANS	\$ 700.00
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,767.86
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	\$ 58.06
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

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: 1	
2 FILER NAME Samuel Satterwhite				3 Filer ID (Ethics Commission Filers)	
4 Date 8-6-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) John Yeager			7 Amount of contribution (\$) \$1,000.00	
	6 Contributor address; City; State; Zip Code 402 Woodhollow Wylie Tx 75098				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 8-20-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Adam Leggett			Amount of contribution (\$) \$250.00	
	Contributor address; City; State; Zip Code 92 Carriage Trail Wylie Tx 75098				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8-28-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richard Parker			Amount of contribution (\$) \$300.00	
	Contributor address; City; State; Zip Code 100 Jackson Wylie Tx 75098				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9-11-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sandra Jennings			Amount of contribution (\$) \$500.00	
	Contributor address; City; State; Zip Code Wylie Tx 75098				
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.					

LOANS**SCHEDULE E**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 E: 1	
2 FILER NAME Samuel Satterwhite				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 8-31-26		7 Name of lender ☐ out-of-state PAC (ID#: _____) Samuel Satterwhite		9 Loan Amount (\$) \$500.00	
6 Is lender a financial institution? Y N No		8 Lender address; City; State; Zip Code 202 Cedar Ridge Wylie Tx 75098		10 Interest rate 1%	
				11 Maturity date 12-1-26	
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)		
14 Description of Collateral ☒ none			15 ☒ Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION ☒ not applicable		17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan 9-20-26		Name of lender ☐ out-of-state PAC (ID#: _____) Samuel Satterwhite		Loan Amount (\$) \$200.00	
Is lender a financial institution? Y N No		Lender address; City; State; Zip Code 202 Cedar Ridge Wylie Tx 75098		Interest rate 1%	
				Maturity date 12-1-26	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral ☒ none			☒ Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION ☒ not applicable		Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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: 2		2 FILER NAME Samuel Satterwhite		3 Filer ID (Ethics Commission Filers)																																
4 Date 8-20-26		5 Payee name First Graphic Services																																		
6 Amount (\$) 904.43		7 Payee address; 229 Garvon Street		City; Garland	State; Tx																															
				Zip Code 75040																																
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs																																	
	(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 <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held																												
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Date 9-8-26	Payee name Anne Hiney Designs																																			
Amount (\$) 351.61	Payee address; 301 Cottonbelt		City; Wylie	State; Tx	Zip Code 75098																															
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Candidate / Officeholder name Samuel Satterwhite	Office sought WISD Trustee Place 2	Office held n/a																																		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME Samuel Satterwhite		3 Filer ID (Ethics Commission Filers)	
4 Date 9-11-26	5 Payee name First Graphic Services			
6 Amount (\$) 277.99	7 Payee address; 229 Garvon Street		City; Garland	State; Tx
			Zip Code 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs	
	(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 9-23-26	Payee name Frist Graphic Services			
Amount (\$) 517.61	Payee address; Same as above		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs	
	☐ 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	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 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	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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Samuel Satterwhite	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 58.06
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 30.00	(b) Date Expenditure Charged 9-22-26	(c) Date(s) Credit Card Issuer Paid 9-30-26
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7 PAYEE	(a) Payee name Wylie Chamber of Commerce	(b) Payee address; City, State, Zip Code 307 N. Ballard Wylie Tx 75098
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8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description State of Education Conference
	(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 Samuel Satterwhite	Office Sought WISD Trustee Place 2	Office Held n/a
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PAYMENT	(a) Amount Charged \$ 28.06	(b) Date Expenditure Charged 9-22-26	(c) Date(s) Credit Card Issuer Paid 9-30-26
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PAYEE	(a) Payee name Collin County Election Store	(b) Payee address; City, State, Zip Code 2010 Redbud, Ste 102 McKinney Tx 75069
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PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Voters Registration List
	(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 Samuel Satterwhite	Office Sought WISD Trustee Place 2	Office Held n/a
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED