# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commi 00088387		2 Total pages file	
3 CANDIDATE / OFFICEHOLDER		FIRST Carolyn F.		MI	OFFICE U	JSE ONLY
NAME		Carolyli F.			Date Received  ELECTRONICA	ALLY FILED
		LAST Salter		SUFFIX	10/28/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	419 S Royall St.				Receipt #	Amount
Change of Address	Palestine, TX 75801				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	IRST		MI		
TREASURER NAME	Mr.	Scott J.				
	NICKNAME L	_AST		SUFFIX		
		Gorby				
6 CAMPAIGN	STREET ADDRESS (NO PO B	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	9488 Timberleaf Dr.	,				
(Residence or Business)	Dallas, TX 75243					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (903) 948-3688	NUMBER E	EXTENSION			
8 REPORT TYPE	January 15  July 15	30th day before		Runoff  Exceeded modified	15th day after can appointment (offic	eholder only)
	J Suly 13	our day before e	Siection	reporting limit	Tillar Neport (Atta	un o/on-i rt)
9 PERIOD COVERED	Month Day Year	T. I	IDOLIOI I	Month Day	Year	
COVERED	09/27/2024	IH	ROUGH	10/26/202	24	
10 ELECTION	ELECTION DATE  Month Day Year	Пр	rimary	ELECTION TYPE	Other	
	11/05/2024		-	브	Other	
		[X] <sup>G</sup>	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	· ·		12 OFFICE SOUGHT		
	None			State Represent	ative District 8	
	•			•		
		GO T	O PAGE 2			

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Salter, Carolyn F.		<b>14</b> Filer ID (	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
	5)	\$ 19,080.00		
EXPENDITURE TOTALS		<b>\$</b> 326.06		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 14,711.30
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 25,590.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 22,750.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Ca	arolyn F. Salter	
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

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

## FORM C/OH COVER SHEET PG 3

3 of 197

				3 of 197
18 FILER NAME Salter, Card		<b>19</b> Filer ID 00088387	(Ethics Comr	nission Filers)
20 SCHEDULE NAME OF SO			SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,330.00
2. X	\$	750.00		
3. X	\$	0.00		
4. X	\$	0.00		
5. X	\$	14,711.30		
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. X	RETURNED	\$	774.62	
			•	

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/69 Rpt: 4/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu Not Employe	West Warwick, RI 02893 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Acha, Patricia  Contributor address; City; State; Zip Code  Evanston, IL 60203		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u>I</u> S)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Adar, Fran Contributor address; City; State; Zip Code Highland Park, NJ 08904	:	)		Amount of Contribution (\$)	\$15.00
	Principal occu Scientist	pation / Job title (See Instructions)		Employer (See Instructions Horiba	<u>                                      </u>		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Armstrong, Danni Contributor address; City; State; Zip Code  DES MOINES, WA 98198				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID# Armstrong, Jack Contributor address; City; State; Zip Code  Fort Collins, CO 80531				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 2/69 Rpt: 5/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor  out-of-state PA Arndt, Robert</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe Date 09/28/2024	Full name of contributor out-of-state PA Arnsparger, John Contributor address; City; State; Zip Code		Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	Houston, TX 77059 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/28/2024	Full name of contributor out-of-state PA  Averill, Edward  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$15.00
	Principal occu	Beaverton, OR 97008 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/30/2024	Full name of contributor out-of-state PABARATA, George  Contributor address; City; State; Zip Code  Watsonville, CA 95076				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> S)		
	Date 09/29/2024	Full name of contributor out-of-state PA Barker, Ben Contributor address; City; State; Zip Code  Durango, CO 81303			•	Amount of Contribution (\$)	\$10.00
	Principal occu Train Condu	pation / Job title (See Instructions) ctor		Employer (See Instructions DSNG Railroad	5)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 3/69 Rpt: 6/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>	,	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Dak Harbor, WA 98277 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe			Not Employed			
	Date 09/28/2024	Full name of contributor out-of-state PAG Barron, Anne Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$30.00
		Sebastopol, CA 95472					
	Principal occup school busin	pation / Job title (See Instructions)		Employer (See Instructions Cotati-Rohnert Park US			
	Date Full name of contributor out-of-state PAC (ID#:		Cotati-Rollielt Falk 03	_	Amount of Contribution (\$)		
	09/30/2024	Barron, Valerie			•		\$25.00
		Austin, TX 78748					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions TNTP	s)		
	Date 10/10/2024	Full name of contributor out-of-state PAG Barton, Keith Contributor address; City; State; Zip Code Berkley, CA 94705		)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/29/2024	Full name of contributor out-of-state PAC Bateman, George Contributor address; City; State; Zip Code Eugene, OR 97405	C (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			ı				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 4/69 Rpt: 7/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/01/2024	<ul> <li>5 Full name of contributor  out-of-state PAC Bates, Jean</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	C (ID#:		7	Amount of Contribution (\$)	\$10.00
8		Omaha, NE 68105 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC	,	Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> S)		
	Date 09/30/2024	Full name of contributor out-of-state PAG Becker, Karen Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$30.00
		Ponte Vedra Beach, FL 32082 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 09/28/2024	Full name of contributor out-of-state PAC Belgrad, Richard		Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAG Berman, Betsy Contributor address; City; State; Zip Code Atlanta, GA 30306				Amount of Contribution (\$)	\$10.00
	Principal occu General Con	pation / Job title (See Instructions) tractor		Employer (See Instructions	s)		
			l .				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 5/69 Rpt: 8/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	College Station, TX 77840 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Not Employe	·		Not Employed			
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Besson, Jonathan  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Pittsburg, CA 94565-7926			Ĺ		
	Principal occup	pation / Job title (See Instructions) t		Employer (See Instructions Oracle USA	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Bierman, Ben Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Vancouver, WA 98683-5710					
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Binford, Nancy  Contributor address; City; State; Zip Code  Austin, TX 78756		)		Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#:_Black, Linda  Contributor address; City; State; Zip Code  Woodbine, MD 21797				Amount of Contribution (\$)	\$50.00
	Principal occup books	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 6/69 Rpt: 9/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	Blaha, Milady  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Colorado Springs, CO 80909 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 09/30/2024	Blanc, Philippe		)		Amount of Contribution (\$)	\$25.00
		Whitsett, NC 27377	1		<u>_</u>		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Airbus America	5)		
	Date 09/28/2024	Full name of contributor out-of-state Bloom, Mary P  Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Key Largo, FL 33037-5267					
	Principal occup	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Blowers, Margaret		)		Amount of Contribution (\$)	\$25.00
	Principal occu Hairdresser	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/29/2024	Blucher, R	e PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	oation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 7/69 Rpt: 10/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	Kennebunkport, ME 04046 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_Brandsey, Donna  Contributor address; City; State; Zip Code  Scottsdale, AZ 85257		)	•	Amount of Contribution (\$)	\$50.00
			Employer (See Instructions Management Masters In				
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#:_ Brandt, Achi Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		SAN FRANCISCO, CA 94114 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/09/2024	Full name of contributor		Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Project Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Salesforce	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_Bressen, Andrew  Contributor address; City; State; Zip Code  Somerville, MA 02144			•	Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 8/69 Rpt: 11/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commissio 00088387	n Filers)
4	Date 09/28/2024	Brinkley, Barbara  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$15.00
8	Principal occur	Jonesboro, AR 72401 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
Ŭ	Not Employe			Not Employed	,,		
	Date 09/28/2024	Brinsfield, Shawn		)		Amount of Contribution (\$)	\$50.00
	Dringing! aggs	Seattle, WA 98102	-	Employer (Coo Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	»)		
	Date 10/03/2024	Full name of contributor out-of-state  Brinsfield, Shawn  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Seattle, WA 98102					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Bromka, Michael		)		Amount of Contribution (\$)	\$2.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 10/04/2024	Full name of contributor out-of-state Bromka, Michael  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$2.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 9/69 Rpt: 12/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/13/2024	Bromka, Michael  6 Contributor address; City; State; Z	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2.00
8	Principal occu	Carlsbad, NM 88221-2404 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Not Employe			Not Employed	•		
	Date 09/29/2024	Full name of contributor of contributor of contributor and contributor address; City; State; Zince New York, NY 10007				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employed			Not Employed			
	Date 09/30/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Berkeley, CA 94705					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/30/2024	Full name of contributor on the Bryant, Richard T.  Contributor address; City; State; Zubard Contributor address; City; City; State; Zubard Contributor address; City; City		)		Amount of Contribution (\$)	\$20.00
	Principal occu self	pation / Job title (See Instructions)		Employer (See Instructions self	)		
	Date 09/28/2024	Full name of contributor on Burke, Cecelia  Contributor address; City; State; Zicket Austin, TX 78731	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
			<b>'</b>				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 10/69 Rpt: 13/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/28/2024	Burnsed, Linda	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Franklin, TN 37064-9325		5 1 (0 1 1 1	<u></u>		
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions The Farm at Natchez Tr		e Inc.	
	Date 09/28/2024	Full name of contributor				Amount of Contribution (\$)	\$30.00
	Principal occu	Ashburn, VA 20148 pation / Job title (See Instructions)		Employer (See Instructions	:) [		
	Psychologist			Self	',		
	Date 10/09/2024	Full name of contributor ou Byrnes, Nathaneal Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
		Alexandria, VA 22302					
	-	pation / Job title (See Instructions) nce designer		Employer (See Instructions Jacobs	5)		
	Date 10/01/2024	Full name of contributor ou calhoon, Jerry  Contributor address; City; State; Zi  Bullard, TX 75757		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 10/02/2024	Full name of contributor out Campbell, Charlotte  Contributor address; City; State; Zity; State;	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	s)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 11/69 Rpt: 14/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions)	9	Employer (See Instructions Not employed	<u> </u> s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC Casaccia, Paula		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 09/30/2024	Full name of contributor out-of-state PAC ( Cashman, Kathryn  Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu	Pittsburgh, PA 15243-1011 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Not Employe			Not Employed	,		
	Date 09/30/2024	Full name of contributor out-of-state PAC ( Cathey, Joan Contributor address; City; State; Zip Code Tumwater, WA 98501		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 		
	Date 09/30/2024	Full name of contributor out-of-state PAC (Chapman, Andrea  Contributor address; City; State; Zip Code  Colorado Springs, CO 80904	(ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 12/69 Rpt: 15/197	
2	FILER NAME Salter, Carol	yn F.				3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/09/2024	<ul><li>5 Full name of contributor Chapman, Hilary</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Washington, DC 20016 pation / Job title (See Instructions	·)	<u> </u>	Employer (See Instructions	·)		
0	Manager	pation 7 Job title (See Instructions	) 	J	MWCOG	·)		
	Date 09/28/2024	Full name of contributor Chew, Roberta L Contributor address; City; S				•	Amount of Contribution (\$)	\$25.00
	Principal occur	Alexandria, VA 22306 pation / Job title (See Instructions	2)		Employer (See Instructions	;)		
	Retired	pation 7 300 title (See matrictions	,		Retired	P)		
	Date 09/30/2024	Full name of contributor Chopp, Bruce Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$10.00
		Wausau, WI 54403						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	s)		
	Date 10/24/2024	Full name of contributor Clark, Lynn & Darlene Contributor address; City; S Athens, TX 75752			)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		
	Date 09/29/2024	Full name of contributor Clem, Judy Contributor address; City; S Richland, WA 99354	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	(s)		Employer (See Instructions Not Employed	5)		
			-					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 13/69 Rpt: 16/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/30/2024	Cobb, Larry	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Lagor	Rockport, TX 78382-6958	la la	Franks on (Cooks to the street of	_		
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 09/28/2024	Full name of contributor  Coker, Nancy  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Petersburg, TN 37144		5 1 (0 1 1 1	<u> </u>		
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Stonecrest Medical Cen			
	Date 09/28/2024	Full name of contributor  Condon, Nancy  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76205					
	Principal occu Admin	pation / Job title (See Instructions)		Employer (See Instructions State	)		
	Date 09/29/2024	Cox, Cindy				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/01/2024	Full name of contributor  Cox, Jeffrey  Contributor address; City; State;  Dallas, TX 75205	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Buyer	pation / Job title (See Instructions)		Employer (See Instructions Ericsson	()		
			1				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	complete this forr	n.	1	Total pages Schedule A1: Sch: 14/69 Rpt: 17/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	Creedon, Douglas	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_		HELOTES, TX 78023			_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions North Memorial Medical		nter	
	Date 09/28/2024	Cremin, Jane  Contributor address; City; State; Z				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 09/28/2024	Full name of contributor of crockett, Catharine Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Bloomington, IL 61701					
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 10/11/2024	Full name of contributor o crookston, Fran Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/28/2024	Full name of contributor o Cunningham, Esther Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 15/69 Rpt: 18/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>	,		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Toledo, OH 43614 pation / Job title (See Instructions)	l q	Employer (See Instructions	;) 		
Ü	Not employe			Not employed	"		
	Date 09/30/2024	Full name of contributor out-of-state PAC Davenport, Shari  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$10.00
		Greenfield, IN 46140			<u>_</u>		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC David, Schubert  Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$25.00
		Casselberry, FL 32707-5945			Ĺ		
	Instructional	pation / Job title (See Instructions) designer		Employer (See Instructions Stracon Services Group			
	Date 09/30/2024	Full name of contributor out-of-state PAC Davis, Jay Contributor address; City; State; Zip Code Livermore, CA 94550		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/01/2024	Full name of contributor out-of-state PAC Davis, Larry  Contributor address; City; State; Zip Code  Tempe, AZ 85284		)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	тчог Етіріоуе			тот Етіріоуви			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 16/69 Rpt: 19/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	on Filers)
4	Date 09/28/2024	DeCoster, Lee  6 Contributor address; City; State; Zip Co	state PAC (ID#: ode	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	PHELPS, NY 14532 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
•	Not Employe			Not Employed	,		
	Date 10/19/2024	Decker, Mary Charlotte  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$1,000.00
	Principal occur	Jacksonville, TX 75766 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired			Retired	,		
	Date 09/28/2024	Full name of contributor out-of- Dennison, Randal Contributor address; City; State; Zip Co	state PAC (ID#:  ode			Amount of Contribution (\$)	\$25.00
		Newburgh, IN 47630					
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	)		
	Date 10/09/2024	Full name of contributor out-of- Diamond-Kissiday, Mary  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/29/2024	Dichter, Steven	state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu investor	pation / Job title (See Instructions)		Employer (See Instructions self	)		
			•				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 17/69 Rpt: 20/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	Dick, James  6 Contributor address; City; State; Zip		)	7	Amount of Contribution (\$)	\$15.00
8		Round Top, TX 78954 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 09/28/2024			self		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 10/10/2024	Full name of contributor out- Dooley, Paul Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	Burbank, CA 91505 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Not Employe	ed		Not Employed			
	Date 10/09/2024	DuChateau, George		)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Dymek, Chester	of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTION	S 		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 18/69 Rpt: 21/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>			7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75205	1-		_		
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not employed	5)		
	Date 10/01/2024	Full name of contributor out-o Eliot, Christopher  Contributor address; City; State; Zip 0	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Denver, CO 80237-1920	į				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	s)		
	Date 09/30/2024	Full name of contributor out-one out-o	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Kensington, MD 20895					
	Principal occu Mortgage fin	pation / Job title (See Instructions) ance		Employer (See Instructions Self-employed	5)		
	Date 09/28/2024	Erekson, Jane	of-state PAC (ID#:		-	Amount of Contribution (\$)	\$25.00
	Principal occu Radiology M	pation / Job title (See Instructions) anage		Employer (See Instructions Lahey Medical Center &		spital	
	Date 09/30/2024	Erispaha, Ahmet	of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$10.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	s)		
			l .				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 19/69 Rpt: 22/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commissio 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5.00
8	Principal occup	Oxnard, CA 93036 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 10/17/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu Admin	Palestine, TX 75803 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (II Fabre, Stacey  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Research	PONCHATOULA, LA 70454 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (II Fagelson, James  Contributor address; City; State; Zip Code  Palm Springs, CA 92262		)		Amount of Contribution (\$)	\$25.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> s)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (II Fartash, Becky Contributor address; City; State; Zip Code Placentia, CA 92870	D#:		•	Amount of Contribution (\$)	\$25.00
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
				<del></del>			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 20/69 Rpt: 23/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: ie; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Little Compton, VT 02837 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
•	physician/co			self-employed	',		
	Date 10/15/2024	Full name of contributor  Fladmark, Michael J  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Designer So			Self	,		
	Date 10/01/2024	Full name of contributor Flink, James Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Mahtomedi, MN 55115					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor Foreman, Johna  Contributor address; City; Stat  Rociada, NM 87742	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor Forneris, Jeanne Contributor address; City; Stat Scottsdale, AZ 85258	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			<u>,                                     </u>				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 21/69 Rpt: 24/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	Penn Valley, CA 95946 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_Fox, Julie		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> s)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Fox Jr, Richard  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Ft Wayne, IN 46835 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Not employe	d		Not employed			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Fragnoli, Kathy  Contributor address; City; State; Zip Code  San Diego, CA 92101			•	Amount of Contribution (\$)	\$25.00
	Principal occu Mediator	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>I</u> S)		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_Fragnoli, Kathy  Contributor address; City; State; Zip Code  San Diego, CA 92101				Amount of Contribution (\$)	\$100.00
	Principal occu Mediator	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTI	10	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 22/69 Rpt: 25/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/01/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Director	,		Wood Mackenzie	,		
	Date 09/30/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Highland Beach, FL 33487 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	;) 		
	Not Employe			Not Employed	•)		
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#Fulton, Joan Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$25.00
		Metuchen, NJ 08840					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#GARTNER, SUZANNE  Contributor address; City; State; Zip Code  Oro Valley, AZ 85755			•	Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Gallegos, Phillip Contributor address; City; State; Zip Code	<i>t</i> :			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 23/69 Rpt: 26/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	on Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
0	Dringing Loon	San Juan Capistrano, CA 92675	ام	Employer (Coo Instructions	<u></u>		
8	Haus Frau	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (I Geltz, Elizabeth Contributor address; City; State; Zip Code  Rancho Mission Viejo, CA 92694		)	•	Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe			Not Employed			
	Date 10/09/2024	Full name of contributor out-of-state PAC (I Gile, Glee  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Dringing con	Tea, SD 57064		Employer (Coo Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	»)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (I Goebel, Kenneth D Contributor address; City; State; Zip Code Bronx, NY 10456		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (I Goebel, Kenneth D Contributor address; City; State; Zip Code Bronx, NY 10456	D#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	co complete this form	n.	1	Total pages Schedule A1: Sch: 24/69 Rpt: 27/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/09/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Boise, ID 83702 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	Not Employe		9	Not Employed	)		
	Date 09/28/2024	Full name of contributor Guzman, Hugo Contributor address; City; Stat		)		Amount of Contribution (\$)	\$25.00
		Edmonds, WA 98026					
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor  HELFMAN, LAURA  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
		Marshall, NC 28753					
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
	Date 09/28/2024	Full name of contributor  Hadley, Diana  Contributor address; City; Stat  San Ramon, CA 94582				Amount of Contribution (\$)	\$25.00
	Principal occu Accounting o	pation / Job title (See Instructions) clerk		Employer (See Instructions Long & Levit LLP	5)		
	Date 09/30/2024	Full name of contributor  Hall, Mark  Contributor address; City; Stat  Redmond, WA 98052	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Software Eng	pation / Job title (See Instructions)		Employer (See Instructions Microsoft	5)		
	Soluvare Elif	y		orosoit			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 25/69 Rpt: 28/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	Halpern, Fred  6 Contributor address; City; State; Zip C	-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Schererville, IN 46375 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 09/30/2024	Full name of contributor out-of Hanna, Jack Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$10.00
	5	Wardensville, WV 20002		5 1 (0 1 : "	<u></u>		
	Mngmt	pation / Job title (See Instructions)		Employer (See Instructions American Bar Association			
	Date 10/09/2024	Full name of contributor out-of Hardy, Kathryn Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Roy, UT 84067					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/14/2024	Hardy, Kathryn				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/01/2024	Haro, Ann	-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			ı				

