# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

|                               | Guide explains how to complete | this form.        | 1 Filer ID<br>(Ethics Commi<br>00088387 |                      | 2 Total pages f                    | iled:<br>20        |
|-------------------------------|--------------------------------|-------------------|---|----------------------|------------------------------------|--------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER |                                | IRST<br>arolyn F. |   | MI                   | OFFICE                             | USE ONLY           |
| NAME                          |                                | aroiyii i .       |   |                      | Date Received  ELECTRONIC          | ALLY FILED         |
|                               |                                | AST               |   | SUFFIX               | 10/07/2024                         |                    |
|                               |                                | alter             |   |                      |                                    |                    |
| 4 CANDIDATE /<br>OFFICEHOLDER | ADDRESS / PO BOX; APT / S      | UITE#; CITY       | Υ;                                      | ZIP CODE             | Date Hand-delivered                | or Date Postmarked |
| MAILING<br>ADDRESS            | 419 S Royall St.               |                   |   |                      | Receipt #                          | Amount             |
| Change of Address             | Palestine, TX 75801            |                   |   |                      | Date Processed                     |                    |
|                               |                                |                   |   |                      | Date Imaged                        |                    |
| 5 CAMPAIGN                    | MS / MRS / MR FI               | RST               |   | MI                   |                                    |                    |
| TREASURER<br>NAME             | Mr. So                         | cott J.           |   |                      |                                    |                    |
|                               | NICKNAME LA                    | AST               |   | SUFFIX               |                                    |                    |
|                               | G                              | orby              |   |                      |                                    |                    |
| 6 CAMPAIGN                    | STREET ADDRESS (NO PO BC       | X PLEASE);        | AP <sup>-</sup>                         | Γ / SUITE #; CITY    | ; ST.                              | ATE; ZIP CODE      |
| TREASURER<br>ADDRESS          | 9488 Timberleaf Dr.            |                   |   |                      |                                    |                    |
| (Residence or Business)       | Dallas, TX 75243               |                   |   |                      |                                    |                    |
|                               |                                |                   |   |                      |                                    |                    |
| 7 CAMPAIGN<br>TREASURER       |                                | NUMBER E          | XTENSION                                |                      |                                    |                    |
| PHONE                         | (903) 948-3688                 |                   |   |                      |                                    |                    |
| 8 REPORT<br>TYPE              | January 15 X                   | 30th day before   | election                                | Runoff               |                                    | mpaign treasurer   |
|                               |                                | 8th day before e  | election                                | Exceeded modified    | appointment (off Final Report (Att |                    |
|                               |                                |                   |   | reporting limit      |                                    |                    |
| 9 PERIOD<br>COVERED           | Month Day Year 07/01/2024      | TH                | ROUGH                                   | Month Day 09/26/20   | Year<br>24                         |                    |
|                               | 0170172024                     |                   |   | 03/20/20             |                                    |                    |
| 10 ELECTION                   | ELECTION DATE  Month Day Year  |                   | imary                                   | ELECTION TYPE Runoff | Other                              |                    |
|                               | 11/05/2024                     |                   | eneral                                  | Special              |                                    |                    |
|                               |                                |                   | 5.7.6.7 4.                              | <u></u>              |                                    |                    |
| 11 OFFICE                     | OFFICE HELD (if any)           | ·                 |   | 12 OFFICE SOUGH      |                                    | District 0         |
|                               | None Place N/A District N/A    |                   |   | State Represen       | tative Place N/A                   | District 8         |
|                               |                                |                   |   | •                    |                                    |                    |
|                               |                                | GO T              | O PAGE 2                                |                      |                                    |                    |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 20

| 13 C / OH NAME                                 | Salter, Carolyn F.               |  | <b>14</b> Filer ID (I     | Ethics Commission Filers) |
|--|----------------------------------|--|---------------------------|---------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expenditu<br>These expenditures may have been made without to<br>d officeholders are required to report this information | the candidate's or office | holder's knowledge or     |
| X Additional Pages                             | COMMITTEE TYPE                   | COMMITTEE NAME   |                           |                           |
| <u> </u>                                       | X GENERAL                        | Blue Horizon Texas   |                           |                           |
|  |                                  | COMMITTEE ADDRESS  |                           |                           |
|  | SPECIFIC                         | PO Box 780162  |                           |                           |
|  |                                  | San Antonio, TX 78278  |                           |                           |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME  |                           |                           |
|  |                                  | Barnett, Claire  |                           |                           |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDRES  | SS                        |                           |
|  |                                  | PO Box 780162  |                           |                           |
|  |                                  | San Antonio, TX 78278  |                           |                           |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS (OTHER THAI<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELEC   |                           | <b>\$</b> 427.84          |
|  |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS   | 5)                        | \$ 6,760.52               |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITURES   |                           | \$ 0.00                   |
|  | 4. TOTAL POLITIC                 | AL EXPENDITURES  |                           | \$ 8,477.63               |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L<br>RIOD  | AST DAY OF THE            | <b>\$</b> 21,197.24       |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD   | OF THE LAST DAY           | \$ 22,750.00              |
| <b>17</b> AFFIDAVIT                            |                                  | I swear, or affirm, under penalty<br>true and correct and includes al<br>under Title 15, Election Code.  |                           |                           |
|  |                                  | Са   | arolyn F. Salter          |                           |
|  |                                  | Signature of   | Candidate or Officeholo   | der                       |
| AFFIX NO                                       | TARY STAMP / SEAL AB             | OVE  |                           |                           |
|  |                                  | aid  | , this the                | day                       |
| of   | , 20, to c                       | ertify which, witness my hand and seal of office.  |                           |                           |
| Signature of office                            | er administering                 | Printed name of officer administering  | Title of officer          | administering oath        |

