CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

	\sim		\neg	
FORM	LU	K-	РΑ	L

1	•	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00086720		12			Date Received	
3	COMMITTEE	GarverUSA PAC				ELECTRONICA	LLY FILED
	NAME					08/12/2024	
4	TREASURER	Skelton, Jennie (Ms.)				1	
	NAME					Date Hand-delivered or [Date Postmarked
5	ORIGINAL	D January 15	П в	noff		Date Hand-delivered of t	Date Pustillarkeu
	REPORT TYPE	January 15 July 15		non h day after campaign treas	uror recignation	Receipt #	Amount
		30th day before election	=	solution report	urer resignation		
		8th day before election	=	ner (specify) February 5		Date Processed	<u>I</u>
_		our day before election		- Cordary C	,		
6	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
		12/26/2023	THROUGH	01/25/2024			
	EXPLANATION OF C						
		a duplicate expenditure ent an excess amount reported			ections.		
CIE	encai error resulteu iri	an excess amount reported	i ioi non-political expe	enalture.			
8	AFFIDAVIT		Lo	waar ar affirm undar n	analty of parity	that this corrected	roport in true
				wear, or affirm, under po d correct.	enaity of perjury	, that this corrected	report is true
			QI-			-14-4	
			Cn	eck the box next to any	and all applicat	ole statements:	
				Semiannual reports	s: I swear or a	affirm, that the origin	al report
			<u> </u>	was made in good fa	aith and without	an intent to mislead	
				misrepresent the info	ormation contain	ned in the report.	
			X	Other reports: 15	swear, or affirm,	that I am filing this o	corrected
			<u> </u>	report not later than	the 14th busines	ss day after the date	l learned
				that the report as ori swear, or affirm, that			
				filed was made in go			as ongmany
						S	
					Ms. Jennie S		
				Sign	ature of Campai	gn Treasurer	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Outcome to a second and	wile and leadening were through the con-	٠.		alata o	_	alas :
	Sworn to and subsc	ribed before me, by the said	U	hand and and of office	, this th	ıe	day
	of	, 20, to cert	ury writeri, withess my	r nanu anu seal of office	; .		
	Signature of office	er administering oath	Printed name of o	officer administering oa	th T	Fitle of officer admini	stering oath
					· ·		