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to cor	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 26/69 Rpt: 29/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	Harris, Phillip  6 Contributor address; City; State; Zip (	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	pation / Job title (See Instructions)	!	Employer (See Instructions     Not Employed	5)		
	Date 10/10/2024	Full name of contributor out-o Hartline, Daniel Contributor address; City; State; Zip 0 Honolulu, HI 96821	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Biologist	pation / Job title (See Instructions)		Employer (See Instructions University of Hawaii	<u> </u>		
	Date 09/28/2024	Harwick, Nancy  Contributor address; City; State; Zip (	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	Tumwater, WA 98501 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Hebert, Vicki	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 09/28/2024	Full name of contributor out-on the ndrick, Ricia  Contributor address; City; State; Zip of the number of contributor address.	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Elevator World Inc	()		
				process.			

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 27/69 Rpt: 30/197	
2	FILER NAME Salter, Carol	yn F.				3	Filer ID (Ethics Commission 00088387	on Filers)
4	Date 09/28/2024	<ul><li>5 Full name of contributor Henley, Donald</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,000.00
		Charlottesville, VA 22903		_				
8	Principal occu Professional	pation / Job title (See Instructions musician	)	9	Employer (See Instructions Self	5)		
	Date 09/28/2024	Full name of contributor Henley, Donald Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$250.00
	Principal occu	Charlottesville, VA 22903 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u> s)		
	Professional	musician			Self			
	Date 10/04/2024	Full name of contributor Henley, Donald Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
		Charlottesville, VA 22903						
	Principal occu Professional	pation / Job title (See Instructions musician	)		Employer (See Instructions Self	s)		
	Date 09/28/2024	Full name of contributor Hey, Anna Contributor address; City; St El Paso, TX 79924	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions ector of Development	)		Employer (See Instructions Diocesan Migrant & Ref		ee Services Inc.	
	Date 09/30/2024	Full name of contributor Hillegas, Bob Contributor address; City; St Houston, TX 77080	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 28/69 Rpt: 31/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	<ul><li>5 Full name of contributor [ Holland, Carol</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Costa Mesa, CA 92627 pation / Job title (See Instructions)	اوا	Employer (See Instructions	-, 		
Ŭ	Not Employe			Not Employed	',		
	Date 10/01/2024	Full name of contributor Hollinger, Valerie Contributor address; City; Sta		)		Amount of Contribution (\$)	\$25.00
	Dringing! aggs	Greenville, SC 29601		Employer (Coo Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	·)		
	Date 09/30/2024	Full name of contributor [ Holston, Michael Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Venice, FL 34293					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 10/17/2024	Full name of contributor Holston, Michael Contributor address; City; Sta Venice, FL 34293	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor Holzman, Carolyn Contributor address; City; Sta Austin, TX 78727	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Self	5)		
			,				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 29/69 Rpt: 32/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	6 Contributor address; City; State;	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Basehor, KS 66007 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Not Employe	ed		Not Employed			
	Date 09/30/2024	Full name of contributor  Irwin, Louis  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Denver, CO 80202			<u> </u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	,	<u> </u>	Amount of Contribution (\$)	
	09/28/2024	Jackson, Louise  Contributor address; City; State;				yanount of Contribution (C)	\$25.00
		Bemidji, MN 56601					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 09/30/2024	Full name of contributor  Jacobs, Steve  Contributor address; City; State;  Englewood, FL 34224	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions StartGuides LLC	5)		
	Date 10/10/2024	Full name of contributor  Jaehning, Judith  Contributor address; City; State;  Boulder, CO 80302	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
			<u>'</u>				

