CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088387 10 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** Carolyn F. 07/14/2024 NAME LAST NICKNAME **SUFFIX** Salter Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2024 06/30/2024 **EXPLANATION OF CORRECTION** Forgot to report in-kind contribution of website development. Corrected report includes this in-kind donation. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: 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. Carolyn F. Salter Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

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 complet	e this form.	1 Filer ID (Ethics Commi 00088387		2 Total pages fil	led: .0
3 CANDIDATE / OFFICEHOLDER		FIRST Carolyn F.		MI		JSE ONLY
NAME		oarory			Date Received ELECTRONICA	ALLY FILED
		LAST		SUFFIX	07/14/2024	
		Salter				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / 419 S Royall St.	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
MAILING ADDRESS	410 O Noyali St.				Receipt #	Amount
Change of Address	Palestine, TX 75801				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Scott J.				
	NICKNAME L	 .AST		SUFFIX		
		Gorby				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP'	Γ / SUITE #; CITY	STA	ATE; ZIP CODE
TREASURER ADDRESS	9488 Timberleaf Dr.					
(Residence or Business)	Dallas, TX 75243					
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(903) 948-3688					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	
	X July 15	8th day before 6	election	Exceeded modified	appointment (office Final Report (Atta	
				reporting limit		
9 PERIOD COVERED	Month Day Year 01/01/2024	TH	IROUGH	Month Day 06/30/202	Year 24	
	01/01/2024			00/00/202		
10 ELECTION	ELECTION DATE Month Day Year	Пр	rimary	ELECTION TYPE	Other	
	11/05/2024		eneral	Special	Other	
			onorai	орозіш		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT		
				State Represen	lative district 8	
				•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 10

13 C / OH NAME	Salter, Carolyn F.		14 Filer ID 00088387	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made with officeholders are required to report this information	ut the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
□ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM		
		COMMITTEE CAMPAIGN TREASURER ADDI	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 137.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAD	aNS)	\$ 3,463.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 198.65
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 198.65
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 3,764.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 2,000.00
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required	
			Carolyn F. Salter	
		Signature	e of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

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

					4 01 10
l	ER NAN	(Ethi	ics Commission Filers)		
Sa	lter, Ca	00088387			
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,963.00
2.	X	\$	1,500.00		
3.	X	\$	0.00		
4.	Х	SCHEDULE E: LOANS		\$	2,000.00
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				198.65
6.	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				0.00
7.	. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				0.00
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this forr	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/10	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 04/20/2024	6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Athens, TX 75752 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 06/08/2024	Full name of contributor Butler, Charles Contributor address; City; Stat)		Amount of Contribution (\$)	\$250.00
	Dringing conu	Athens, TX 75752		Employer (See Instructions			
	Not Employe	pation / Job title (See Instructions)		Not Employed	')		
	Date 06/04/2024	Full name of contributor Daulong, Larry Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Palestine, TX 75803	<u> </u>				
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions not employed	5)		
	Date 03/15/2024	Full name of contributor Fladmark, MIchael Contributor address; City; Stat Tool, TX 75143	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 05/15/2024	Full name of contributor Fladmark, MIchael Contributor address; City; Stat Tool, TX 75143	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
			,				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS	5		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm	ı .	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/10	
2	FILER NAME Salter, Carol	yn F.				3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 06/17/2024	5 Full name of contributor [Fladmark, MIchael6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Tool, TX 75143 pation / Job title (See Instructions)	l q) F	Employer (See Instructions	7		
•	Consultant	pation / cost title (cost motivotions)			Self	,		
	Date 04/09/2024	Full name of contributor Jowell, Marlene Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occur	Jacksonville, TX 75766 pation / Job title (See Instructions)			Employer (See Instructions	<u>.</u>		
	Not Employe				Not Employed	,		
	Date 06/12/2024	Full name of contributor [Keough, Steven Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78240						
	Principal occur not employed	pation / Job title (See Instructions) d			Employer (See Instructions not employed)		
	Date 02/02/2024	Full name of contributor Logans, Versalean Contributor address; City; Sta Palestine, TX 75803					Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed			Employer (See Instructions Not Employed	<u> </u>		
	Date 04/21/2024	Full name of contributor Lynda, Gayle Contributor address; City; Sta Palestine, TX 75801	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Speech Path	pation / Job title (See Instructions)			Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/10	
2	FILER NAME Salter, Carol	lyn F.		3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 06/18/2024	 Full name of contributor out-of-state PAC (ID#: Rusk, Mitzi Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	9 Employer (See Instructions	.) 		
0	Not Emplyed		Not Employed	,		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Summers, Judy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Portland, OR 97239 pation / Job title (See Instructions)	Employer (See Instructions	:) [
	not employe		not employed	,		
	Date 06/18/2024	Full name of contributor out-of-state PAC (ID#:_ Willhite, Leon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Palestine, TX 75801				
	Principal occu Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions not employed	s)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Wood, Dan Contributor address; City; State; Zip Code Terrell, TX 75161			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	not employe	u	not employed			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<u>_</u>			SCHEDULE A2
The Instruction Guide explains how to complete this f	orm.		otal pages Sched Sch: 1/1 Rpt: 8/	
2 FILER NAME			Commission Filers)	
Salter, Carolyn F.		00088387	,	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		0.00	
Date 02/01/2024 6 Full name of contributor out-of-state PAC (ID#:) Scuder, Kendall 7 Contributor address; City; State; Zip Code			contribution (\$)	In-kind contribution description /ebsite Development
Dallas, TX 75214		Γ	Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner 11 Employer (FOR NON Self				•
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title ((FOR	JUDICIAL) (Se	ee instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor	r's sp	oouse (if any) (FO	R JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