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

### FORM C/OH ADDENDUM

Page 3 of 20

|  |                         |  |                      | Fage 3 01 20               |
|--|-------------------------|--|----------------------|----------------------------|
| C / OH NAME                                    | Salter, Carolyn F.      |  | Filer ID<br>00088387 | (Ethics Commission Filers) |
| 17 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | expenditures may have t | of political expenditures by political committees to s<br>been made without the candidate's or officeholder's<br>d to report this information only if they receive notic | knowledge or co      | nsent. Candidates and      |
|  | COMMITTEE TYPE          | COMMITTEE NAME   |                      |                            |
|  | X GENERAL               | Texas Democratic Women   |                      |                            |
|  |                         | COMMITTEE ADDRESS  |                      |                            |
|  | SPECIFIC                | PO Box 301411  |                      |                            |
|  |                         | Austin, TX 78703   |                      |                            |
|  |                         | COMMITTEE CAMPAIGN TREASURER NAME  |                      |                            |
|  |                         | Franklin, Joyce  |                      |                            |
|  |                         | COMMITTEE CAMPAIGN TREASURER ADDRES  | SS                   |                            |
|  |                         | 4609 Pangolin Dr.  |                      |                            |
|  |                         | Frot Worth, TX 76244   |                      |                            |
| NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)    | expenditures may have b | of political expenditures by political committees to soeen made without the candidate's or officeholder's d to report this information only if they receive notic        | knowledge or co      | nsent. Candidates and      |
|  | COMMITTEE TYPE          | COMMITTEE NAME   |                      |                            |
|  | X GENERAL               | Anderson County Democratic Women   |                      |                            |
|  |                         | COMMITTEE ADDRESS  |                      |                            |
|  | SPECIFIC                | 901 N Perry St   |                      |                            |
|  |                         | Palestine, TX 75801  |                      |                            |
|  |                         | COMMITTEE CAMPAIGN TREASURER NAME  |                      |                            |
|  |                         | Bolton, Debbie   |                      |                            |
|  |                         | COMMITTEE CAMPAIGN TREASURER ADDRES  | SS                   |                            |
|  |                         | 28 Rambling Rd   |                      |                            |
|  |                         | Palestine, TX 75801  |                      |                            |
|  |                         |  |                      |                            |

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

## FORM C/OH ADDENDUM

Page 4 of 20

|   |                         |   |                      | F age 4 01 20              |
|---|-------------------------|---|----------------------|----------------------------|
| C / OH NAME                                   | Salter, Carolyn F.      |   | Filer ID<br>00088387 | (Ethics Commission Filers) |
| 7 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | expenditures may have t | of political expenditures by political committees to<br>been made without the candidate's or officeholded<br>to report this information only if they receive no | er's knowledge or co | onsent. Candidates and     |
| (=)   | COMMITTEE TYPE          | COMMITTEE NAME  |                      |                            |
|   | X GENERAL               | Dan Wood for Congress   |                      |                            |
|   |                         | COMMITTEE ADDRESS   |                      |                            |
|   | SPECIFIC                | 14711 CR 349  |                      |                            |
|   |                         | Terrell, TX 75161   |                      |                            |
|   |                         | COMMITTEE CAMPAIGN TREASURER NAME   |                      |                            |
|   |                         | Wood, Daniel  |                      |                            |
|   |                         | COMMITTEE CAMPAIGN TREASURER ADDR   | RESS                 |                            |
|   |                         | 14711 CR 349  |                      |                            |
|   |                         | Terrell, TX 75161   |                      |                            |
|   |                         |   |                      |                            |
|   |                         |   |                      |                            |

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

|                                   |  |                             |                    | 5 of 20   |
|-----------------------------------|--|-----------------------------|--------------------|-----------|
| <b>18</b> FILER NAN<br>Salter, Ca |  | <b>19</b> Filer ID 00088387 | (Ethics Commission | Filers)   |
|                                   | E SUBTOTALS<br>SCHEDULE  | SUBTOTAL AM                 | OUNT               |           |
| 1. X                              | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |                             | \$                 | 5,910.52  |
| 2. X                              | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                             | \$                 | 850.00    |
| 3. X                              | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                             | \$                 | 0.00      |
| 4. X                              | SCHEDULE E: LOANS  |                             | \$ 2               | 20,000.00 |
| 5. X                              | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 3                           | \$                 | 8,477.63  |
| 6. X                              | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                             | \$                 | 0.00      |
| 7. X                              | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | DNS                         | \$                 | 0.00      |
| 8. X                              | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |                             | \$                 | 0.00      |
| 9. X                              | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |                             | \$                 | 0.00      |
| 10.                               | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (               | OF C/OH                     | \$                 |           |
| 11.                               | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | DNS                         | \$                 |           |
| 12.                               | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED                    | \$                 |           |
|                                   |  |                             | •                  |           |

|   | MONET                       | ARY POLITICAL CONT  | RIBUTION         | S                                  |    | SCHEDUL  | E <b>A1</b> |
|---|-----------------------------|---|------------------|------------------------------------|----|--|-------------|
|   | The Instru                  | ction Guide explains how to con   | nplete this forr | n.                                 | 1  | Total pages Schedule A1:<br>Sch: 1/6 Rpt: 6/20 |             |
| 2 | FILER NAME<br>Salter, Carol | yn F.   |                  |                                    | 3  | Filer ID (Ethics Commission 00088387           | n Filers)   |
| 4 | Date 08/21/2024             | A Cary, Jonathan  | state PAC (ID#:  | )                                  | 7  | Amount of Contribution (\$)                    | \$100.00    |
| Ω | Dringinal occu              | Palestine, TX 75803 pation / Job title (See Instructions)                               | ام               | Employer (See Instructions         |    |  |             |
| 0 | HR .                        | pation 7 300 title (See Instructions)   | 9                | ServiceNow                         | ·) |  |             |
|   | Date<br>09/18/2024          | Anderson County Texas Democra   |                  |                                    |    | Amount of Contribution (\$)                    | \$500.00    |
|   |                             | Palestine, TX 75801   |                  |                                    |    |  |             |
|   | Principal occu              | pation / Job title (See Instructions)   |                  | Employer (See Instructions         | i) |  |             |
|   | Date<br>07/09/2024          | Full name of contributor out-of Biel, Rosemary  Contributor address; City; State; Zip C | -state PAC (ID#: |                                    |    | Amount of Contribution (\$)                    | \$20.00     |
|   |                             | Elkhart, TX 75839   |                  |                                    |    |  |             |
|   | Principal occu<br>retired   | pation / Job title (See Instructions)   |                  | Employer (See Instructions retired | )  |  |             |
|   | Date<br>07/10/2024          | Bolton, Debbie  | -state PAC (ID#: |                                    |    | Amount of Contribution (\$)                    | \$200.00    |
|   | Principal occu<br>retired   | pation / Job title (See Instructions)   |                  | Employer (See Instructions retired | 5) |  |             |
|   | Date<br>08/26/2024          | Butler, Charles   | -state PAC (ID#: | )                                  |    | Amount of Contribution (\$)                    | \$150.00    |
|   | Principal occu<br>retired   | pation / Job title (See Instructions)   |                  | Employer (See Instructions retired | 5) |  |             |
|   |                             |   | ·                |                                    |    |  |             |