	MONET	ARY POLITICAL C	CONTRIBUTION	NS 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 30/69 Rpt: 33/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	r Filers)
4	Date 09/28/2024	<ul><li>5 Full name of contributor James, Scott</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Loveland, CO 80537					
8	Principal occu Not employe	pation / Job title (See Instructions d	9	Employer (See Instruction: Not employed	s)		
	Date 09/30/2024	Full name of contributor Janes, Robert  Contributor address; City; St				Amount of Contribution (\$)	\$10.00
	Principal occu	austin, TX 78722 pation / Job title (See Instructions	<u> </u>	Employer (See Instruction	e)		
	Not Employe			Not Employed	3)		
	Date 09/28/2024	Full name of contributor Jeannette, Bonnie Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Newport Beach, CA 9266	3				
	Principal occu Administrato	pation / Job title (See Instructions r	)	Employer (See Instructions Brion Jeannette Archite		re	
	Date 09/30/2024	Full name of contributor Jenks, Robert  Contributor address; City; St  Durham, NC 27705-7923	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See Instruction: Not Employed	s)		
	Date 10/09/2024	Full name of contributor Johnson, Dan Contributor address; City; St Kennewick, WA 99336	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Program Ma	pation / Job title (See Instructions nager	)	Employer (See Instruction:	s)		
			<u> </u>				

	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: Sch: 31/69 Rpt: 34/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	Johnson, Kathryn	t-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Mill Creek, WA 98012-5629 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Not Employe			Not Employed	,		
	Date 10/10/2024	Jones, Brenda  Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe			Not Employed	,		
	Date 10/09/2024	Full name of contributor ou Jones, Jeff Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
		Columbus, IN 47203					
	Principal occu IT	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/01/2024	Full name of contributor ou Jordan, Dorothy  Contributor address; City; State; Zip  Memphis, TN 38114		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 10/05/2024	Full name of contributor ou Jowell, Marlene Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
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	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 32/69 Rpt: 35/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	Keeney, Carol  6 Contributor address; City; State; Zip Code	te PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date 09/28/2024	Keller, Raymond		)	•	Amount of Contribution (\$)	\$15.00
	5	Fort Worth, TX 76111		- L (0 L : "	<u></u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor out-of-state Kessel, Clyde  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Carlisle, MA 01741	·				
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Kilgour, Jeanie	te PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-star Kimbrough, Judy Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 33/69 Rpt: 36/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/02/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Alexandria, MN 56308 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed		Not Employed			
	Date 09/28/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
	Dringing conu	Glastonbury, CT 06033		Employer (See Instructions	<u>''</u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC Kissane, Jane Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$10.00
	Delevie et e e e e	Montgomery, AL 36117		Faralana (O. a. la atauatiana	_		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC Koran, Lorrin Contributor address; City; State; Zip Code Stanford, CA 94305				Amount of Contribution (\$)	\$150.00
	Principal occu not employed	pation / Job title (See Instructions)		Employer (See Instructions none	S)		
	Date 09/29/2024	Full name of contributor out-of-state PAC Kreger, Darcy Contributor address; City; State; Zip Code Anchorage, AK 99508				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 34/69 Rpt: 37/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/01/2024	Krepchin, Ira  6 Contributor address; City; State; 2		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Chestnut Hill, MA 02467 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 10/01/2024	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Las Vegas, NM 87701					
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	LLOYD, MARSHA  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occur	San Diego, CA 92128 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Not Employe			Not Employed	,		
	Date 09/29/2024	Full name of contributor of Lake, David  Contributor address; City; State; Zity; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 09/30/2024	Full name of contributor of Lane, Frank  Contributor address; City; State; Z  Dallas, TX 75218	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u>		
			I				

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 35/69 Rpt: 38/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	on Filers)
4	Date 09/28/2024	Larner, Jackie  6 Contributor address; City; State;	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not Employe	Denver, CO 80220 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/28/2024		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Real Estate I	pation / Job title (See Instructions)		Employer (See Instructions LHP Capital LLC	)		
	Date 10/01/2024	Leavitt, Stephanie  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	Belmont, CA 94002 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/28/2024		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/28/2024	Full name of contributor Leonetti, Gina Maria Contributor address; City; State; New York, NY 10022	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) Im/TV Producer		Employer (See Instructions Self	)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 36/69 Rpt: 39/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul><li>5 Full name of contributor [Leuer, Laura S</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Data disal asses	San Francisco, CA 94133	lo.	Facilities (Control to the still and			
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor Leventhal, Janet Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing! goog	Benicia, CA 94510-3028	1	Employer (See Instructions	<u>''</u>		
	physician	pation / Job title (See Instructions)		Employer (See Instructions Permanente Medical Gr			
	Date 09/29/2024	Full name of contributor [ Levin, Richard Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$5.00
		New York, NY 10025					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions The Arnold P Gold Four		tion	
	Date 09/28/2024	Full name of contributor Leviton, Ann Contributor address; City; Sta Fort Collins, CO 80525-870		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	s)		
	Date 10/01/2024	Full name of contributor Lewis, James Contributor address; City; Sta Falmouth, ME 04105	out-of-state PAC (ID#:te; Zip Code	)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTI	ION	NS .		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 37/69 Rpt: 40/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
•	Dringing! goog	Waukee, IA 50263	١	Employer (See Instructions	<u>''</u>		
8	Physician Physician	pation / Job title (See Instructions)	J	Employer (See Instructions Unity Point Health	o)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID Lippert, Theresa J  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Saint Paul, MN 55119	-1	Franks var (Can kastrustis va	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	>)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID Long, Virginia  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$10.00
		Skagway, AK 99840-0617					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID Lopez, Stephen  Contributor address; City; State; Zip Code  Flagstaff, AZ 86004				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID Loughridge, Mark  Contributor address; City; State; Zip Code  Westport, CT 06880	#:		•	Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NO	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 38/69 Rpt: 41/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	yellow Springs, OH 45387-2056 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe			Not Employed	,		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Lowry, Lois  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Caldwell, TX 77836					
	Principal occup  Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	)	Π	Amount of Contribution (\$)	
	09/28/2024	Luces, Saba  Contributor address; City; State; Zip Code					\$25.00
		Las Cruces, NM 88011					
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# MPH, H. Leabah Winter Contributor address; City; State; Zip Code  Alameda, CA 94501		)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Maass, Andrew  Contributor address; City; State; Zip Code  Longboat Key, FL 34228	t:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 39/69 Rpt: 42/197	
2	FILER NAME Salter, Carol	lyn F.				3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/30/2024	<ul><li>5 Full name of contributor MacDonald, Roberta</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$25.00
L	D: : 1	South Burlington, VT 054				_		
8	Not Employe	pation / Job title (See Instructions ed	(s) 		Employer (See Instructions Not Employed	S)		
	Date 09/28/2024	Full name of contributor Madrid, Marcus A. Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
		Fort Collins, CO 80525						
	Principal occu Engineer	pation / Job title (See Instructions	5)		Employer (See Instructions Broadcom	s)		
	Date 09/28/2024	Full name of contributor  Malave, Alberto  Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
		El Paso, TX 79934						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor Mallmann, A James Contributor address; City; Si	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions	5)		Employer (See Instructions Milwaukee School of Er		neering	
	Date 09/30/2024	Full name of contributor Mangus, Rodney Contributor address; City; Si Orinda, CA 94563	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 40/69 Rpt: 43/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/02/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Sherman Oaks, CA 91401 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>:)</u>		
Ü	Attorney	pation 7 300 title (See manucions)	ľ	Self	"		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Marler, Michael Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	D: : 1	Palm Springs, CA 92264	_		<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Marx, Peter Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Johnson City, NY 13790	_				
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Maus, Stefan Contributor address; City; State; Zip Code Boulder, CO 80305-5713				Amount of Contribution (\$)	\$100.00
	Principal occu Scientist	pation / Job title (See Instructions)		Employer (See Instructions Stefan Maus	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_McDonnell, Tim  Contributor address; City; State; Zip Code  College Grove, TN 37046		)		Amount of Contribution (\$)	\$25.00
	Principal occu Training mar	pation / Job title (See Instructions)		Employer (See Instructions Mitchell 1	5)		
			<u>                                       </u>	=			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 41/69 Rpt: 44/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	McGrath, James M.  6 Contributor address; City; State; 2	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Collingswood, NJ 08108 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
Ū	Not Employe			Not Employed	,		
	Date 09/30/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occur	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 09/28/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Nantucket, MA 02554					
	Principal occup Director of O	pation / Job title (See Instructions) perations		Employer (See Instructions Berkshire Healthcare Sy	,	ems	
	Date 09/30/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions none	)		
	Date 09/30/2024	Full name of contributor Contributor Contributor address; City; State; 2  Loveland, OH 45140	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Cincinnati Public School			
			L				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 42/69 Rpt: 45/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:		7	Amount of Contribution (\$)	\$100.00
8		Belleair Beach, FL 33786 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC Miller, Bethany  Contributor address; City; State; Zip Code		Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Pharmacist	York, PA 17403 pation / Job title (See Instructions)		Employer (See Instructions Lion pharmacy	<u> </u> s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC Miller, Suzan  Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$5.00
		LITTLETON, CO 80121 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/09/2024	Full name of contributor out-of-state PAC Mistretta, Toni-Ann		Not Employed		Amount of Contribution (\$)	\$10.00
	Principal occu Biostatisticia	pation / Job title (See Instructions)		Employer (See Instructions Baylor College of Medic			
	Date 09/28/2024	Full name of contributor out-of-state PAC Mock, Linda  Contributor address; City; State; Zip Code  Dallas, TX 75208				Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 43/69 Rpt: 46/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>	t:	)	7	Amount of Contribution (\$)	\$25.00
8		Perry, KS 66073 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> S)		
	Not employe  Date  09/28/2024	Full name of contributor out-of-state PAC (ID#		Not employed	•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions self	<u>                                      </u>		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID# Myers, Teresa  Contributor address; City; State; Zip Code	t:		•	Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77055 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Not Employe	ed		Not Employed			
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# Nelson, Kathryn L.  Contributor address; City; State; Zip Code  Seattle, WA 98122		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Nettles, Scott Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94114				Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Nettles consulting LLC	5)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 44/69 Rpt: 47/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	Newton, Thomas  6 Contributor address; City; State; 2		)	7	Amount of Contribution (\$)	\$25.00
8		Woodhaven, MI 48183 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/09/2024		Dut-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$50.00
	Principal occu Publishing	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 10/01/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	Boulder, CO 80305 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	•		
	Date 09/28/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 09/28/2024	Full name of contributor CO'Neill, Christine  Contributor address; City; State; 2  Saranac Lake, NY 12983	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions not employed	i)		
			·				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 45/69 Rpt: 48/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	West Sacramento, CA 95691 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not employe			Not employed	,		
	Date 09/30/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$100.00
	Principal occu	washington, DC 20008 pation / Job title (See Instructions)	$\top$	Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Ortiz, Roberta  Contributor address; City; State; Zip Code	t:	)		Amount of Contribution (\$)	\$25.00
		Montclair, CA 91763					
	Principal occu Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# Otto, Robert  Contributor address; City; State; Zip Code  Greensboro, NC 27407		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID# PICHE, JOSEPH Contributor address; City; State; Zip Code RAYNHAM, MA 02767	t:			Amount of Contribution (\$)	\$25.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Tetrahedron Inc.	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 46/69 Rpt: 49/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/29/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Lincoln, NE 68510 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Psychologist			Self-employed			
	Date 09/30/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Walla Walla, WA 99362	_	Franklavar (Caa kastrustiana	<u></u>		
	Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	<u> </u>		Π	Amount of Contribution (\$)	
	10/05/2024	Parada, Craig  Contributor address; City; State; Zip Code					\$100.00
		Richmond, CA 94804-5607					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Pardo, Patricia  Contributor address; City; State; Zip Code  Miami, FL 33143		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Parker, George  Contributor address; City; State; Zip Code  Bryan, TX 77802				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			<u> </u>				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 47/69 Rpt: 50/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/02/2024	Parker, L Joseph	estate PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Hope, AR 71801	ام	Employer (See Instructions	·/		
•	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self	•)		
	Date 09/29/2024	Full name of contributor out-of- Parker, R. Kay  Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$100.00
	Dringing! goog	BULLARD, TX 75757		Employer (See Instructions	·/		
	CPA	pation / Job title (See Instructions)		Fitts Roberts Kolkhorst	·)		
	Date 09/28/2024	Full name of contributor out-of- Parten, John  Contributor address; City; State; Zip C	state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77073					
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Parten Operating Inc.	5)		
	Date 10/26/2024	Patricia, Munoz	state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/28/2024	Pelak, Steven	estate PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Pelak Law Firm pllc	5)		
	,		I	·			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 48/69 Rpt: 51/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	6 Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu Not Employe	Washington, DC 20007 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 09/28/2024	Full name of contributor Pensky, Carol Contributor address; City; Stat Washington, DC 20007		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>.                                    </u>		
	Date 10/09/2024	Full name of contributor  Peters, Dorathea  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occur	Alexandria, VA 22304 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Not Employe			Not Employed	•		
	Date 09/28/2024	Full name of contributor Pinto, David  Contributor address; City; Stat  Austin, TX 78701	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Indep contractor	<u>                                      </u>		
	Date 09/30/2024	Full name of contributor Pique, Lynn Contributor address; City; Stat Redwood City, CA 94063	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 49/69 Rpt: 52/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 10/01/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Poncelet, Noelle</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Mill Valley, CA 94941 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Psychologist			self. semi-retired			
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#: Principato, Elizabeth  Contributor address; City; State; Zip Code  New York, NY 10009				Amount of Contribution (\$)	\$25.00
	Dringing aggre	·	_	Employer (See Instructions	·/ 		
	Not Employe	pation / Job title (See Instructions)		Not Employed	·)		
	Date		<u> </u>	, Trot Employed		Amount of Contribution (\$)	
	09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Puglisi, Joanne  Contributor address; City; State; Zip Code				Amount of Contribution (a)	\$25.00
		Rockledge, FL 32955					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#: Reed, Jan  Contributor address; City; State; Zip Code  Evansville, IN 47714				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> 5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#: Reidy, Paul  Contributor address; City; State; Zip Code  Austin, TX 78704		)		Amount of Contribution (\$)	\$25.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions RPX Corporation	5)		

