

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00086720	2 Total pages filed: 12	OFFICE USE ONLY	
3 COMMITTEE NAME GarverUSA PAC			Date Received ELECTRONICALLY FILED 08/12/2024
4 TREASURER NAME Skelton, Jennie (Ms.)			Date Hand-delivered or Date Postmarked
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Other (specify) <u>July 5</u>	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 05/26/2024	THROUGH	Month Day Year 06/25/2024
Date Imaged			

7 EXPLANATION OF CORRECTION
 Clerical error resulted in a duplicate expenditure entry in non-political and political expenditure sections.
 Clerical error resulted in an excess amount reported for non-political expenditure.
 Clerical error resulted in non-Texas expenditures reported.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Jennie Skelton

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM **MPAC**
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086720	2 Total pages filed: 12
3 COMMITTEE NAME GarverUSA PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/12/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 28 Liberty Ship Way Suite 2815 Sausalito, CA 94965		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jennie ----- NICKNAME LAST SUFFIX Skelton		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 28 Liberty Ship Way, Suite 2815 Sausalito, CA 94965		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 28 Liberty Ship Way, Suite 2815 Sausalito, CA 94965		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (415) 903-2800		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="" type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year 05/26/2024		THROUGH Month Day Year 06/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME GarverUSA PAC	13 Filer ID (Ethics Commission Filers) 00086720
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 590.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,318.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Jennie Skelton

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME GarverUSA PAC		18 Filer ID (Ethics Commission Filers) 00086720
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 590.94
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 395.00
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 392.50
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 5/12
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Debra <hr/> Contributor address; City; State; Zip Code North Little Rock, AR 72116	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Benefit Manager		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Debra <hr/> Contributor address; City; State; Zip Code North Little Rock, AR 72116	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Benefit Manager		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professional Engineer		Employer (See Instructions) Garver, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 6/12
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 06/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Birmingham, AL 35242	
8 Principal occupation / Job title (See Instructions) Professional Engineer		9 Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Madison, WI 53717	
Principal occupation / Job title (See Instructions) Director, Government Relations		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Madison, WI 53717	
Principal occupation / Job title (See Instructions) Director, Government Relations		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinges, Andrew	Amount of Contribution (\$) \$38.47
	Contributor address; City; State; Zip Code Huntsville, AL 35802	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinges, Andrew	Amount of Contribution (\$) \$38.47
	Contributor address; City; State; Zip Code Huntsville, AL 35802	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Garver, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/12
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funkhouser, Joel <hr/> 6 Contributor address; City; State; Zip Code Sherwood, AR 72120	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funkhouser, Joel <hr/> Contributor address; City; State; Zip Code Sherwood, AR 72120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Patrick <hr/> Contributor address; City; State; Zip Code Wichita, KS 67235	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Construction Coordinator		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Patrick <hr/> Contributor address; City; State; Zip Code Wichita, KS 67235	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Construction Coordinator		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howington, Michelle <hr/> Contributor address; City; State; Zip Code Madison, MS 39110	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Garver, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 8/12
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 06/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howington, Michelle <hr/> 6 Contributor address; City; State; Zip Code Madison, MS 39110	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Blake <hr/> Contributor address; City; State; Zip Code Tupelo, MS 38801	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Blake <hr/> Contributor address; City; State; Zip Code Tupelo, MS 38801	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pjesky, Tyler <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pjesky, Tyler <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Garver, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/12
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anita <hr/> 6 Contributor address; City; State; Zip Code North Little Rock, AR 72118	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) External Communications Team Leader		9 Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anita <hr/> Contributor address; City; State; Zip Code North Little Rock, AR 72118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) External Communications Team Leader		Employer (See Instructions) Garver, LLC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Quinn <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Manager		Employer (See Instructions) Garver, LLC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Quinn <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sr. Project Manager		Employer (See Instructions) Garver, LLC

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 10/12	2 FILER NAME GarverUSA PAC	3 Filer ID (Ethics Commission Filers) 00086720
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 06/25/2024	6 Payee name Politicom Law LLP
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7 Amount (\$) \$395.00	8 Payee address; City; State; Zip Code 28 Liberty Ship Way, Suite 2815 Sausalito, CA 94965
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal & Reporting Services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME GarverUSA PAC	3 Filer ID (Ethics Commission Filers) 00086720
4 Date 06/03/2024	5 Payee name Politicom Law LLP	
6 Amount (\$) 392.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 28 Liberty Ship Way, Suite 2815 Sausalito, CA 94965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Legal Services	(b) Description (See instructions regarding type of information required.) Legal & Reporting Services

TEXT ANNOTATION

Sch: 1/1 Rpt: 12/12

FILER NAME
GarverUSA PAC

Filer ID (Ethics Commission Filers)
00086720

Schedule
Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208