|   | MONET                         | ARY POLITICAL CONTRIBUTION  | ONS                                   |                     | SCHEDULI                                       | E <b>A1</b> |
|---|-------------------------------|---|---------------------------------------|---------------------|--|-------------|
|   | The Instru                    | ction Guide explains how to complete this   | form.                                 | 1                   | Total pages Schedule A1:<br>Sch: 2/6 Rpt: 7/20 |             |
| 2 | FILER NAME<br>Salter, Carol   | yn F.   |                                       | 3                   | Filer ID (Ethics Commission 00088387           | ı Filers)   |
| 4 | Date<br>09/12/2024            | <ul> <li>Full name of contributor</li></ul>   |                                       | 7                   | Amount of Contribution (\$)                    | \$877.68    |
| _ | District                      | Terrell, TX 75161   | D. Frankrik (Control to the true time | Ĺ                   |  |             |
| 8 | Principal occu                | pation / Job title (See Instructions)   | 9 Employer (See Instructions          | 5)                  |  |             |
|   | Date 09/17/2024               | Full name of contributor out-of-state PAC (ID#: Davis, Sharon  Contributor address; City; State; Zip Code                       |                                       |                     | Amount of Contribution (\$)                    | \$200.00    |
|   | Principal occu                | Palestine, TX 75803 pation / Job title (See Instructions)   | Employer (See Instructions            | <u> </u>            |  |             |
|   | retired                       | ,   | retired                               |                     |  |             |
|   | Date<br>07/15/2024            | Full name of contributor  | )                                     |                     | Amount of Contribution (\$)                    | \$25.00     |
|   | Deinainal again               | Tool, TX 75143  | Francisco (Coo Instructions           | $\overline{\Gamma}$ |  |             |
|   | Designer So                   | pation / Job title (See Instructions)<br>larPV  | Employer (See Instructions Self       | ')                  |  |             |
|   | Date<br>08/15/2024            | Full name of contributor out-of-state PAC (ID#: Fladmark, Michael J  Contributor address; City; State; Zip Code  Tool, TX 75143 |                                       |                     | Amount of Contribution (\$)                    | \$25.00     |
|   | Principal occu<br>Designer So | pation / Job title (See Instructions)   | Employer (See Instructions<br>Self    | 5)                  |  |             |
|   | Date<br>09/15/2024            | Full name of contributor out-of-state PAC (ID#: Fladmark, Michael J  Contributor address; City; State; Zip Code  Tool, TX 75143 |                                       |                     | Amount of Contribution (\$)                    | \$25.00     |
|   | Principal occu<br>Designer So | pation / Job title (See Instructions)   | Employer (See Instructions Self       | 5)                  |  |             |
|   | Designer 30                   |   | 3011                                  |                     |  |             |

|   | MONEI                           | ARY POLITICAL (   | CONTRIBUTIO                         | N   | S  |   | SCHEDUL  | E <b>A1</b> |
|---|---------------------------------|---|-------------------------------------|-----|--|---|--|-------------|
|   | The Instruc                     | ction Guide explains how  | to complete this fo                 | orr | n.   | 1   | Total pages Schedule A1:<br>Sch: 3/6 Rpt: 8/20 |             |
| 2 | FILER NAME<br>Salter, Carol     | yn F.   |                                     |     |  | 3   | Filer ID (Ethics Commission 00088387           | n Filers)   |
| 4 | Date<br>09/17/2024              | <ul><li>5 Full name of contributor<br/>Goodwin, Vikki</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:ate; Zip Code |     | )  | 7   | Amount of Contribution (\$)                    | \$100.00    |
| 8 | Principal occu<br>Real Estate   | Austin, TX 78739 pation / Job title (See Instructions   | )                                   | 9   | Employer (See Instructions Self: Goodwin & Goodw |   | Real Estate                                    |             |
|   | Date<br>09/03/2024              | Full name of contributor Gorby, Scott Contributor address; City; St                                     | out-of-state PAC (ID#:              |     | )  |   | Amount of Contribution (\$)                    | \$500.00    |
|   | Principal occu<br>Financial cor | pation / Job title (See Instructions  | )                                   |     | Employer (See Instructions                       | <u>                                      </u> |  |             |
|   | Date<br>08/14/2024              | Full name of contributor Hadden, Scott  Contributor address; City; St                                   | out-of-state PAC (ID#:ate; Zip Code |     | )  |   | Amount of Contribution (\$)                    | \$25.00     |
|   |                                 | Dallas, TX 75238  | , 1                                 |     |  | Ĺ   |  |             |
|   | film produce                    | pation / Job title (See Instructions<br>r   | i)<br>                              |     | Employer (See Instructions self                  | 5)  |  |             |
|   | Date<br>08/12/2024              | Full name of contributor Henderson, Phil Contributor address; City; St  Mabank, TX 75156                | out-of-state PAC (ID#:              |     |  |   | Amount of Contribution (\$)                    | \$100.00    |
|   | Principal occu<br>Not Employe   | pation / Job title (See Instructions  | )                                   |     | Employer (See Instructions Not Employed          | <u>l                                     </u> |  |             |
|   | Date<br>07/05/2024              | Full name of contributor Jowell, Marlene Contributor address; City; St Jacksonville, TX 75766           | out-of-state PAC (ID#:_             |     | )  |   | Amount of Contribution (\$)                    | \$100.00    |
|   | Principal occu<br>Not Employe   | pation / Job title (See Instructions<br>ed  |                                     |     | Employer (See Instructions<br>Not Employed       | 5)  |  |             |
|   |                                 |   |                                     |     |  |   |  |             |

