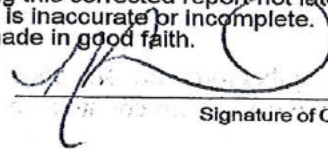


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. Filer ID (Ethics Commission Filers)                           |  | 2. Total pages filed: <b>6</b>  |  | OFFICE USE ONLY<br>Date Received: <b>RECEIVED</b><br><b>AUG 10 2023</b>  |  |
| 3. CANDIDATE / OFFICEHOLDER NAME<br><b>Mrs. Natalie E Carter</b> |  | MS/MRS/MR: <b>Mrs.</b><br>FIRST: <b>Natalie</b><br>MI: <b>E</b><br>LAST: <b>Carter</b><br>SUFFIX:   |  |  |  |
| 4. ORIGINAL REPORT TYPE  |  | <input type="checkbox"/> January 15<br><input checked="" type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  |
| 5. ORIGINAL PERIOD COVERED                                       |  | Month: <b>4</b> / Day: <b>27</b> / Year: <b>23</b> THROUGH Month: <b>6</b> / Day: <b>30</b> / Year: <b>23</b>   |  | SUPERINTENDENT'S OFFICE<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____  |  |


6 EXPLANATION OF CORRECTION  
 Erroneously filed Designation of Final Report along with standard July 15th report. Report was intended to be a final report, just the required semi-annual update.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  
 Check ONLY if applicable:  
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  
  
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit  
 NOTARY STAMP/SEAL  
 Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_  
 OR

(2) Unsworn Declaration  
 My name is Natalie Carter, and my date of birth is [REDACTED]  
 My address is 9734 Corina Farad Ct. Humble Tx 77396 USA  
 (street) (city) (state) (zip code) (country)  
 Executed in Harris County, State of Texas, on the 10 day of August, 2023  
 (month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Natalie

E

NICKNAME

LAST

SUFFIX

Carter

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9734 Carina Forest Court  
Humble, Texas 77396

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 )

398-0840

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Marcus

A

NICKNAME

LAST

SUFFIX

Carter

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9734 Carina Forest Court, Humble, Texas 77396

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 850 )

284-6817

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

4 / 27 / 23

THROUGH

6 / 30 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

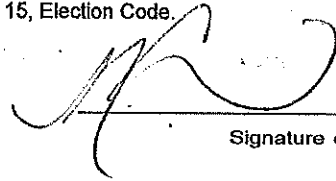
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |
|---------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Natalie Carter |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1,390.51                                   |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 550.00                                     |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 508.42                                     |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,059.75                                   |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,000.00                                   |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,480.21                                   |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.               |   | 1 Total pages Schedule A1: <b>1</b>                 |
| 2 FILER NAME<br><b>Natalie Carter</b>                                   |   | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><b>05/03/20</b>   | 6 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Ygaimps Gaston</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>8505 Upton Circle, Unit 104, Rosedale, N</b> | 7 Amount of contribution (\$)<br><br><b>250.00</b>  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b> |   | 9 Employer (See Instructions)<br><b>Retired</b>     |
| Date<br><b>05/08/20</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>John and Deanie Allen</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2906 Maple Bend Drive, Kingwood, Texa</b> | Amount of contribution (\$)<br><br><b>300.00</b>    |
| Principal occupation / Job title (See Instructions)<br><b>Tutor</b>     |   | Employer (See Instructions)<br><b>Self Employed</b> |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                         |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                         |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                         |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                         |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Natalie Carter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  |             |
|-----|--|-------------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1,940.51 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | SCHEDULE E: LOANS  | \$          |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 2,568.17 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$          |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>1</b> | <b>2</b> FILER NAME<br><b>Natalie Carter</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|                                    |   |
|------------------------------------|---|
| <b>4</b> Date<br><b>05/08/2023</b> | <b>5</b> Payee name<br><b>Julia's Mexican Grill</b> |
|------------------------------------|---|

|                                       |   |
|---------------------------------------|---|
| <b>6</b> Amount (\$)<br><b>559.75</b> | <b>7</b> Payee address; City; State; Zip Code<br><b>9502 N Sam Houston Pkwy E, Humble, TX 77396</b> |
|---------------------------------------|---|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | <b>(b)</b> Description<br><b>Volunteer Appreciation</b> |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                               | Check if Austin, TX, officeholder living expense        |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                           |                                      |
|---------------------------|--------------------------------------|
| Date<br><b>05/09/2023</b> | Payee name<br><b>Elisa Boedecker</b> |
|---------------------------|--------------------------------------|

|                                |                                      |
|--------------------------------|--------------------------------------|
| Amount (\$)<br><b>1,000.00</b> | Payee address; City; State; Zip Code |
|--------------------------------|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | Description<br><b>Campaign Graphics</b>          |
|                               | Check if travel outside of Texas. Complete Schedule T.                                     | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                           |                                  |
|---------------------------|----------------------------------|
| Date<br><b>05/15/2023</b> | Payee name<br><b>Tiera Green</b> |
|---------------------------|----------------------------------|

|                              |                                      |
|------------------------------|--------------------------------------|
| Amount (\$)<br><b>500.00</b> | Payee address; City; State; Zip Code |
|------------------------------|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><b>Campaign Decorations</b>       |
|                               | Check if travel outside of Texas. Complete Schedule T.                               | Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**