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

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086720 3 COMMITTEE NAME **OFFICE USE ONLY** GarverUSA PAC Date Received **ELECTRONICALLY FILED** 08/12/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 28 Liberty Ship Way Suite 2815 Change of Address Sausalito, CA 94965 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Jennie NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Skelton CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 28 Liberty Ship Way, Suite 2815 STREET **ADDRESS** (Residence or Business) Sausalito, CA 94965 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 28 Liberty Ship Way, Suite 2815 MAILING **ADDRESS** Change of Address Sausalito, CA 94965 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (415) 903-2800 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
GarverUSA PAC			00086720	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Debbie Ingalsbe Precinct Com	nmissioner - H	ays County
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,830.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	8,291.03
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the a mation required	ccompanying report is to be reported by me
		Ms lenn	nie Skelton	
		Signature of Ca		er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					4 of 12
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commiss	ion Filers)
l Gar	verUS	A PAC	00086720	•	,
		E SUBTOTALS		Τ	
l		SCHEDULE		SUBTOTAL	AMOUNT
INA	VIL OI V	SCHEDOLE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,830.94
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. SCHEDULE E: LOANS					
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,200.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	514.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	362.50
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/12		
2	FILER NAME GarverUSA PAC		3	Filer ID (Ethics Commission 00086720	Filers)			
4	Date 12/29/2023 5 Full name of contributor out-of-state PAC (ID#:) Benton, John 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00			
_		Austin, TX 78727	1-		_			
8	Principal occu Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions Garver, LLC	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Benton, John Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00			
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 			
	Engineer			Garver, LLC	,			
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.00			
		North Little Rock, AR 72116						
	Principal occu Benefit Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Garver, LLC	5)			
Date O1/12/2024 Bridges, Debra Contributor address; City; State; Zip Code North Little Rock, AR 72116)		Amount of Contribution (\$)	\$12.00			
	Principal occu Benefit Mana	pation / Job title (See Instructions)		Employer (See Instructions Garver, LLC	<u>I</u> S)			
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: Cook, Robert Contributor address; City; State; Zip Code Madison, WI 53717				Amount of Contribution (\$)	\$50.00	
	•	pation / Job title (See Instructions) /ernment Relations		Employer (See Instructions Garver, LLC	5)			
			1					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/12	
2	FILER NAME GarverUSA PAC		3	Filer ID (Ethics Commission 00086720	ı Filers)		
4	Date 01/12/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00		
_	Deinsinal assu	Madison, WI 53717	lo.	Franks von (Cookstant)	<u></u>		
8		pation / Job title (See Instructions) vernment Relations	9	Employer (See Instructions Garver, LLC	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/29/2023 Dinges, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.47		
	Deinsinal assu	Huntsville, AL 35802		Franks var (Caa kastu atiana	<u></u>		
				Employer (See Instructions Garver, LLC	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Dinges, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$38.47		
		Huntsville, AL 35802					
	Principal occu Civil Enginee	pation / Job title (See Instructions)		Employer (See Instructions Garver, LLC	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/29/2023 Funkhouser Contributor address; City; State; Zip Code Sherwood, AR 72120				Amount of Contribution (\$)	\$10.00	
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Funkhouser Contributor address; City; State; Zip Code Sherwood, AR 72120			Amount of Contribution (\$)	\$10.00		
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Garver, LLC	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/12	
2	FILER NAME GarverUSA PAC		3	Filer ID (Ethics Commission 00086720	n Filers)		
4	1 Date 12/27/2023 5 Full name of contributor out-of-state PAC (ID#:) Graves, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00		
_	Deireirel	Norman, OK 73072	<u> </u>	Faralassa (Osas kastasatisas			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Garver, LLC	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/29/2023 Herman, Patrick Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00		
	Principal occu	Wichita, KS 67235 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Construction			Garver, LLC	o)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00		
		Wichita, KS 67235					
	Principal occu Construction	pation / Job title (See Instructions) Coordinator		Employer (See Instructions Garver, LLC	5)		
Date Full name of contributor out-of-state PAC (ID#: 12/29/2023 Spann, Quinn Contributor address; City; State; Zip Code Carrollton, TX 75007)		Amount of Contribution (\$)	\$10.00		
Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u>l</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Spann, Quinn Contributor address; City; State; Zip Code Carrollton, TX 75007			Amount of Contribution (\$)	\$10.00		
	Principal occu Sr. Project M	pation / Job title (See Instructions)		Employer (See Instructions Garver, LLC	5)		
				,			

MONEI	TARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE A1
The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/12		
FILER NAME GarverUSA				3	Filer ID (Ethics Commission Filers) 00086720
			7	Amount of Contribution (\$) \$2,500.00	
	Sanger, TX 76266				
Principal occu Engineer	upation / Job title (See Instructions)	9			LLC
F	FILER NAME GarverUSA Date 01/25/2024 Principal occu	FILER NAME GarverUSA PAC Date Date D1/25/2024 G Contributor address; City; State; Zip Code Sanger, TX 76266 Principal occupation / Job title (See Instructions)	FILER NAME GarverUSA PAC Date D1/25/2024 5 Full name of contributor out-of-state PAC (ID#:	GarverUSA PAC Date 5 Full name of contributor	The Instruction Guide explains how to complete this form. SarverUSA PAC

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 9/12	GarverUSA PAC 00086720
4 Date	5 Payee name
01/03/2024	ACEC Houston PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$700.00	2180 North Loop W., Suite 320
Expenditure from	
corporate funds	Houston, TX 77018
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/08/2024	ACEC SA PAC
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 63
Expenditure from	
corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Contribution
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
01/10/2024	Debbie Gonzales Ingalsbe Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4909 S. Old Bastrop Hwy
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	н

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense 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: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 10/12 GarverUSA PAC 00086720 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/25/2024 Politicom Law LLP Amount (\$) Payee address; City; State; Zip Code \$514.00 28 Liberty Ship Way, Suite 2815 Expenditure from Sausalito, CA 94965 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Legal & Reporting Services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

		AL EXPENDITURES 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 File 00086720	rs)
4	Date 01/05/2024	5 Payee name Politicom Law LLP	
6	Amount (\$) 362.50 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 require Legal & Reporting Services	;d.)

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 Adviso	ry Opinion #208