|   | MONET                         | ARY POLITICAL CONT  | RIBUTION          | S  |          | SCHEDUL  | E <b>A1</b> |
|---|-------------------------------|---|-------------------|--|----------|--|-------------|
|   | The Instruc                   | ction Guide explains how to cor   | mplete this forr  | n.   | 1        | Total pages Schedule A1:<br>Sch: 4/6 Rpt: 9/20 |             |
| 2 | FILER NAME<br>Salter, Carol   | yn F.   |                   |  | 3        | Filer ID (Ethics Commission 00088387           | n Filers)   |
| 4 | Date 08/05/2024               | Jowell, Marlene  6 Contributor address; City; State; Zip C                            | f-state PAC (ID#: | )  | 7        | Amount of Contribution (\$)                    | \$100.00    |
| 8 |                               | Jacksonville, TX 75766 pation / Job title (See Instructions)                          | 9                 | Employer (See Instructions                       | <u> </u> |  |             |
|   | Date<br>09/05/2024            |   |                   | Not Employed                                     |          | Amount of Contribution (\$)                    | \$100.00    |
|   | Principal occu<br>Not Employe | pation / Job title (See Instructions)   |                   | Employer (See Instructions Not Employed          | <u>(</u> |  |             |
|   | Date 07/12/2024               | Full name of contributor out-o Keough, Steven Contributor address; City; State; Zip C | f-state PAC (ID#: |  |          | Amount of Contribution (\$)                    | \$50.00     |
|   |                               | San Antonio, TX 78240 pation / Job title (See Instructions)                           |                   | Employer (See Instructions                       | 5)       |  |             |
|   | Date<br>09/26/2024            | Full name of contributor out-o  | f-state PAC (ID#: | Not Employed                                     |          | Amount of Contribution (\$)                    | \$100.00    |
|   | Principal occu<br>Partner     | pation / Job title (See Instructions)   |                   | Employer (See Instructions Opus Faveo Innovation |          | velopment                                      |             |
|   | Date<br>09/04/2024            | Scudder, Kendall  | f-state PAC (ID#: |  |          | Amount of Contribution (\$)                    | \$25.00     |
|   | Principal occu<br>Business Ow | pation / Job title (See Instructions)<br>ner  |                   | Employer (See Instructions Self                  | )        |  |             |
|   |                               |   | •                 |  |          |  |             |

|   | MONET                          | ARY POLITICAL CON   | ITRIBUTION                     | S  |          | SCHEDUL   | E <b>A1</b> |
|---|--------------------------------|---|--------------------------------|--|----------|---|-------------|
|   | The Instruc                    | ction Guide explains how to co  | omplete this form              | n.   | 1        | Total pages Schedule A1:<br>Sch: 5/6 Rpt: 10/20 |             |
| 2 | FILER NAME<br>Salter, Carol    | yn F.   |                                |  | 3        | Filer ID (Ethics Commission 00088387            | n Filers)   |
| 4 | Date 08/16/2024                | Shipp, Bill  6 Contributor address; City; State; Zip  | t-of-state PAC (ID#:<br>p Code | )  | 7        | Amount of Contribution (\$)                     | \$25.00     |
| 8 | Principal occu                 | Tucson, AZ 95739 pation / Job title (See Instructions)  | 9                              | Employer (See Instructions                 | <u> </u> |   |             |
|   | Not employe                    | d   |                                | Not employed                               |          |   |             |
|   | Date<br>07/09/2024             | Summers, Hugh  Contributor address; City; State; Zip  |                                | )  |          | Amount of Contribution (\$)                     | \$200.00    |
|   | Dringinal occur                | Palestine, TX 75802 pation / Job title (See Instructions)   |                                | Employer (See Instructions                 |          |   |             |
|   | retired                        | pation / Job title (See Instructions)   |                                | retired                                    | ')       |   |             |
|   | Date<br>08/11/2024             | Full name of contributor ou Taylor, Larry  Contributor address; City; State; Zip                  | t-of-state PAC (ID#:<br>p Code |  |          | Amount of Contribution (\$)                     | \$25.00     |
|   |                                | Tyler, TX 75701   |                                |  |          |   |             |
|   | Principal occu<br>Not Employe  | pation / Job title (See Instructions)<br>d  |                                | Employer (See Instructions<br>Not Employed | 5)       |   |             |
|   | Date<br>08/30/2024             | Full name of contributor ou Taylor, Larry  Contributor address; City; State; Zip  Tyler, TX 75701 |                                |  |          | Amount of Contribution (\$)                     | \$10.00     |
|   | Principal occu<br>Not Employe  | pation / Job title (See Instructions)   |                                | Employer (See Instructions Not Employed    | )        |   |             |
|   | Date<br>09/06/2024             | Full name of contributor ou Teal, Dennis Contributor address; City; State; Zip                    | t-of-state PAC (ID#:           | )  |          | Amount of Contribution (\$)                     | \$250.00    |
|   | Principal occu<br>Chiropractor | pation / Job title (See Instructions)   |                                | Employer (See Instructions<br>Self         | i)       |   |             |
|   |                                |   | •                              |  |          |   |             |

