

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088387		2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carolyn F.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024		
	NICKNAME LAST SUFFIX Salter				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 419 S Royall St.  Palestine, TX 75801			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Scott J.				
	NICKNAME LAST SUFFIX Gorby				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9488 Timberleaf Dr.  Dallas, TX 75243				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 948-3688				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/2024    09/26/2024				
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None Place N/A District N/A		12 OFFICE SOUGHT (if known) State Representative Place N/A District 8		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 20

<b>13 C / OH NAME</b> Salter, Carolyn F.	<b>14 Filer ID</b> (Ethics Commission Filers) 00088387
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input checked="" 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.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input checked="" type="checkbox"/> GENERAL	Blue Horizon Texas
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>
		PO Box 780162
		San Antonio, TX 78278
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	Barnett, Claire
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	PO Box 780162
		San Antonio, TX 78278

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 427.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,760.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,477.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,197.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,750.00

<b>17 AFFIDAVIT</b>		
<p>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.</p>  <div style="text-align: right;">Carolyn F. Salter _____ Signature of Candidate or Officeholder</div>		
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

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

Page 3 of 20

C / OH NAME	Salter, Carolyn F.	Filer ID	(Ethics Commission Filers)
		00088387	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texas Democratic Women
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		PO Box 301411
		Austin, TX 78703
COMMITTEE CAMPAIGN TREASURER NAME		
	Franklin, Joyce	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	4609 Pangolin Dr.	
	Frot Worth, TX 76244	

NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Anderson County Democratic Women
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		901 N Perry St
		Palestine, TX 75801
COMMITTEE CAMPAIGN TREASURER NAME		
	Bolton, Debbie	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	28 Rambling Rd	
	Palestine, TX 75801	

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

Page 4 of 20

C / OH NAME	Salter, Carolyn F.		Filer ID	(Ethics Commission Filers)
			00088387	
17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL	Dan Wood for Congress		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		14711 CR 349		
		Terrell, TX 75161		
COMMITTEE CAMPAIGN TREASURER NAME				
Wood, Daniel				
COMMITTEE CAMPAIGN TREASURER ADDRESS				
14711 CR 349				
Terrell, TX 75161				

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

5 of 20

<b>18 FILER NAME</b> Salter, Carolyn F.		<b>19 Filer ID</b> (Ethics Commission Filers) 00088387
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,910.52
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 850.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 20,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,477.63
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 6/20
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Cary, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palestine, TX 75803	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) HR		<b>9</b> Employer (See Instructions) ServiceNow
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson County Texas Democratic Women <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75801	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biel, Rosemary <hr/> Contributor address; City; State; Zip Code  Elkhart, TX 75839	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolton, Debbie <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/26/2024	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 (\$)  \$150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 7/20
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 09/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Wood for Congress <hr/> <b>6</b> Contributor address; City; State; Zip Code  Terrell, TX 75161	<b>7</b> Amount of Contribution (\$)  \$877.68
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Sharon <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael J <hr/> Contributor address; City; State; Zip Code  Tool, TX 75143	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Designer SolarPV		Employer (See Instructions) Self
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael J <hr/> Contributor address; City; State; Zip Code  Tool, TX 75143	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Designer SolarPV		Employer (See Instructions) Self
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael J <hr/> Contributor address; City; State; Zip Code  Tool, TX 75143	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Designer SolarPV		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 8/20
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 09/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Self: Goodwin & Goodwin Real Estate
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorby, Scott <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Financial consulting		Employer (See Instructions) SELF
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadden, Scott <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75238	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) film producer		Employer (See Instructions) self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Phil <hr/> Contributor address; City; State; Zip Code  Mabank, TX 75156	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/05/2024	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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 9/20
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jowell, Marlene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/05/2024	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 07/12/2024	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 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Kendall <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 10/20
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Bill <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tucson, AZ 95739	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Hugh <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75802	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Larry <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Larry <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teal, Dennis <hr/> Contributor address; City; State; Zip Code  Livingston, TX 77351	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 11/20
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 08/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, John <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-9744	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torma, Tracy <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75801	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) Torma Communications

# 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: 12/20	
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 09/17/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Strategy session, endorsement, social media, email promotion
7 Contributor address; City; State; Zip Code  San Antonio, TX 78278		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Kendall	Amount of contribution (\$) \$750.00	In-kind contribution description Compliance Assistance
Contributor address; City; State; Zip Code  Dallas, TX 75214		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
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 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 14/20	
<b>2</b> FILER NAME Salter, Carolyn F.		<b>3</b> Filer ID (Ethics Commission Filers) 00088387	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00	
<b>5</b> Date of loan 08/26/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn M.D., Salter (Dr.)		<b>9</b> Loan Amount (\$) \$15,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Palestine, TX 75801		<b>10</b> Interest Rate
			<b>11</b> Maturity Date 12/31/2024
<b>12</b> Principal occupation / Job title (See Instructions) Physician		<b>13</b> Employer (See Instructions) Self	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 08/05/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Carolyn (Dr.)		Loan Amount (\$) \$5,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Palestine, TX 75801		Interest Rate
			Maturity Date 12/31/2024
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 16/20	<b>2</b> FILER NAME Salter, Carolyn F.	<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 09/03/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$198.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2024	Candidate/Officeholder name Office sought Office held	
Payee name Facebook		
Amount (\$) \$43.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name Facebook		
Amount (\$) \$48.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 17/20	<b>2</b> FILER NAME Salter, Carolyn F.	<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$53.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$124.00	Payee name Facebook  Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/10/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$72.00	Payee name Facebook  Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 19/20	<b>2</b> FILER NAME Salter, Carolyn F.	<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 09/18/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$107.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/20/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$118.00	Payee name Facebook  Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$130.00	Payee name Facebook  Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 20/20	<b>2</b> FILER NAME Salter, Carolyn F.	<b>3</b> Filer ID (Ethics Commission Filers) 00088387
<b>4</b> Date 09/25/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$143.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name The Sendery, Inc	
Amount (\$) \$3,784.01	Payee address; City; State; Zip Code 7324 Gaston Ave., Ste. 124-442 Dallas, TX 75214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Universe	
Amount (\$) \$774.62	Payee address; City; State; Zip Code 855 Folsom St. Ste 125 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) VOTER FILE ACCESS	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held