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 50/69 Rpt: 53/197	
2	FILER NAME Salter, Caroly	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	Richards, Mary Ann  6 Contributor address; City; State; Zip Cod	ate PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Cortez, CO 81321 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Not Employe			Not Employed	-,		
	Date 09/30/2024	Rickson, Kevin		)		Amount of Contribution (\$)	\$25.00
		San Leandro, CA 94577					
	Principal occup Marketing	pation / Job title (See Instructions)		Employer (See Instructions Pure Storage	s)		
	Date	Full name of contributor	ate PAC (ID#:	rule Storage		Amount of Contribution (\$)	
	09/28/2024	Rinauro, Robert  Contributor address; City; State; Zip Cod					\$14.00
		San Francisco, CA 94131-2007					
	Principal occup Bookkeeper	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/09/2024	Ring, Carl				Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Rinkoff, Jeff		)	•	Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			l				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 51/69 Rpt: 54/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/30/2024	6 Contributor address; City; State		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Minneapolis, MN 55419-5256 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe	ed		Not Employed			
	Date 09/29/2024	Full name of contributor Rivera, Barbara Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Denver, CO 80206	į				
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 10/09/2024	Full name of contributor  Rose, Kyle  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing con	Round Rock, TX 78664		Employer (Coo Instructions			
	General Mar	pation / Job title (See Instructions) nager		Employer (See Instructions NorthStar Anesthesia	)		
	Date 09/28/2024	Full name of contributor  Rosen, Alexandra  Contributor address; City; State  San Jose, CA 95121	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/28/2024	Full name of contributor Rubenstein, Paul Contributor address; City; State Fort Lauderdale, FL 33305	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
				1.20.5			

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 52/69 Rpt: 55/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Keller, TX 76248 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	od .		Not Employed			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_SHI, EDWARD  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00
		San Jose, CA 95136	_				
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Not Employe			Not Employed	_	A ( O ii . ii . (A)	
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ SMITH, DARETHA Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Palestine, TX 75801	_				
	Principal occu Adjuster	pation / Job title (See Instructions)		Employer (See Instructions Confie	s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_Sabino, Antonio Michalek  Contributor address; City; State; Zip Code  Minden, NV 89423		)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_Sachter, Joseph  Contributor address; City; State; Zip Code  Bronx, NY 10471-1804				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. чос Етрюус		<u> </u>	Employed			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 53/69 Rpt: 56/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
		Denver, CO 80209					
8	Principal occu Investment A	pation / Job title (See Instructions) Adviser	9	Employer (See Instructions Insight Asset Managem			
	Date 09/28/2024	Full name of contributor out-of-state PAC (I Schaffer, Roberta Contributor address; City; State; Zip Code Northbrook, IL 60062		)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	•		
	Date 09/30/2024	Full name of contributor out-of-state PAC (I Schanin, David Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$50.00
		Denver, CO 80209-3235					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (I Schmierer, Anna Contributor address; City; State; Zip Code San Luis Obispo, CA 93405				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (I Schnell, Kate  Contributor address; City; State; Zip Code  Winnebago, IL 61088		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 54/69 Rpt: 57/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commissio 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Englewood, NJ 07631 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
0	Not Employe		ا	Not Employed	P)		
	Date 09/28/2024	Full name of contributor out-of-state PAC Schultz, Michael  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
		Durango, CO 81301					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	s)		
	Date	Full name of contributor  out-of-state PAC	(ID#·	)	Π	Amount of Contribution (\$)	
	09/28/2024	Seldon, Wendy  Contributor address; City; State; Zip Code				• •	\$100.00
		Ashland, OR 97520					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/29/2024	Full name of contributor out-of-state PAC Shanklin, Louise Contributor address; City; State; Zip Code Pearland, TX 77584		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC Shanks, Tom Contributor address; City; State; Zip Code  Petaluma, CA 94952				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) Frading Advisor		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 55/69 Rpt: 58/197	
2	FILER NAME Salter, Carol	lyn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/10/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Shearer, Kay</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Pattison, TX 77466 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Paraprofessi	ional		Katy ISD			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Silverman, Jeffrey  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Fairfax, VA 22033					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Infobase Publishers	s)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Skeist, Loren Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Bridgehampton, NY 11932					
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Spellman High Voltage		ectronics	
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_Sloan, Mark  Contributor address; City; State; Zip Code  Port Townsend, WA 98368		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Sandra  Contributor address; City; State; Zip Code  Seguin, TX 78155				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 56/69 Rpt: 59/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	Snedecor, Lynn  6 Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe	HAWKINS, TX 75765 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor ou Spisak, Mary  Contributor address; City; State; Zi		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/30/2024	Full name of contributor ou Sprangel, Christopher Contributor address; City; State; Zi	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
	Principal occu	Sudbury, MA 01776 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 09/28/2024	Full name of contributor on Stakem, Ronald  Contributor address; City; State; Zity; Oklahoma City, OK 73107	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Cheek & Falcone PLLC	5)		
	Date 09/30/2024	Full name of contributor of Stanley, Beckett  Contributor address; City; State; Zive Seattle, WA 98118	it-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Photographe	pation / Job title (See Instructions)		Employer (See Instructions Olympic Athletic Club	()		
			1				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 57/69 Rpt: 60/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/11/2024	Staples, Dana	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
8	Dringinal occu	Frankston, TX 75763	ام	Employer (See Instructions			
•	Real Estate	pation / Job title (See Instructions) Broker	9	Dana Staples	·)		
	Date 09/30/2024	Stedman, Lynn  Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	ed		Not Employed			
	Date 10/01/2024	Full name of contributor of Stegman, Deborah  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Oakland, CA 94610					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 09/28/2024	Full name of contributor of Steigerwalt, Susan  Contributor address; City; State; Z  Detroit, MI 48219	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 09/30/2024	Full name of contributor of Steinberg, Ronnie Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 58/69 Rpt: 61/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 10/09/2024	<ul> <li>Full name of contributor</li></ul>	`	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Nashville, TN 37212 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed .		Not Employed			
	Date 09/28/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00
	Dringinal occur	San Francisco, CA 94114 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Not Employe			Not Employed	P)		
	Date 09/28/2024	Full name of contributor out-of-state PAC ( Stokes Hilton, Lee  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78735					
	Principal occu Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC Sunde, Erik  Contributor address; City; State; Zip Code  Houston, TX 77098		)		Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/01/2024	Full name of contributor out-of-state PAC ( Sunland, Sara  Contributor address; City; State; Zip Code  San Rafael, CA 94901		)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	pioyo	-					

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 59/69 Rpt: 62/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8		Carrollton, TX 75006-4322 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Swanson, Steven Contributor address; City; State; Zip Code  Elk River, MN 55330		Self		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>                                      </u>		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Swift, Susan Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		PALESTINE, TX 75803-1514 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employe Date 09/29/2024	Full name of contributor		Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Taylor, Larry  Contributor address; City; State; Zip Code  Tyler, TX 75701			•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 60/69 Rpt: 63/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
		Chevy Chase, MD 20815					
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Tenenbaum & Saas	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (II Thibodeaux, Joyce Contributor address; City; State; Zip Code  Houma, LA 70360				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	not employed			none	,		
	Date 09/30/2024	Full name of contributor out-of-state PAC (II Thomas, William Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$50.00
		Minneapolis, MN 55408					
	Principal occu artist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (II Thomley, Lori Contributor address; City; State; Zip Code Hillsboro, OR 97124-7217			•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (II Thorne, John Contributor address; City; State; Zip Code Bullard, TX 75757			•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 61/69 Rpt: 64/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	<ul><li>5 Full name of contributor Tillery, Rejeana</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Rhome, TX 76078 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
0	Not Employe		9	Not Employed	>)		
	Date 10/09/2024	Full name of contributor Timmer, John Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
	Principal occur	Washington, DC 20016 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Not Employe			Not Employed	>)		
	Date 10/02/2024	Full name of contributor Touchstone, Lana Contributor address; City; Sta	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$50.00
		Vallejo, CA 94591					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor Trill, Gail Contributor address; City; Sta Williamsburg, MI 49690	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/29/2024	Full name of contributor Vasilius, Janet Contributor address; City; Sta Tucson, AZ 85718	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			l.	<u> </u>			