|   | MONET                       | ARY POLITICAL CONTRIBUT   | IONS  |                | SCHEDU  | LE <b>A1</b> |
|---|-----------------------------|---|---|----------------|---|--------------|
|   | The Instru                  | ction Guide explains how to complete this   | s form.   | 1              | Total pages Schedule A1:<br>Sch: 6/6 Rpt: 11/20 |              |
| 2 | FILER NAME<br>Salter, Carol |   |   | 3              | Filer ID (Ethics Commissi 00088387              | on Filers)   |
| 4 | Date<br>08/05/2024          | <ul> <li>Full name of contributor  out-of-state PAC (ID Texas Democratic Women</li> <li>Contributor address; City; State; Zip Code</li> </ul> |   | 7              | Amount of Contribution (\$)                     | \$1,000.00   |
| 8 | Principal occu              | Austin, TX 78703  upation / Job title (See Instructions)  | 9 Employer (See Instructions                    | <u> </u><br>S) |   |              |
|   | Date<br>08/25/2024          | Full name of contributor out-of-state PAC (ID Thorne, John  Contributor address; City; State; Zip Code  Bullard, TX 75757-9744                | #:)   |                | Amount of Contribution (\$)                     | \$150.00     |
|   | Principal occuretired       | ipation / Job title (See Instructions)  | Employer (See Instructions retired              | <u> </u><br>s) |   |              |
|   | Date<br>09/17/2024          | Full name of contributor out-of-state PAC (ID Torma, Tracy  Contributor address; City; State; Zip Code  |   |                | Amount of Contribution (\$)                     | \$500.00     |
|   | Principal occu              | Palestine, TX 75801  upation / Job title (See Instructions)   | Employer (See Instructions Torma Communications |                |   |              |
|   |                             |   |   |                |   |              |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| SCHEDULE A | ١, | 1 |
|------------|----|---|
|------------|----|---|

| The Instru        | action Guide explains how to complete this f                   | 1 Total pages Schedule A2:                                |  |  |  |  |  |
|-------------------|--|---|--|--|--|--|--|
| The msuc          | ction Guide explains now to complete this i                    | Sch: 1/1 Rpt: 12/20                                       |  |  |  |  |  |
| 2 FILER NAME      |  |   | 3 Filer ID (Ethics Commission Filers)                      |  |  |  |  |
| Salter, Card      | olyn F.  |   | 00088387   |  |  |  |  |
| 4 TOTAL OF        | UNITEMIZED IN-KIND POLITICAL CONTRIB                           | BUTIONS   | \$ 0.00  |  |  |  |  |
| 5 Date            | 6 Full name of contributor  out-of-state PAC (ID#:             | )   | 8 Amount of 9 In-kind contribution                         |  |  |  |  |
| 09/17/2024        | Blue Horizon Texas   |   | contribution (\$) description \$100.00   Strategy session, |  |  |  |  |
|                   | 7 Contributor address; City; State; Zip Code                   |   | endorsement, social  |  |  |  |  |
|                   |  |   | media, email promotion                                     |  |  |  |  |
|                   | Can Antonio TV 70270   |   | _  |  |  |  |  |
| 40 Poincipal con  | San Antonio, TX 78278  | 44 Franks of (EOD NON                                     | Check if travel outside of Texas. Complete Schedule T.     |  |  |  |  |
|                   | upation / Job title (FOR NON-JUDICIAL) (See instructions)      | 11 Employer (FOR NON                                      | I-JUDICIAL) (See instructions)                             |  |  |  |  |
| 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 contributo                                 | or's spouse (if any) (FOR JUDICIAL)                        |  |  |  |  |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      |   |  |  |  |  |  |
| 20 ii continuator | is a sima, tan iiiii si passin(e) (ii ariy) (i six session ii) |   |  |  |  |  |  |
| Date              | Full name of contributor out-of-state PAC (ID#:                | )   | Amount of ! In-kind contribution                           |  |  |  |  |
| 07/15/2024        |  |   | contribution (\$) description                              |  |  |  |  |
|                   | Contributor address; City; State; Zip Code                     |   | \$750.00   Compliance Assistance                           |  |  |  |  |
|                   |  |   | į  |  |  |  |  |
|                   |  |   | į  |  |  |  |  |
|                   | Dallas, TX 75214   |   | Check if travel outside of Texas. Complete Schedule T.     |  |  |  |  |
| Principal occ     | upation / Job title (FOR NON-JUDICIAL) (See instructions)      | Employer (FOR NON   | I-JUDICIAL) (See instructions)                             |  |  |  |  |
| Business O        | wner   | Self  |  |  |  |  |  |
| Contributor's     | principal occupation (FOR JUDICIAL)                            | Contributor's job title (FOR JUDICIAL) (See instructions) |  |  |  |  |  |
| Contributor's     | employer/law firm (FOR JUDICIAL)                               | Law firm of contributo                                    | or's spouse (if any) (FOR JUDICIAL)                        |  |  |  |  |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      | l   |  |  |  |  |  |
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| PLEDGED CONTRIBUTIONS   | SCHEDULE B  |
|---|---|
| The Instruction Guide explains how to complete this form.                             | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 13/20                |
| 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 pledgorout-of-state PAC (ID#:                                   | 8 Amount of pledge (\$)   9 In-kind description (If applicable) |
| 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) | Check if travel outside of Texas. Complete Schedule T.          |
| 20 · mapa codepation / cos tale (coe metacastic)                                      | sit detions)  |
|   |   |

