

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088387		2 Total pages filed: 10		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Carolyn F.	MI MI	Date Received ELECTRONICALLY FILED 07/14/2024	
	NICKNAME	LAST Salter	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED		Month Day Year	Month Day Year	Receipt # Amount	
		01/01/2024	THROUGH 06/30/2024	Date Processed	
Date Imaged					

6 EXPLANATION OF CORRECTION
 Forgot to report in-kind contribution of website development. Corrected report includes this in-kind donation.

7 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 _____ 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	137.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,463.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	198.65
	4. TOTAL POLITICAL EXPENDITURES	\$	198.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,764.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,000.00

17 AFFIDAVIT

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.

Carolyn F. Salter
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

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

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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,963.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,500.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	2,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	198.65
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/10
2 FILER NAME Salter, Carolyn F.		3 Filer ID (Ethics Commission Filers) 00088387
4 Date 04/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Charles <hr/> 6 Contributor address; City; State; Zip Code Athens, TX 75752	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Charles <hr/> Contributor address; City; State; Zip Code Athens, TX 75752	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daulong, Larry <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael <hr/> Contributor address; City; State; Zip Code Tool, TX 75143	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael <hr/> Contributor address; City; State; Zip Code Tool, TX 75143	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/10
2 FILER NAME Salter, Carolyn F.		3 Filer ID (Ethics Commission Filers) 00088387
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael <hr/> 6 Contributor address; City; State; Zip Code Tool, TX 75143	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jowell, Marlene <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keough, Steven <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logans, Versalean <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda, Gayle <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Speech Pathologist		Employer (See Instructions) HHS/MSSLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/10
2 FILER NAME Salter, Carolyn F.		3 Filer ID (Ethics Commission Filers) 00088387
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Mitzi <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Judy <hr/> Contributor address; City; State; Zip Code Portland, OR 97239	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willhite, Leon <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Dan <hr/> Contributor address; City; State; Zip Code Terrell, TX 75161	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/10	
2 FILER NAME Salter, Carolyn F.		3 Filer ID (Ethics Commission Filers) 00088387	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 02/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scuder, Kendall	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description Website Development
	7 Contributor address; City; State; Zip Code Dallas, TX 75214	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 9/10

2 FILER NAME
Salter, Carolyn F.

3 Filer ID (Ethics Commission Filers)
00088387

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/10
2 FILER NAME Salter, Carolyn F.		3 Filer ID (Ethics Commission Filers) 00088387
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 01/12/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Carolyn (Dr.)	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Palestine, TX 75801	10 Interest Rate 0.0
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) physician		13 Employer (See Instructions) Michael S Gorby MD PA
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		19 Amount Guaranteed (\$)
21 Employer (See Instructions)		