PLE	DGED CONTRIBU	TIONS			SCHEDULE	В
т	he Instruction Guide exp	plains how to comp	olete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 9/10	
2 FILER NAME Salter, Carolyn F.					Filer ID (Ethics Commission Filers) 00088387	
TOTAL OF UNITEMIZED PLEDGES						0.00
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (II City; State; Zip Co		8	Amount of pledge (\$) In-kind description (If applicable)	
10 Dringing	occupation / Job title (See Instru	totions\	11 5] [Check if travel outside of Texas. Complete Sche	dule T
10 Рппсіраї	occupation / Job title (See Instit	ictions)	11 Employer (See In	istructi	ons)	

5 Date of loan 01/12/2024 7 Name of lender	LOANS				SCHEDULE E
2 FILER NAME Salter, Carolyn F. 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 01/12/2024 6 Is lender a financial institution? No Palestine, TX 75801 12 Principal occupation / Job title (See Instructions) physician 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 17 Name of guarantor address; City; State; Zip Code 18 Guarantor address; City; State; Zip Code 19 Letrics Commission Filers 00088387 4 TOTAL OF UNITEMIZED LOANS \$ \$	The Instruction	on Guide explains how to complete this f	orm.	-	
TOTAL OF UNITEMIZED LOANS 5		F.		3 Filer ID	(Ethics Commission Filers)
Salter, Carolyn (Dr.) S2,00 Is lender a financial institution? No Palestine, TX 75801 Palestine, TX 75801 In Maturity Date Palestine, TX 75801 Palestine, TX 75801 Palestine, TX 75801 Palestine, TX 75801 In Maturity Date Palestine, TX 75801 Palestine, TX 75801 In Maturity Date Palestine, TX 75801 Palestine, TX 75801 In Maturity Date Palestine, TX 75801 In Maturity Date	4 TOTAL OF UN	NITEMIZED LOANS			\$ 0.00
financial institution? No Palestine, TX 75801 13 Employer (See Instructions) physician Michael S Gorby MD PA 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) X (See Instructions) 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code			C (ID#:)	9 Loan Amount (\$) \$2,000.00
12 Principal occupation / Job title (See Instructions) physician 13 Employer (See Instructions) Michael S Gorby MD PA 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code	financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 0.0
physician Michael S Gorby MD PA 14 Description of Collateral X None 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$ 200 City) The provided into political account (See Instructions) 19 Amount Guaranteed (\$ 200 City) The provided into political account (See Instructions) 19 Amount Guaranteed (\$ 200 City) The provided into political account (See Instructions)	12 Principal occupati		13 Employer (See Instructions	;)	
X None It GUARANTOR INFORMATION X not applicable It Suarantor address; City; State; Zip Code It Suarantor address; City; State; Zip Code It Suarantor address; City; State; Zip Code		,		•	
INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code		llateral		ere deposited	
not applicable 18 Guarantor address; City; State; Zip Code		17 Name of guarantor			19 Amount Guaranteed (\$)
	20 Principal occupati	ion	21 Employer (See Instructions	s)	