|    | LOANS                              |                                   |                            |                                    |   | SCHEDULE E                                |  |  |  |
|----|------------------------------------|-----------------------------------|----------------------------|------------------------------------|---|---|--|--|--|
|    | The Instructio                     | n Guide explains how to           | complete this t            | form.                              | orm. 1 Total pages<br>Sch: 1/1 R          |   |  |  |  |
| 2  | FILER NAME<br>Salter, Carolyn F    |                                   | (Ethics Commission Filers) |                                    |   |   |  |  |  |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                   |                            |                                    | l   | \$ 0.00                                   |  |  |  |
| 5  | Date of loan                       | 7 Name of lender                  | )                          | 9 Loan Amount (\$)                 |   |   |  |  |  |
| _  | 08/26/2024                         | Carolyn M.D., Salter (Dr.)        |                            | 7. 0.1                             |   | \$15,000.00                               |  |  |  |
| 6  | Is lender a financial institution? | 8 Lender address; City;           | State;                     | Zip Code                           |   | 10 Interest Rate  11 Maturity Date        |  |  |  |
|    | INO                                | Palestine, TX 75801               |                            |                                    |   | 12/31/2024                                |  |  |  |
| 12 | Principal occupation Physician     | on / Job title (See Instructions) |                            | 13 Employer (See Instructions Self | 5)  |   |  |  |  |
| 14 | Description of Coll  X None        | ateral                            |                            | 15 Check if personal funds we      | ere deposited                             | into political account (See Instructions) |  |  |  |
| 16 | GUARANTOR INFORMATION              | 17 Name of guarantor              |                            | <u> </u>                           |   | 19 Amount Guaranteed (\$)                 |  |  |  |
|    | X not applicable                   | 18 Guarantor address; City;       | State;                     | Zip Code                           |   |   |  |  |  |
| 20 | Principal occupation               | on                                |                            | 21 Employer (See Instructions      | s)  |   |  |  |  |
|    | Date of loan                       | Name of lender                    | out-of-state PA            | AC (ID#:                           | )   | Loan Amount (\$)                          |  |  |  |
|    | 08/05/2024                         | Salter, Carolyn (Dr.)             |                            |                                    |   | \$5,000.00                                |  |  |  |
|    | Is lender a financial institution? | Lender address; City;             | State;                     | Zip Code                           |   | Interest Rate                             |  |  |  |
|    | No                                 | Palestine, TX 75801               |                            |                                    |   | Maturity Date 12/31/2024                  |  |  |  |
|    | Principal occupation               | on / Job title (See Instructions) |                            | Employer (See Instructions         | s)  | 12/31/2024                                |  |  |  |
|    | Physician                          | ,                                 |                            | Self                               | •   |   |  |  |  |
|    | Description of Coll  X None        | ateral                            |                            | Check if personal funds we         | into political account (See Instructions) |   |  |  |  |
|    | GUARANTOR<br>INFORMATION           | Name of guarantor                 |                            |                                    |   | Amount Guaranteed (\$)                    |  |  |  |
|    | X not applicable                   | Guarantor address; City;          | State;                     | Zip Code                           |   |   |  |  |  |
|    |                                    |                                   |                            |                                    |   |   |  |  |  |
|    | Principal occupation               | on                                |                            | Employer (See Instructions)        |   |   |  |  |  |
|    |                                    |                                   |                            | ·                                  |   |   |  |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

|   | Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 1/6 Rpt: 15/20  | Salter, Carolyn F. 00088387   |
| 4 | Date   | 5 Payee name  |
|   | 08/09/2024   | APH Consulting DBA Campaing in a Box  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$2,500.00   | 3513 Loosemore St   |
|   |  | Los Angeles, CA 90065   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Consulting  |
|   |  | Consulting  |
| _ | Operation ONLY if direct   | One districts (Office healths are seen  |
| 9 | Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 08/29/2024   | Campaign Verify, INC  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$95.00  | 1215 31st Street NW, PO Box 3554  |
|   |  |   |
|   |  | Washington, DC 20007-9998   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Texting Verification  |
|   |  | Toxing Vermodion  |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | 4   |
|   | Date   | Payee name  |
|   | 08/30/2024   | Facebook  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$23.00  | 1 Hacker Way  |
|   |  |   |
|   |  | Menlo Park, CA 94025  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense Social Media Advertising   |
|   |  | Social Media Advertising  |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O   |   |
|   | •  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

|   | Credit Card Payment  | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                                   | <u> </u>   |
|   | Sch: 2/6 Rpt: 16/20  | Salter, Carolyn F. 00088387  |
| 4 | Date   | 5 Payee name   |
|   | 09/03/2024   | Facebook   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$198.00   | 1 Hacker Way   |
|   |  |  |
|   |  | Menlo Park, CA 94025   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense   |
|   |  | Social Media Advertising   |
| _ |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   |  |  |
|   | Date   | Payee name   |
|   | 09/04/2024   | Facebook   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$43.00  | 1 Hacker Way   |
|   |  |  |
|   |  | Menlo Park, CA 94025   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense Social Media Advertising  |
|   |  | Social Media Advertising   |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                                |  |
|   | Data   |  |
|   | Date 09/05/2024  | Payee name Facebook  |
|   |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$48.00  | 1 Hacker Way   |
|   |  |  |
|   |  | Menlo Park, CA 94025   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Social Media Advertising   |
|   |  |  |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                                | · · · · · · · · · · · · · · · · · · ·  |
|   |  |  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 3/6 Rpt: 17/20                                    | Salter, Carolyn F. 00088387   |
| 4        | Date   | 5 Payee name  |
|          | 09/26/2024   | Facebook  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$53.00  | 1 Hacker Way  |
|          |  |   |
|          |  | Menlo Park, CA 94025  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|          |  | Social Media Advertising  |
|          |  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ        | expenditure to benefit C/O                             |   |
| ⊨        | Data   |   |
|          | Date   | Payee name  |
|          | 09/09/2024   | Facebook  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$124.00   | 1 Hacker Way  |
|          |  |   |
|          |  | Menlo Park, CA 94025  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Social Media Advertising  |
| ┝        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct expenditure to benefit C/Ol    | •   |
| ⊨        |  |   |
|          | Date   | Payee name  |
|          | 09/10/2024   | Facebook  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$72.00  | 1 Hacker Way  |
|          |  |   |
|          |  | Menlo Park, CA 94025  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  |
|          |  | Social Media Advertising  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|----------|--|--|
| 1        | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|          | Sch: 4/6 Rpt: 18/20  | Salter, Carolyn F. 00088387  |
| 4        | Date   | 5 Payee name   |
|          | 09/12/2024   | Facebook   |
| 6        | Amount (\$) \$80.00  | 7 Payee address; City; State; Zip Code<br>1 Hacker Way   |
|          | \$80.00  | I nacker way   |
|          |  | Menlo Park, CA 94025   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense   |
|          |  | Social Media Advertising   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |
| _        |  |  |
|          | Date   | Payee name   |
|          | 09/13/2024   | Facebook   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$88.00  | 1 Hacker Way   |
|          |  |  |
|          |  | Menlo Park, CA 94025   |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          |  | Social Media Advertising   |
|          |  | Social Media Navertising   |
|          | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI  | 1  |
|          | Date   | Payee name   |
|          | 09/16/2024   | Facebook   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$97.00  | 1 Hacker Way   |
|          |  |  |
|          |  | Menlo Park, CA 94025   |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Social Media Advertising   |
|          |  | Social Wedia Advertising   |
| $\vdash$ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI  |  |
|          |  |  |
|          |  |  |
|          |  |  |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