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 62/69 Rpt: 65/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	winchester, MA 01890 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe			Not Employed	,		
	Date 09/28/2024	Full name of contributor out-of-state P Vermeer, Richard  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Dringing	Davenport, IA 52807		Frankrian (Cook Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state P Vigil, Nancy Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Cordova, TN 38018					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 10/09/2024	Full name of contributor out-of-state P Viterbi, Andrew  Contributor address; City; State; Zip Code  La Jolla, CA 92037	-	)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state P Vogel, Paul Contributor address; City; State; Zip Code Santa Fe, NM 87507	-			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			I	<u> </u>			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 63/69 Rpt: 66/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/28/2024	Voshell, Patti  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	Alvin, TX 77511 Dation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/28/2024	Waldron, Sherwood		)		Amount of Contribution (\$)	\$25.00
	Principal occu physician	pation / Job title (See Instructions)		Employer (See Instructions self	<u>l                                     </u>		
	Date 09/28/2024	Walsh, Michael  Contributor address; City; State; Zip Code	e PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	Jefferson, NH 03583  pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/28/2024	Full name of contributor  out-of-stat		)		Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 09/28/2024	Full name of contributor out-of-stat Washington, Paulette  Contributor address; City; State; Zip Code  New York, NY 10029	e PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
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	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 64/69 Rpt: 67/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/29/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
_	5	Edwards, CO 81632	la la	5 1 (0 1 1 1	<u></u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 10/09/2024	Full name of contributor out-of-state PA Wells, Don Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	San Diego, CA 92101 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Nonprofit CEO			Just in Time for Foster		ıth	
	Date 10/01/2024	Full name of contributor  out-of-state PA Wentworth, Stacy Contributor address; City; State; Zip Code	AC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
		Oak Ridge, NC 27310					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 09/28/2024	Full name of contributor out-of-state PA Weston, David Contributor address; City; State; Zip Code Sacramento, CA 95834		)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/07/2024	Full name of contributor out-of-state PA Wexler, Barbara Contributor address; City; State; Zip Code Atlanta, GA 30342			•	Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 65/69 Rpt: 68/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 09/28/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Novato, CA 94947 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Not Employe	d		Not Employed			
	Date 09/30/2024	Full name of contributor out-of-state PAC (IE Whitson, William L  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
		Berkeley, CA 94709					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d		Not Employed			
	Date 09/30/2024	Full name of contributor out-of-state PAC (IE Wiese, janislee  Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$25.00
		Albuquerque, NM 87107					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (IE Wilson, Bo  Contributor address; City; State; Zip Code  Austin, TX 78749		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (IE Wilson, Charles  Contributor address; City; State; Zip Code  Castle Rock, CO 80108			•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 66/69 Rpt: 69/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/10/2024	Wong, I.  6 Contributor address; City; State; Zip (	f-state PAC (ID#: Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Fort Mill, SC 29707 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ū	Not Employe			Not Employed	,,		
	Date 10/07/2024	Full name of contributor out-o Wylie, KC Contributor address; City; State; Zip 0		)	•	Amount of Contribution (\$)	\$5.00
	5	Lone Pine, CA 93545		5 1 (0 1 : "	<u></u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/10/2024	Full name of contributor out-o Yates, Dean Contributor address; City; State; Zip 0	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Baltimore, MD 21214					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 09/30/2024	Zaccardelli, Lina	f-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/10/2024	bailey, carol	f-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Integrative Family Law	5)		
			l				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 67/69 Rpt: 70/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	ı Filers)
4	Date 10/09/2024	<ul><li>5 Full name of contributor cochran, susan</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	houston, TX 77007 pation / Job title (See Instructions)	9	Employer (See Instructions self	<u> </u> s)		
	Date 09/28/2024	Full name of contributor devitalis, charles  Contributor address; City; Stat  Austin, TX 78744		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>s)</u>		
	Date 09/28/2024	Full name of contributor edlund, paul Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	new paltz, NY 12561 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed			
	Date 09/28/2024	Full name of contributor eisenlohr, dieter  Contributor address; City; Stat  San Antonio, TX 78259		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor engstrom, john Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 68/69 Rpt: 71/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	n Filers)
4	Date 09/30/2024	fischler, matthias e	state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
_	Deignaignal	san diego, CA 92127	lo.	Franks or (Cook batturations			
8	Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/09/2024	fleming, martha  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu	San. Antonio, TX 78212  pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 09/30/2024	Full name of contributor out-of-shaverstock, richard  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Bishop, CA 93514-3046					
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/09/2024	landberg, rita			-	Amount of Contribution (\$)	\$10.00
		oation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 09/28/2024	miller, Kent C	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	oation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			<b>,</b>				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 69/69 Rpt: 72/197	
2	FILER NAME Salter, Carol	yn F.			3	Filer ID (Ethics Commission 00088387	Filers)
4	Date 09/29/2024	schulsinger, herb  6 Contributor address; City; State; Zip	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	La Puente, CA 91744 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe	d		Not Employed			
	Date 10/01/2024	snider, tim  Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Data da al accom	Port Townsend, WA 98368		(C	$\overline{\Gamma}$		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
					_		
	Date 10/10/2024	Full name of contributor	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		fairfax, CA 94930					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 09/28/2024	steele, margaret	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 09/28/2024	Full name of contributor out- tanner, laurence  Contributor address; City; State; Zip sarasota, FL 34238	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	pioye						

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 73/197 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Salter, Carolyn F. 00088387 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/30/2024 Scudder, Kendall \$750.00 | Compliance Assistance 7 Contributor address; City; State; Zip Code Dallas, TX 75214 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) **Business Owner** Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 74/197
2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
TOTAL OF UNITEMIZED PLEDGES	\$ 0.0
5 Date 6 Full name of pledgorout-of-state PAC (ID#:)  7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) In-kind description (If applicable)
Tricugor Address, City, State, 21p Code	I I Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instr	

	LOANS						SCHED	ULE <b>E</b>
	The Instruction	on Guide explains how to co	omplete this f	orm.	- I		ges Schedule E: L Rpt: 75/197	
2	FILER NAME Salter, Carolyn F	=.			I	Filer ID 000883	(Ethics Commissio	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:			9 Loan Amount (\$	5)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							<b>11</b> Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were d	eposited	into political accour (See Instruction	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guarar	iteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/121 Rpt:	2 FILER NAME Salter, Carolyn F.  3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/08/2024	5 Payee name APH Consulting DBA Campaing in a Box
6	Amount (\$) \$1,875.00	7 Payee address; City; State; Zip Code 3513 Loosemore St
8	PURPOSE OF EXPENDITURE	Los Angeles, CA 90065  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/28/2024	Payee name ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code  366 Summer Street  Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/28/2024	Payee name ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street
		Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 2/121 Rpt:	Salter, Carolyn F.	00088387
4	Date	5 Payee name	
Ļ	09/28/2024	ActBlue	
6	Amount (\$) \$0.40	<ul><li>7 Payee address; City; State; Zip Code</li><li>366 Summer Street</li></ul>	
	Ψ0.40	300 Summer Street	
		Somerville, MA 02144	
8	PURPOSE		Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense  Donation Processing Fee
			Donation 1 rocessing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Comondillo MA 02144	
_	PURPOSE	Somerville, MA 02144	Paradatia.
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		0	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
$\vdash$			

## SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 3/121 Rpt:	Salter, Carolyn F. 00088387			
4	Date	5 Payee name			
	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.99	366 Summer Street			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialiture to benefit C/Oi	1			
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.19	366 Summer Street			
	41.10				
		0			
		Somerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Donation Processing Fee			
		Donation Processing Fee			
	Operation ONLY if allowed	On didn't 10ff a halden game.			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

## 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/121 Rpt:	Salter, Carolyn F.	00088387
4	Date	5 Payee name	•
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1000	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Donation Pro	
			<b>3</b>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	-1	
F	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		Donation Pro	n, TX, officeholder living expense
			, cocog
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.56	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
		Check if Austin Donation Pro	n, TX, officeholder living expense
		Bondion Te	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<b>9</b>	

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

1		The Instruction Guide explains how to complete this form.				
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
_	Sch: 5/121 Rpt:	Salter, Carolyn F.	00088387			
	Date 09/28/2024	5 Payee name ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion			
	OF EXPENDITURE	Fees Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
			on Processing Fee			
			-			
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/28/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
L		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript				
	EXPENDITURE	1 003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
		, i i onoun				
			on Processing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	on Processing Fee			
	expenditure to benefit C/OF	Candidate/Officeholder name Office sought Payee name	on Processing Fee			
	expenditure to benefit C/OFDate 09/28/2024	Candidate/Officeholder name Office sought  Payee name ActBlue	on Processing Fee			
	expenditure to benefit C/Oł  Date 09/28/2024  Amount (\$)	Candidate/Officeholder name  Office sought  Payee name ActBlue  Payee address; City; State; Zip Code	on Processing Fee			
	expenditure to benefit C/OFDate 09/28/2024	Candidate/Officeholder name Office sought  Payee name ActBlue	on Processing Fee			
	expenditure to benefit C/Oł  Date 09/28/2024  Amount (\$)	Candidate/Officeholder name  Office sought  Payee name ActBlue  Payee address; City; State; Zip Code	on Processing Fee			
	Date 09/28/2024 Amount (\$) \$0.99	Candidate/Officeholder name  Office sought  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule)  (b) Descript	Office held  Office held			
	Date 09/28/2024 Amount (\$) \$0.99	Candidate/Officeholder name  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  Check	on Processing Fee  Office held  ion  if travel outside of Texas. Complete Schedule T.			
	expenditure to benefit C/OHDate 09/28/2024 Amount (\$) \$0.99  PURPOSE OF	Candidate/Officeholder name  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Descript Check Check	Office held  Office held			
	expenditure to benefit C/OHDate 09/28/2024 Amount (\$) \$0.99  PURPOSE OF	Candidate/Officeholder name  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Descript Check Check	on Processing Fee  Office held  ion  if travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense			
	Date 09/28/2024 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Office sought  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule)   (b) Descript   Check   Check	on Processing Fee  Office held  ion  if travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense			
	Date 09/28/2024 Amount (\$)  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Office sought  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule)   (b) Descript   Check   Check	Office held  Office held  ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense on Processing Fee			
	Date 09/28/2024 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Office sought  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule)   (b) Descript   Check   Check	Office held  Office held  ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense on Processing Fee			

## 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1: Sch: 6/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	·
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 09/28/2024	Payee name ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street
	Ф0.99	300 Suffiller Street
		Correct ille MA 02144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/121 Rpt:	Salter, Carolyn F.	00088387
4	Date	5 Payee name	
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Donation Pro	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 1 003	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Donation Pro	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Donation Pro	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
1			

## 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 9/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense rocessing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense rocessing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.20	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense rocessing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

## 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 10/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	.1
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
Ļ	Sch: 11/121 Rpt:	Salter, Carolyn F.	00088387	
4	Date 09/28/2024	5 Payee name ActBlue		
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street		
Ļ		Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	09/28/2024	ActBlue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held	
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise Wagnes/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_	Total pages Schedule F1:				
1					
	Sch: 12/121 Rpt:	Salter, Carolyn F. 00088387			
4	Date	5 Payee name			
	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$0.99	366 Summer Street			
	Ψ0.99	300 Summer Street			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	the state of the s			
<u> </u>					
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	366 Summer Street			
	, , , , ,				
		0 " 144 004 44			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORL	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1			
H	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.99	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE				
	OF				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
1					

## 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 13/121 Rpt:	Salter, Caroly	n F.					00088387	
4	Date	<b>5</b> Payee name							
	09/28/2024	ActBlue							
6	Amount (\$)	7 Payee address		State; Zip Co	ode				
	\$0.99	366 Summer	Street						
		Somerville, M	IA 02144						
8	PURPOSE OF		Categories listed at the top of	this schedule)	(b)	Description		d4.T O	olata Calcadula T
	EXPENDITURE	Fees				느		de of Texas. Com officeholder living	
						Donation Pro			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ught			Office he	eld
	experientare to benefit G/OI								
	Date	Payee name							
	09/28/2024	ActBlue							
	Amount (\$)	Payee address	; City;	State; Zip Co	ode				
	\$0.99	366 Summer	Street						
		Somerville, M	IA 02144						
	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				<b>=</b>		de of Texas. Com officeholder living	
						Donation Pro			Схрензе
								3	
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/O	4							
	Date	Payee name							
	09/28/2024	ActBlue							
	Amount (\$)	Payee address	; City;	State; Zip Co	ode				
	\$0.99	366 Summer	Street						
		Somerville, M	IA 02144						
	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				ш		de of Texas. Com officeholder living	'
						Donation Pro			expense
						_ 5			
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OH								

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations 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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 14/121 Rpt:	Salter, Carolyn F. 00088387			
4	Date	5 Payee name			
	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.40	366 Summer Street			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Donation Processing Fee			
		Donation Processing Fee			
_	Compulate ONII V if diseast	Condidate/Officeholder name Office sought Office hold			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.99	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Donation Processing Fee			
		Donation Processing rec			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·			
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	-	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

## SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 15/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

## 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.	
1	Total pages Schedule F1: Sch: 16/121 Rpt:	2 FILER NAME Salter, Carolyn F.	<b>3</b> Filer ID (Ethics Commit 00088387	ssion Filers)
4	Date 09/28/2024	5 Payee name ActBlue		
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street		
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held	
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144		
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144		
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1: Sch: 17/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	<u> </u>
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Conation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) [	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Conation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 18/121 Rpt:	Salter, Carolyn F. 00088387			
4	Date	5 Payee name			
	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.60	366 Summer Street			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Donation Processing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.58	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/Ol				

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 19/121 Rpt:	Salter, Carolyn F. 00088387			
4	Date	5 Payee name			
	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.99	366 Summer Street			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Donation Processing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Data	Developer			
	Date 09/28/2024	Payee name ActBlue			
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street			
	Ψ0.99	300 Suffiller Street			
		Somerville, MA 02144			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experientare to benefit C/O	<u>'</u>			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:		(2		
1	Sch: 20/121 Rpt:	Salter, Carolyn F. Commission Files 00088387	رد		
_					
4	Date	5 Payee name			
L	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.99	366 Summer Street			
		Somonvillo, MA 02144			
L		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	<del>n</del>			
	Date	Payee name			
	09/28/2024	ActBlue			
_	Amount (\$)	Payee address; City; State; Zip Code			
	` ,				
	\$0.99	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	H			
H	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