| Candidate/Officeholder/Political Committee Credit Card Payment |   | Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. |                                |                      |      |              | OTHER (enter a category not listed above) |   |   |  |
|--|---|---|--------------------------------|----------------------|------|--------------|---|---|---|--|
| 1  | Total pages Schedule F1:                            | 2 FILER NAMI  | Ē                              |                      |      |              | 3   | Filer ID                                | (Ethics Commission Filers)              |  |
|  | Sch: 5/6 Rpt: 19/20                                 | Salter, Car   | olyn F.                        |                      |      |              |   | 00088387                                |   |  |
| 4  | Date  | 5 Payee name  | !                              |                      |      |              |   |   |   |  |
|  | 09/18/2024  | Facebook  |                                |                      |      |              |   |   |   |  |
| 6  | Amount (\$)<br>\$107.00                             | 7 Payee addre<br>1 Hacker W   |                                | State; Zip C         | ode  |              |   |   |   |  |
|  |   | Menlo Park  | x, CA 94025                    |                      | ,    |              |   |   |   |  |
| 8  | PURPOSE<br>OF                                       |   | ee Categories listed at the t  | op of this schedule) | (b)  | Description  |   |   |   |  |
|  | EXPENDITURE   | Advertising   | Expense                        |                      |      | _            |   | de of Texas. Com<br>officeholder living |   |  |
|  |   |   |                                |                      |      | Social Media |   |   | •                                       |  |
|  |   |   |                                |                      |      |              |   | _                                       |   |  |
| 9  | Complete ONLY if direct expenditure to benefit C/O  |   | iceholder name                 | Office so            | ught |              |   | Office he                               | eld                                     |  |
|  | Date  | Payee name  | !                              |                      |      |              |   |   |   |  |
|  | 09/20/2024  | Facebook  |                                |                      |      |              |   |   |   |  |
|  | Amount (\$)   | Payee addre   | ess; City;                     | State; Zip C         | ode  |              |   |   |   |  |
|  | \$118.00  | 1 Hacker W  | /ay                            |                      |      |              |   |   |   |  |
|  |   |   |                                |                      |      |              |   |   |   |  |
|  |   | Menlo Park  | x, CA 94025                    |                      |      |              |   |   |   |  |
|  | PURPOSE<br>OF                                       |   | see Categories listed at the t | op of this schedule) | (b)  | Description  |   |   |   |  |
|  | EXPENDITURE   | Advertising   | Expense                        |                      |      |              |   | de of Texas. Com<br>officeholder living |   |  |
|  |   |   |                                |                      |      | Social Media |   |   | , - , - , - , - , - , - , - , - , - , - |  |
|  |   |   |                                |                      |      |              |   |   |   |  |
|  | Complete ONLY if direct expenditure to benefit C/Oh |   | iceholder name                 | Office so            | ught |              |   | Office he                               | eld                                     |  |
|  | Date  | Payee name  | !                              |                      |      |              |   |   |   |  |
|  | 09/23/2024  | Facebook  |                                |                      |      |              |   |   |   |  |
|  | Amount (\$)   | Payee addre   | ess; City;                     | State; Zip C         | ode  |              |   |   |   |  |
|  | \$130.00  | 1 Hacker W  |                                | , ,                  |      |              |   |   |   |  |
|  |   |   |                                |                      |      |              |   |   |   |  |
|  |   | Menlo Park  | c, CA 94025                    |                      |      |              |   |   |   |  |
|  | PURPOSE<br>OF                                       |   | see Categories listed at the t | op of this schedule) | (b)  | Description  |   |   |   |  |
|  | EXPENDITURE   | Advertising   | Expense                        |                      |      |              |   | de of Texas. Com<br>officeholder living |   |  |
|  |   |   |                                |                      |      | Social Media |   |   | y expense                               |  |
|  |   |   |                                |                      |      | Jos.a. modia |   |   |   |  |
| -  | Complete ONLY if direct                             | L Candidate/Off   | iceholder name                 | Office so            | uaht |              |   | Office he                               | elq .                                   |  |
|  | expenditure to benefit C/O                          |   |                                | 255 50               | g    |              |   | 200 110                                 |   |  |
|  |   |   |                                |                      |      |              |   |   |   |  |
|  |   |   |                                |                      |      |              |   |   |   |  |
| _  |   |   |                                |                      |      |              |   |   |   |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   |          | mittee I          | Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. |                     |            |          |                  | OTHER (enter a category not listed above) |  |                    |               |
|---|---|----------|-------------------|---|---------------------|------------|----------|------------------|---|--|--------------------|---------------|
| _   |   | I        |                   | The mistraction of  | uide explains ii    | low to col | пріс     | te tilis lottii. | _   |  |                    |               |
| 1   | Total pages Schedule F1:                            | 1        |                   |   |                     |            |          |                  | 3   | Filer ID                               | (Ethics Commis     | ssion Filers) |
|   | Sch: 6/6 Rpt: 20/20                                 |          | Salter, Carol     | yn F.   |                     |            |          |                  |   | 00088387                               |                    |               |
| 4   | Date  | 5 F      | Payee name        |   |                     |            |          |                  |   |  |                    |               |
|   | 09/25/2024  | 6        | Facebook          |   |                     |            |          |                  |   |  |                    |               |
| 6   | Amount (\$)   | 7 1      | Payee addres      | s; City;  | State;              | Zip Co     | de       |                  |   |  |                    |               |