## SCHEDULE F1

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
	Sch: 21/121 Rpt:	Salter, Carolyn F.	00088387	
4	Date 09/28/2024	5 Payee name ActBlue		
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ocessing Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held	
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ocessing Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held	
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ocessing Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)			
	ordan dara r dyment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 22/121 Rpt:	Salter, Carolyn F.	00088387			
4	Date	5 Payee name				
	09/28/2024	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE	(a) a				
Ü	OF	· · · · · · · · · · · · · · · · · · ·	utside of Texas. Complete Schedule T.			
	EXPENDITURE	1 663	TX, officeholder living expense			
		Donation Prod	cessing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/28/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.40	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) a				
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel o	utside of Texas. Complete Schedule T.			
	EXPENDITURE	1 663	TX, officeholder living expense			
		Donation Prod	cessing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/28/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		utside of Texas. Complete Schedule T.			
	EXPENDITURE		TX, officeholder living expense			
		Donation Prod	cessing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					

## 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/121 Rpt:	Salter, Carolyn F.	00088387
4	Date	5 Payee name	
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ocessing Fee
			<b>3</b>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	I	
F	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense DCESSING Fee
		Domailon 1 (	, occosing 1 co
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense  OCESSING Fee
		Donation Fit	70000mg 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
1			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 24/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L	Operation ONLY & Street	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
┡		
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L	Operation ONE VIII II	Our district Office health are now as the control of the country o
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

## SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/121 Rpt:	Salter, Carolyn F.		00088387
4	Date	5 Payee name		
	09/28/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$3.95	366 Summer Street		
		Comonillo MA 02144		
_		Somerville, MA 02144		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	D) 	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	i	Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	09/28/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.99	366 Summer Street		
		Comonillo MA 02144		
	DUDD 005	Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	D) 	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	09/28/2024	ActBlue		
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	е	
	Φ3.95	300 Sulfiller Street		
		Somerville, MA 02144		
	DUDDOCE	(2) 2	<u>-</u>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	υ) 	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		<b>3</b> - 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$) \$1.19	Payee address; City; State; Zip Code  366 Summer Street
	\$1.19	300 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code 366 Summer Street
	\$0.79	300 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20.1000 1 100000 1 1 g 1 0 0
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 27/121 Rpt:	Salter, Carolyn F.	00088387
4	Date 09/28/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street	
Ļ		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$9.88	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

## 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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 28/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to belieff C/Or	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	41.00	
		0
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

## 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 29/121 Rpt:	Salter, Carolyn F.		00088387	
4	Date	5 Payee name			
	09/28/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.99	366 Summer Street			
		Somerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	<u> </u>		
	OF EXPENDITURE			ide of Texas. Com	plete Schedule T.
	LAFLINDHORL	· · · · · · · · · · · · · · · · · · ·		, officeholder living	expense
		Donation	Proces	ssing Fee	
_	Operation ONE V if dispert	Out til det 10ff och older a court		0#:  -	.1.1
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eia
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.60	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1		
	OF EXPENDITURE	1 003		ide of Texas. Com	
		Donation		, officeholder living ssing Fee	expense
		23.14.10.1		56g . 66	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	Date	Payee name			
	09/28/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.20	366 Summer Street			
	Ψ0.20	ood cummer cureet			
		Somerville, MA 02144			
	DUDD005	· · · · · · · · · · · · · · · · · · ·			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if tr		ide of Texas. Com	nlete Schedule T
	EXPENDITURE	1 003		, officeholder living	
		Donation	Proces	ssing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

## 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

	Candidate/Officeholder/Politica 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: 30/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

## 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

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 NAME	=				3	Filer ID	(Ethics Commission Filers)
	Sch: 31/121 Rpt:	Salter, Card	olyn F.					00088387	
4	Date	5 Payee name							
	09/28/2024	ActBlue							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode				
	\$0.99	366 Summe	er Street						
		Somerville,							
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Fees				므		de of Texas. Com officeholder living	
						Donation Pro			у схрепас
	Complete ONLY if direct		ceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name				<u> </u>			
	09/28/2024	ActBlue							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$39.50	366 Summe	er Street						
		Somerville,	MA 02144						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Fees				<b>=</b>		de of Texas. Com officeholder living	
						Donation Pro			g expense
						Donation 110	CCC	issing rec	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u> uaht			Office he	eld
	expenditure to benefit C/O		ocholaci name	000	ug			000	
	Date	Payee name							
	09/28/2024	ActBlue							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$0.99	366 Summe	er Street	-					
		Somerville,	MA 02144						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
	·					_		officeholder living	g expense
						Donation Pro	CES	sing ree	
_	Complete ONLY if direct	Candidate/∩ff	ceholder name	Office so	liaht			Office he	-jų
	expenditure to benefit C/Ol		activide Hallie	Office 50	agrit			Office He	Jiu

### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Domailor 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	******	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Operation ONLY if allower	Out that Off a half are a section of the section of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name ActBlue
	09/28/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Correct ille MA 02144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-		

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 33/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense ocessing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense ICESSING Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.  TX, officeholder living expense Cessing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### 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

	Candidate/Officeholder/Politica 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:	
	Sch: 34/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation ( Tocessing ( ce
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 35/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	<del>* -</del> ·	GOO GUITIMOT CLISSE
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Sommer 1 100000 ing 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	Ψ0.99	300 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Operation ONLY if allowed	Our Highes (Office health a group of the seconds)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 37/121 Rpt:	Salter, Carolyn F. 00088387	
4	Date	5 Payee name	
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$39.50	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	=
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3.95	366 Summer Street	
	Ψ0.00		
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Donation Processing Fee	
		Donation 1 100000 ing 1 co	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
-	Date	Payee name	_
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
	Ψ0.55	300 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Operation ONLY if allowed	Out title to 10 ff and hald an array of the small to 10 ff and hald at 10 ff and hal	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

### 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 38/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	•
6	Amount (\$) \$9.88	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 39/121 Rpt:	2 FILER NAME Salter, Carolyn F.		3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue		·
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$9.88	Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date 09/28/2024	Payee name ActBlue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Co 366 Summer Street	de	
	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sour	ght	Office held

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del></del>
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 41/121 Rpt:	Salter, Carolyn F. 00088387	
4	Date	5 Payee name	
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.60	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/OI	1	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	366 Summer Street	
	40.20		
		0	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Donation Processing Fee	
		Donation Processing Fee	
	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
	<u>'</u>		
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 42/121 Rpt:	Salter, Carolyn F.		00088387	
4 Date	5 Payee name		· ·	
09/28/2024	ActBlue			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$0.20	366 Summer Street			
	Somerville, MA 02144			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		vel outside of Texas. Co	mplete Schedule T.
EXPENDITURE		. —	ıstin, TX, officeholder livir	ng expense
		Donation F	Processing Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	neld
experientare to benefit 6/0	''			
Date	Payee name			
09/28/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$19.75	366 Summer Street			
	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		vel outside of Texas. Co	mplete Schedule T.
EXPENDITORE			ıstin, TX, officeholder livir	ng expense
		Donation F	Processing Fee	
0 1: 0:11:4:7:1:		L	0.00	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ignt	Office h	neid
Date	Payee name			
09/28/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$0.99	366 Summer Street			
	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		evel outside of Texas. Co	
EXI ENDITORE			ıstin, TX, officeholder livir	ng expense
		Donation F	Processing Fee	
Commission ONE VISCHIE	Constitute Office helder news	. or lo t	O.W.	- ald
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	igrit	Office h	ieiu

### 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1: Sch: 43/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/28/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE OF EXPENDITURE	Fees	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Conation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Conation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/28/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
	PURPOSE OF EXPENDITURE	Fees	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Conation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### 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

	Candidate/Officeholder/Politica 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: 44/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/28/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Bonation (100000) in the
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	09/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Para a sana
	Date 09/28/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donalion Processing Fee
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 45/121 Rpt:	Salter, Carolyn F. 00088387	
4	Date	5 Payee name	
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.60	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi	1	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.60	366 Summer Street	
	40.00		
		0	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Donation Processing Fee	
		Donation Processing Fee	
	Operation ONLY if allowed	On didn't 10ff a halden game.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/28/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Loan Reg Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E Legal Services Salaries/

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/121 Rpt:	Salter, Carolyn F.	00088387
4	Date	5 Payee name	•
	09/28/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ocessing Fee
			<b>3</b>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/29/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense DCESSING Fee
		John Marie Communication (1977)	, occosing 1 co
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/29/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense  OCESSING Fee
		Donation Fit	70000mg 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	and the second of the second o
_	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	Ψ1.50	300 Summer Succe
		Conserville MA 004 44
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
-	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	Ψ0.55	
		Somerville, MA 02144
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

teimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 48/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	Ψ0.10	
		0
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	<u> </u>	
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	4
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		g - comment g - comment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Frocessing Fee
	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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 50/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	Ψ0.33	300 Summer Succe
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
	¥0.20	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	<u> </u>	

### 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 51/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/29/2024	5 Payee name ActBlue	•
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/29/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/29/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### 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

	Candidate/Officeholder/Politica 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: 52/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 53/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/29/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 54/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/OI	1
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	40.00	
		0
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	Operation ONLY if allower	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	<u> </u>	
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1

#### 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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation 1 Tooccoming 1 oc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	*****	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Operation ONE Wife disease	Open finds to 10 ff and half are some of the same of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name ActBlue
	09/30/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Companilly, MA 004.44
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics 0	Commission Filers)
Sch: 56/121 Rpt:	Salter, Carolyn F.		00088387	
4 Date	5 Payee name			
09/30/2024	ActBlue			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$0.99	366 Summer Street			
	Somerville, MA 02144			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		outside of Texas. Complete Scheo	lule T.
EXPENDITURE			, TX, officeholder living expense	
		Donation Pro	cessing Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so OH	ught	Office held	
Date	Payee name			
09/30/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$9.88	366 Summer Street			
	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Scheo	lule T.
		_ <b>_</b>	, TX, officeholder living expense	
Donation Processing Fee				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/C		ugiit	Office field	
Dete				
Date 09/30/2024	Payee name ActBlue			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$0.99	366 Summer Street			
	Somerville, MA 02144			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	l <b>—</b>	outside of Texas. Complete Scheo , TX, officeholder living expense	lule T.
		Donation Pro		
			<b>5</b>	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/C		<b>U</b> -	- ,	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
			,
L	Sch: 57/121 Rpt:	Salter, Carolyn F. 00088387	
4	Date	5 Payee name	
	09/30/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	` '	366 Summer Street	
	\$0.60	300 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
	•		
	Date	Payee name	
	09/30/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
	Ψ0.99	ooo odininoi otioot	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$	Data	Γ.	
	Date	Payee name	
L	09/30/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.60	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	n	

#### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	!	
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Donation Processing Fee
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2024	ActBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Goo Gammis. Galast
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense  Donation Processing Fee
	!	Donation (100000) 1 00
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	Ψυ.+υ	300 Suffiller Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
	!	Donation Processing Fee
	Camplete ONLY if direct	Office policy of the bold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	

#### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this fo	orm.		
1	• •	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 59/121 Rpt:	Salter, Carolyn F.			00088387	
4	Date	5 Payee name				
	09/30/2024	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code	!			
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE		<u>, , , , , , , , , , , , , , , , , , , </u>			
0	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Descrip Chec		de of Texas. Com	plete Schedule T.
	EXPENDITURE	1 665	Chec	k if Austin, TX,	officeholder living	
			Donati	on Proces	sing Fee	
<u> </u>						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	τ		Office he	eia
_	Data					
	Date 09/30/2024	Payee name ActBlue				
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street	;			
	Ψ1.30	300 Summer Street				
		Somerville, MA 02144				
	PURPOSE		<b>)</b> Descrip	ntion		
	OF	Fees			de of Texas. Com	plete Schedule T.
	EXPENDITURE				officeholder living	g expense
			Donati	on Proces	ssing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	-ld
	expenditure to benefit C/OI		•		000	
	Date	Payee name				
	09/30/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code	)			
	\$1.98	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Descrip			
	OF EXPENDITURE	Fees			de of Texas. Com officeholder living	plete Schedule T.
				on Proces		y expense
					J	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 60/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Defication 1 100000 ing 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	09/30/2024	ActBlue
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	ActBlue
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
l		

#### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payros namo
	09/30/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	400	
		Somerville, MA 02144
	PURPOSE	· · · · · · · · · · · · · · · · · · ·
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 62/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/30/2024	5 Payee name ActBlue	·
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought	Office held

#### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 63/121 Rpt:	Salter, Carolyn F.	00088387
4	Date	5 Payee name	
	09/30/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 669	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Donation Pro	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/30/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Donation Pro	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/30/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Toyon Complete Calculus T
	EXPENDITURE	1 663	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Donation Pro	ocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### 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/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule Sch: 64/121 Rpt		3 Filer ID (Ethics Commission Filers) 00088387
4 Date 09/30/2024	5 Payee name ActBlue	I
6 Amount (\$) \$0	7 Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	de
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if dire expenditure to benefit		ght Office held
Date 09/30/2024	Payee name ActBlue	
Amount (\$) \$0	Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
Complete <u>ONLY</u> if dire expenditure to benefit		ght Office held
Date 09/30/2024	Payee name ActBlue	
Amount (\$) \$0	Payee address; City; State; Zip Co 366 Summer Street Somerville, MA 02144	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if dire expenditure to benefit		ght Office held

#### 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 65/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/30/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense Cessing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense Cessing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense Cessing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 66/121 Rpt:	FILER NAME     Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/30/2024	5 Payee name ActBlue	
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.20	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		2010a.c. 1 100000g 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/30/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		25
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	09/30/2024	Payee name  ActBlue
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation 1 1000000 ing 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 68/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code  366 Summer Street
	Ф0.99	300 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code 366 Summer Street
	\$3.95	300 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 69/121 Rpt:	Salter, Carolyn F. 00088387	
4	Date 09/30/2024	5 Payee name ActBlue	
6	Amount (\$) \$1.19	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

Fees Office Overhead/Rental Exper
Food/Beverage Expense Fittle Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labo

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

	Candidate/Officeholder/Politica 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: 70/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
L		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.08	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	φο.40	300 Summer Succe
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation 1 roots sing 1 cc
	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 -

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 72/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	40.00	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Bondion Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$) \$0.60	Payee address; City; State; Zip Code  366 Summer Street
	Φ0.00	300 Sulfiller Street
		Somerville, MA 02144
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 73/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/30/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
	PURPOSE OF EXPENDITURE	Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 74/121 Rpt:	2 FILER NAME Salter, Carolyn F.  3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/30/2024	5 Payee name ActBlue
6	Amount (\$) \$0.20	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name ActBlue
	Amount (\$) \$0.60	Payee address; City; State; Zip Code 366 Summer Street
	PURPOSE OF EXPENDITURE	Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 75/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 09/30/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel  Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense OCESSING Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code  366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Austi	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense  DCESSING Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 09/30/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
	PURPOSE OF EXPENDITURE	Check if Austi	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense OCESSING FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 76/121 Rpt:	Salter, Carolyn F.		00088387
4	Date	5 Payee name		
_	09/30/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.99	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE		h)	
0	OF	(a) Category (See Categories listed at the top of this schedule)	D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 665		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
_				25
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Data			
	Date 09/30/2024	Payee name ActBlue		
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street	е	
	Ψ0.40	Job Juliller Jucet		
		Somerville, MA 02144		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	~,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Office field
	Date	Payee name		
	09/30/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$0.99	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Donation Processing Fee
				Donation (100003)ing 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 77/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation 1 Toccooning 1 cc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 78/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	09/30/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	09/30/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
	Ψ0.10	
		0
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as a south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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

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

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

	Candidate/Officeholder/Politica 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: 79/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/01/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/01/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete th	his form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 80/121 Rpt:	Salter, Carolyn F.	00088387
4	Date 10/01/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
_	PURPOSE	(b) c	
8	OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ination Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	10/01/2024	ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ination Processing Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	10/01/2024	ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense anation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	• •	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 81/121 Rpt:	Salter, Carolyn F.		00088387
4	Date 10/01/2024	5 Payee name ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
0	\$3.95	366 Summer Street	е	
	, , , , ,			
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Donation Processing Fee
				<b>3</b> - 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/01/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.99	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	ω,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/01/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.99	366 Summer Street		
		Companyilla MA 00144		
	PURPOSE	Somerville, MA 02144	1-1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003		Check if Austin, TX, officeholder living expense
				Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			Office field
ı				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 82/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/01/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/01/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			emorials Expense	Printing Exp Salaries/Wa		travel Out of District  OTHER (enter a category not listed above)
	oreal card raymone		The Instru	tion Guide explains	how to com	ple	ete this form.
1	Total pages Schedule F1: Sch: 83/121 Rpt:	2	FILER NAME Salter, Carolyn F.				3 Filer ID (Ethics Commission Filers) 00088387
4	Date	5	Payee name				<b>i</b>
-	10/01/2024	·	ActBlue				
6	Amount (\$) \$0.40	7	Payee address; City 366 Summer Street Somerville, MA 0214		e; Zip Cod	е	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Fees	isted at the top of this sch	nedule) (	b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame (	Office soug	ht	Office held
	Date		Payee name				
	10/01/2024		ActBlue				
	Amount (\$)		Payee address; City	r; State	; Zip Cod	е	
	\$0.40		366 Summer Street				
			Somerville, MA 0214	1			
	PURPOSE	(a)	<u> </u>	isted at the top of this sch	(eluber	b)	Description
	OF EXPENDITURE	`´	Fees	isted at the top of this sen	icuaic)	•	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE						Check if Austin, TX, officeholder living expense
							Donation Processing Fee
		<u> </u>			2.00		255
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame (	Office soug	ht	Office held
	Date		Payee name				
	10/01/2024		ActBlue				
	Amount (\$)		Payee address; City	r; State	; Zip Cod	е	
	\$19.75		366 Summer Street				
			Somerville, MA 0214	1			
	PURPOSE	(a)	Category (See Categories	isted at the top of this sch	nedule) (	b)	Description
	OF EXPENDITURE		Fees				Check if travel outside of Texas. Complete Schedule T.
							Check if Austin, TX, officeholder living expense  Donation Processing Fee
							20.100000 ing 1 00
	Complete ONLY if direct		Candidate/Officeholder n	ame (	Office soug	ht	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

Candidate/Officeholder/Political Committee Legal Servi Credit Card Payment The Instr	ces Salaries/Muction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)  omplete this form.
1 Total pages Schedule F1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 84/121 Rpt: Salter, Carolyn F.		00088387
4 Date 5 Payee name		
10/01/2024 ActBlue		
6 Amount (\$) 7 Payee address; C	ty; State; Zip Co	ode
\$0.40 366 Summer Street		
Somerville, MA 021	14	
8 PURPOSE (a) Category (See Categorie	s listed at the top of this schedule)	(b) Description
OF Fees		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	0.00	
<b>9</b> Complete <u>ONLY</u> if direct Candidate/Officeholder expenditure to benefit C/OH	name Office sou	ught Office held
Date Payee name		
10/01/2024 ActBlue		
Amount (\$) Payee address; C	ity; State; Zip Co	ode
\$9.88 366 Summer Street		
Somerville, MA 021	14	
PURPOSE (a) Category (See Categorie	s listed at the top of this schedule)	(b) Description
OF Fees		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Frocessing Fee
Operation ONE Visiting at a Constitute to 10ff as health as	0,5	Office held
Complete ONLY if direct Candidate/Officeholder expenditure to benefit C/OH	name Office sou	ught Office held
Date Payee name		
10/01/2024 ActBlue		
Amount (\$) Payee address; C	ty; State; Zip Co	ode
\$0.99 366 Summer Street		
Somerville, MA 021	44	
PURPOSE (a) Category (See Categorie	s listed at the top of this schedule)	(b) Description
		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE Fees		Check if Austin, TX, officeholder living expense
		l 🗀
EXPENDITURE Fees	70 Miles	Check if Austin, TX, officeholder living expense  Donation Processing Fee
EXPENDITURE  Fees  Complete ONLY if direct  Candidate/Officeholder	name Office sou	Check if Austin, TX, officeholder living expense  Donation Processing Fee
EXPENDITURE Fees	name Office sou	Check if Austin, TX, officeholder living expense  Donation Processing Fee
EXPENDITURE  Fees  Complete ONLY if direct  Candidate/Officeholder	name Office sou	Check if Austin, TX, officeholder living expense  Donation Processing Fee

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 85/121 Rpt:	Salter, Carolyn F.		00088387
4	Date	5 Payee name		
_	10/01/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.99	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE		h\ -	
o	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	υ) L Τ	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	Ī	Check if Austin, TX, officeholder living expense
				Donation Processing Fee
_				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	<u> </u>			
	Date 10/01/2024	Payee name ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code 366 Summer Street	е	
	\$0.99	300 Summer Street		
		Somonvillo, MA 02144		
	DUDDOOF	Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	D) L П	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	į	Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	10/01/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.99	366 Summer Street		
		Companyilla MA 02144		
		Somerville, MA 02144		
	PURPOSE OF	,	b) [ Г	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Ė	Check if Austin, TX, officeholder living expense
			Ī	Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialitate to beliefit C/OI	•		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 86/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/01/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	10/02/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	41.00	
		0
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	Operation ONLY if allowed	On all data (Office helds
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/02/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/02/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 88/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/02/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	•	
	Date	Payee name
	10/03/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	10/03/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Dollation Flocessing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 89/121 Rpt:	Salter, Carolyn F.		00088387
4	Date	5 Payee name		•
	10/04/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$0.79	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	10/04/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$9.88	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Commission ONII V if divers	Condidate Office helder reves		Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	gni	Office held
	Date	Payee name		
	10/04/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.08	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Donation Processing Fee
				Donation Flocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	grit	Office Held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Event Expense Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 90/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/05/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	10/05/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
L		
	Date	Payee name
	10/07/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Emportantial to bollone 0/01	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 91/121 Rpt:	Salter, Carolyn F. 00088387
4	Date 10/07/2024	5 Payee name ActBlue
6	Amount (\$) \$0.20	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 10/09/2024	Payee name ActBlue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 10/09/2024	Payee name ActBlue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 92/121 Rpt:	FILER NAME     Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	0000000
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense ICESSING Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense ICESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense ocessing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 93/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/09/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing rec
_	Compulate ONII V if diseast	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	·	
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### 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 Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica 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:	
	Sch: 94/121 Rpt:	
4	Date	5 Payee name
	10/09/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	Data	
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation (100c33)ing (1cc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davis same
	10/09/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		25. Auto. 1. 150055 ing 1. Co
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 95/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

### 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 96/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	
	Sch: 97/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/09/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.58	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation 1 1000000ing 1 00
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	·

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 98/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

### 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

4	Total pages Schedule F1:		lete this form.
		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 99/121 Rpt:	Salter, Carolyn F.	00088387
	Date	5 Payee name	•
6	10/09/2024	ActBlue	
	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Donation Processing Fee
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/09/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			<b>3</b> 11
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/09/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer Street	
		Somerville, MA 02144	
		1	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
	OF	(	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	(	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Donation Processing Fee
	OF	Fees  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Donation Processing Fee
	OF EXPENDITURE  Complete ONLY if direct	Fees  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OFDate 10/09/2024 Amount (\$)	Candidate/Officeholder name  Payee name ActBlue  Payee address; City; State; Zip Code 366 Summer Street	Check if Austin, TX, officeholder living expense  Donation Processing Fee