|   | \$143.00  | 1        | 1 Hacker Wa       |   |                     |            |          |                  |   |  |                    |               |
|   |   |          |                   | ,   |                     |            |          |                  |   |  |                    |               |
|   |   | Ι,       | Monlo Dark        | CA 0402E  |                     |            |          |                  |   |  |                    |               |
| Ļ   |   | _        | Menlo Park,       |   |                     |            | <i>.</i> |                  |   |  |                    |               |
| 8   | PURPOSE<br>OF                                       |          |                   | e Categories listed at t  | he top of this sche | dule)      | (b)      | Description      |   |  |                    |               |
|   | EXPENDITURE   | 1        | Advertising E     | Expense   |                     |            |          | <b>=</b>         |   | de of Texas. Cor<br>officeholder livir | mplete Schedule T. |               |
|   |   |          |                   |   |                     |            |          | Social Media     |   |  | ig experise        |               |
|   |   |          |                   |   |                     |            |          | Social Media     | , lu                                      | vertising                              |                    |               |
| _   | Operation ONLY if allowed                           |          | li -l - t - 10ffi | -11-1   |                     | ···        | 4        |                  |   | O#: I                                  | -1-1               |               |
| 9   | Complete ONLY if direct expenditure to benefit C/OH |          | andidate/Offic    | eholder name  | Oi                  | ffice sou  | gnt      |                  |   | Office h                               | ieia               |               |
|   | <u> </u>  |          |                   |   |                     |            |          |                  |   |  |                    |               |
|   | Date  | F        | Payee name        |   |                     |            |          |                  |   |  |                    |               |
|   | 08/27/2024  | -        | The Sendery       | , Inc   |                     |            |          |                  |   |  |                    |               |
|   | Amount (\$)   | F        | Payee addres      | s; City;  | State;              | Zip Co     | de       |                  |   |  |                    |               |
|   | \$3,784.01  | 7        | 7324 Gastor       | ı Ave.,   |                     |            |          |                  |   |  |                    |               |
|   |   | 9        | Ste. 124-442      | <u>)</u>  |                     |            |          |                  |   |  |                    |               |
|   |   | ۱ ا      | Dallas, TX 7      | 5214  |                     |            |          |                  |   |  |                    |               |
|   | PURPOSE   | <u> </u> |                   |   |                     | [          | (h)      | Description      |   |  |                    |               |
|   | OF  |          |                   | e Categories listed at t  | he top of this sche | dule)      | (5)      | _ `              | outsi                                     | de of Texas. Cor                       | nplete Schedule T. |               |
|   | EXPENDITURE   | '        | Printing Exp      | ense  |                     |            |          | <b>=</b>         |   | officeholder livir                     |                    |               |
|   |   |          |                   |   |                     |            |          | Print Literatur  | re  |  |                    |               |
|   |   |          |                   |   |                     |            |          |                  |   |  |                    |               |
|   | Complete ONLY if direct                             |          | andidate/Offic    | eholder name  | Ot                  | ffice sou  | ght      |                  |   | Office h                               | neld               |               |
|   | expenditure to benefit C/OI                         | Н        |                   |   |                     |            |          |                  |   |  |                    |               |
| _   | Date  |          | Payee name        |   |                     |            |          |                  |   |  |                    |               |
|   | 09/03/2024  | l        | Jniverse          |   |                     |            |          |                  |   |  |                    |               |
|   | Amount (\$)   | _        | Payee addres      | s; City;  | Stato:              | Zip Co     | da       |                  |   |  |                    |               |
|   | \$774.62  | l        | 355 Folsum        |   | State,              | Zip Co     | uc       |                  |   |  |                    |               |
|   | Ψ114.02   | l        |                   | J.  |                     |            |          |                  |   |  |                    |               |
|   |   | l        | Ste 125           |   |                     |            |          |                  |   |  |                    |               |
|   |   | ,        | San Francis       | co, CA 94107  |                     |            |          |                  |   |  |                    |               |
|   | PURPOSE   |          |                   | e Categories listed at t  | he top of this sche | dule)      | (b)      | Description      |   |  |                    |               |
|   | OF<br>EXPENDITURE                                   | ١ ١      | VOTER FILE        | ACCESS  |                     |            |          |                  |   |  | mplete Schedule T. |               |
|   |   |          |                   |   |                     |            |          |                  |   | officeholder livir                     | ig expense         |               |
|   |   |          |                   |   |                     |            |          | Voter File Acc   | ces                                       | 5                                      |                    |               |
| _   | Commission ONU V If allow                           | Ĺ        | andidat-10ff      | ahaldau : :   | -                   | <b>#</b> : | o lo t   |                  |   | Office 1                               | اماما              |               |
|   | Complete ONLY if direct expenditure to benefit C/OH |          | andidate/Offic    | eholder name  | Oi                  | ffice sou  | ynt      |                  |   | Office h                               | ieiā               |               |
|   | - Farment to bottom of of                           | -        |                   |   |                     |            |          |                  |   |  |                    |               |
|   |   |          |                   |   |                     |            |          |                  |   |  |                    |               |
|   |   |          |                   |   |                     |            |          |                  |   |  |                    |               |