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 100/121 Rpt:	Salter, Carolyn F.		00088387
4	Date	5 Payee name		
	10/09/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1.98	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE OF	,	(b)	Description  Charlest strangle entitle of Taylor Complete Schoolule T
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/09/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$9.88	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/09/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$0.40	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Donation Processing Fee
				-
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	1		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 101/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/09/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	
	\$0.99	Payee address; City; State; Zip Code  366 Summer Street
	Ф0.99	300 Suniner Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/09/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code 366 Summer Street
	\$0.40	300 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1: Sch: 102/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE OF EXPENDITURE	Check i	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense n Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$9.88	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check i	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense n Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check i	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense n Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 103/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/09/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/09/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 104/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 105/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	
6	Amount (\$) \$5.93	7 Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING FEE
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

## 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1: Sch: 106/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/09/2024	5 Payee name ActBlue	·
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 10/09/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  nation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/10/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Des	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 107/121 Rpt:	2 FILER NAME Salter, Carolyn F.	3 Filer ID (Ethics Commission Filers) 00088387
4	Date 10/10/2024	5 Payee name ActBlue	
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense rocessing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/10/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense rocessing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 10/10/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense rocessing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### 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

	Credit Gard i dyment	The Instruction Guide explains how to com	nple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 108/121 Rpt:	Salter, Carolyn F.		00088387		
4	Date	5 Payee name		·		
	10/10/2024	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de			
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
				Donation Processing Fee		
				<b>3</b>		
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/OI		,			
	Date	Payee name				
	10/10/2024	ActBlue				
_	Amount (\$)	Payee address; City; State; Zip Cod	de			
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.		
	LAI LINDITORE			Check if Austin, TX, officeholder living expense  Donation Processing Fee		
				Donation Frocessing Fee		
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held		
	expenditure to benefit C/OI	•	,	Office field		
-	Date	Payee name				
	10/10/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Cod	le.			
	\$0.20	366 Summer Street				
	V-1-2					
		Somerville, MA 02144				
	PURPOSE	/ N =	(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(~)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE			Check if Austin, TX, officeholder living expense		
				Donation Processing Fee		
L	0 1: 0:::::::::::::::::::::::::::::::::					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held		
L						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

e Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 109/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/10/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.88	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payros namo
	10/10/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 10/10/2024	Payee name
		ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donalion Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 110/121 Rpt:	2 FILER NAME Salter, Carolyn F.  3 Filer ID (Ethics Commission Filers) 00088387
4	Date	5 Payee name
	10/10/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration benefit C/Oi	<b>'</b>
	Date	Payee name
	10/11/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	366 Summer Street
	40.00	
		Companillo MA 00144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
L	•	
	Date	Payee name
L	10/11/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:		)		
	Sch: 111/121 Rpt:	Salter, Carolyn F. 00088387			
4	Date	5 Payee name			
	10/11/2024	ActBlue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3.95	366 Summer Street			
		Somerville, MA 02144			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	H			
	Date	Payee name			
	10/13/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Donation Processing Fee			
		Bondion Frocessing Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	н			
	Date	Payee name			
	10/13/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.08	366 Summer Street			
		Somerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Donation Processing Fee			
		Bondain Freedoming Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	н			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 112/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/14/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/14/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		20 Marion 1 100000 mg 1 00
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	Para annua
	Date 10/15/2024	Payee name ActBlue
		7.000000
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE VIII	Open Higher (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 2 20 3/01	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica 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: 113/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/17/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
		, and the second se
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/21/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 114/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/21/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u></u>	
	Date	Payee name
	10/24/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/24/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation Processing Fee
_	Operation ONE VIII	Open Higher (Office health are nown)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 115/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/24/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/16/2024	County P's BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.22	1101 W Palestine Ave.
		Palestine, TX 75803
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/30/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.69	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE 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 Ads
		Social Media / lus
	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 Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form	n.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers	,)
	Sch: 116/121 Rpt:	Salter, Carolyn F.		00088387	
4	Date	5 Payee name			
	09/30/2024	Facebook			
6	Amount (\$)	7 Payee address; City; State; Zip Code	<b>!</b>		
	\$159.00	1 Hacker Way			
		Marila Barila OA 04005			
Ļ		Menlo Park, CA 94025			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if	on travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense		Austin, TX, officeholder living expense	
			Social M	edia Ads	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office held	
L	·				
	Date	Payee name			
	10/03/2024	Facebook			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$174.00	1 Hacker Way			
		Menlo Park, CA 94025			
L	PURPOSE		N D		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if	on travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense	Check if	Austin, TX, officeholder living expense	
			Social M	edia Ads	
	Consolete CNII V if disect	Out distant 10ff asked as a second		Office health	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office held	
H	Data				_
	Date 10/07/2024	Payee name Facebook			
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>		
	\$192.00	1 Hacker Way			
		Menlo Park, CA 94025			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description	on	
	OF EXPENDITURE	Advertising Expense	Check if	travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL			Austin, TX, officeholder living expense	
			Sucial IVI	ledia Ads	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office held	
	expenditure to benefit C/OI				

## SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 F	iler ID (Ethics Commission Filers)
	Sch: 117/121 Rpt:	Salter, Carolyn F.	0	0088387
4	Date	5 Payee name		
	10/11/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$212.00	1 Hacker Way		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description	
	OF EXPENDITURE	Advertising Expense	ш	of Texas. Complete Schedule T.
			Social Media Ads	iceholder living expense
			Social Media 7 as	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held
ľ	expenditure to benefit C/OI			emee nea
H	Date	Payee name		
	10/16/2024	Facebook		
_	Amount (\$)	Payee address; City; State; Zip Code		
	\$234.00	1 Hacker Way		
	Ψ204.00	Thanker way		
		Menlo Park, CA 94025		
	PURPOSE		Description	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside	of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	$\Box$	iceholder living expense
			Social Media Ads	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough		Office held
	Date	Payee name		
	10/17/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$258.00	1 Hacker Way		
		Menlo Park, CA 94025		
	PURPOSE OF	,	Description	/ <del>-</del>
	EXPENDITURE	Advertising Expense		of Texas. Complete Schedule T. iiceholder living expense
			Social Media Ads	icentified iving expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held
	expenditure to benefit C/OI	1		
l				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Guid		Travel Out of Dis OTHER (enter a	strict category not listed above)			
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 118/121 Rpt:		, Carolyn F.				00088387	,
4	Date	<b>5</b> Payee	name					
	10/25/2024	Faceb	ook					
6	Amount (\$) \$284.00	1 Hacl	address; City; ker Way Park, CA 94025	State;	Zip Cod	e		
Ļ	DUDDOOS				1.	<b>L.</b>		
8	PURPOSE OF	1	Ory (See Categories listed at the	top of this sched	lule)	b) Description	autoido of Tours C	plata Cabadula T
	EXPENDITURE	Adveri	tising Expense				outside of Texas. Com n, TX, officeholder living a Ads	
9	Complete ONLY if direct expenditure to benefit C/Oh		te/Officeholder name	Off	fice soug	ht	Office he	eld
	Date	Payee	name					
	10/01/2024	Grassi	roots Analytics					
	Amount (\$)	Payee	address; City;	State;	Zip Cod	e		
	\$2,000.00	806 7t	th St. NW, STE 3					
		Wahin	ngton, DC 02001					
$\vdash$	PURPOSE	ļ	Ory (See Categories listed at the	ton of this sale is	lule) [(	b) Description		
	OF		ation/Fundraising Expe		iuie)	_	outside of Texas. Com	plete Schedule T.
	EXPENDITURE	55510				ш	n, TX, officeholder living	g expense
						Fundraising I	Lists	
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Off	fice sougl	ht 	Office he	eld
	Date	Payee	name					
	10/02/2024	Grassi	roots Analytics					
	Amount (\$)	Payee	address; City;	State;	Zip Cod	е		
	\$2,000.00	806 7t	th St. NW, STE 3					
		Wahin	ngton, DC 02001					
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this sched	lule)	b) Description		
	OF EXPENDITURE	Solicita	ation/Fundraising Expe	ense			outside of Texas. Com	
						Fundraising I	n, TX, officeholder living Lists	j expense
						. Grandishing		
	Complete ONLY if direct expenditure to benefit C/Oh		ute/Officeholder name	Off	fice sougl	ht	Office he	eld
	<del> </del>		<del></del>					

### 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	s/Contract Labor		OTHER (enter a	a category not listed ab	ove)
	·			The Instruction (	Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 119/121 Rpt:		Salter, Caro	lyn F.						00088387		
4	Date	5	Payee name									
	10/11/2024		Grassroots /	Analytics								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$2,000.00		806 7th St. N	NW, STE 3								
			Wahington,	DC 02001								
8	PURPOSE	(a)		e Categories listed at		ula a di da N	(b)	Description				
ľ	OF	(")	Advertising I		tne top of this so	cnedule)	(2)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		/ lavertioning i	EXPENSE				Check if Austin,	, TX,	officeholder livin	ig expense	
								Fundraising L	ist	S		
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/21/2024		KFWR/KRV	F/KTFW/KFW	R Radio							
	Amount (\$)	H	Payee addres	ss; City;	State	e; Zip Co	de					
	\$1,304.00		115 W 3rd S	St.								
			Fort Worth,	TX 76102								
	PURPOSE	(a)		e Categories listed at	the ten of this co	abadula)	(b)	Description				
	OF	``	Advertising I		title top of triis so	neuule)	( - ,	_ ·	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		, ta v 5 . ti 5	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Check if Austin,	, TX,	officeholder livin	ig expense	
								Advertising (r	adi	0)		
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	10/15/2024		Kroger									
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$438.00		325 E Spring	g St.								
			Palestine, T	X 75801								
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental E		,			outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITORE								, TX,	officeholder livin	ig expense	
								Postage				
							_					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	ield	
	experience to beliefit 6/01											

### SCHEDULE F1

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

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

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

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Content of State Content and Intent of State Content of Stat

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 120/121 Rpt:	Salter, Carolyn F. 00088387
4	Date	5 Payee name
	10/08/2024	Reverbal Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$762.00	5113 Sudbury Way
		Madison, WI 53714
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Social Media Placement
		Social Media Placement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	
	Date	Payee name
	10/01/2024	Universe
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.06	855 Folsum St.
		Ste 125
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Voter Database Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Voter File Data
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	10/01/2024	Universe
	Amount (\$)	Payee address; City; State; Zip Code
	\$774.62	855 Folsum St.
		Ste 125
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Voter Database Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Voter File Access
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

## SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Coi	mmittee	Gift/Awards/Mem Legal Services  The Instruction	on Guide explains		xpense Vages/Cor	ntract Labor this form.		Travel Out of Dis OTHER (enter a		ted above)
1	Total pages Schedule F1:	2	FILER NAMI	<u> </u>					3	Filer ID	(Ethics Com	nmission Filers)
	Sch: 121/121 Rpt:		Salter, Car	olyn F.						00088387		
4	Date	5	Payee name									
	10/15/2024		Walmart Su	ıpercenter								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
l	\$540.20		2223 SH-2	56 Loop								
l				•								
			Palestine,	TX 75801								
8	PURPOSE	(a)	Category (s	ee Categories liste	ed at the top of this sc	hedule)	<b>(b)</b> De	escription				
	OF	` `	Office Over	head/Renta	l Expense	incudic)		-	outsio	de of Texas. Com	plete Schedule	т.
	EXPENDITURE				•			1	, TX,	officeholder living	expense	
							Po	ostage				
9	Complete ONLY if direct expenditure to benefit C/OI	- (	Candidate/Off	iceholder nam	10	Office sou	ght			Office he	eld	

		ST, CREDITS, GAINS, REFUNDS, AND IBUTIONS RETURNED TO FILER	SCHEDULE K						
	The Instru	ction Guide explains how to complete this form.	I	pages Schedule K: 1/1 Rpt: 197/197					
2	FILER NAME Salter, Carol	yn F.	3 Filer ID (Ethics Commission File 00088387						
4	Date 10/16/2024	<ul> <li>Name of person from whom amount is received         Universe         6 Address of person from whom amount is received; City; State; Zip Code     </li> </ul>	City; State; Zip Code						
		San Francisco, CA 94107  7 Purpose for which amount is received  Over Payment Refunded	olitical co	ntribution returned to filer					