

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 # Amount |
| | <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 | Date Processed |
| | <input type="checkbox"/> 8th day before election | <input checked="" type="checkbox"/> Other (specify) <u>February 5</u> | Date Imaged |
| 6 ORIGINAL PERIOD COVERED | Month Day Year 12/26/2023 | THROUGH | Month Day Year 01/25/2024 |

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.

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 GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME GarverUSA PAC | 13 Filer ID (Ethics Commission Filers) 00086720 |
|---|---|

| | | |
|---|--|---|
| 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 Debbie Ingalsbe Precinct Commissioner - Hays County |
| | | 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) | \$ 4,830.94 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,200.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 8,291.03 |
| 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 | \$ 4,830.94 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 2,200.00 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 514.00 |
| 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 | \$ 362.50 |
| 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: 1/4 Rpt: 5/12 |
| 2 FILER NAME GarverUSA PAC | | 3 Filer ID (Ethics Commission Filers) 00086720 |
| 4 Date 12/29/2023 | 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 01/12/2024 | 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 12/29/2023 | 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 01/12/2024 | 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 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Robert <hr/> Contributor address; City; State; Zip Code Madison, WI 53717 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Director, Government Relations | | 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: 2/4 Rpt: 6/12 |
| 2 FILER NAME GarverUSA PAC | | 3 Filer ID (Ethics Commission Filers) 00086720 |
| 4 Date 01/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Robert <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53717 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Director, Government Relations | | 9 Employer (See Instructions) Garver, LLC |
| Date 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinges, Andrew <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35802 | Amount of Contribution (\$) \$38.47 |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Garver, LLC |
| Date 01/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinges, Andrew <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35802 | Amount of Contribution (\$) \$38.47 |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Garver, LLC |
| Date 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funkhouser <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 01/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funkhouser <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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/12 |
| 2 FILER NAME GarverUSA PAC | | 3 Filer ID (Ethics Commission Filers) 00086720 |
| 4 Date 12/27/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Michael <hr/> 6 Contributor address; City; State; Zip Code Norman, OK 73072 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Garver, LLC |
| Date 12/29/2023 | 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 01/12/2024 | 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 12/29/2023 | 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 01/12/2024 | 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/12 |
| 2 FILER NAME GarverUSA PAC | | 3 Filer ID (Ethics Commission Filers) 00086720 |
| 4 Date 01/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Dakota 6 Contributor address; City; State; Zip Code Sanger, TX 76266 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) Greymountain Consulting, LLC |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--------------------------------------|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/12 | 2 FILER NAME GarverUSA PAC | 3 Filer ID (Ethics Commission Filers) 00086720 |
|---|--------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 01/03/2024 | 5 Payee name ACEC Houston PAC |
|-----------------------------|---|

| | |
|---|---|
| 6 Amount (\$) \$700.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2180 North Loop W., Suite 320 Houston, TX 77018 |
|---|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
|---------------------------------|---|--|

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

| | |
|--------------------|---------------------------|
| Date 01/08/2024 | Payee name ACEC SA PAC |
|--------------------|---------------------------|

| | |
|--|--|
| Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P.O. Box 63 San Antonio, TX 78209 |
|--|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
|-------------------------------|---|--|

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

| | |
|--------------------|---|
| Date 01/10/2024 | Payee name Debbie Gonzales Ingalsbe Campaign |
|--------------------|---|

| | |
|--|---|
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4909 S. Old Bastrop Hwy San Marcos, TX 78666 |
|--|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
|-------------------------------|---|--|

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

| | |
|--|--|
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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 |
|--|--------------------------------------|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 01/25/2024 | 6 Payee name Politicom Law LLP |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$514.00 | 8 Payee address; City; State; Zip Code 28 Liberty Ship Way, Suite 2815 Sausalito, CA 94965 |
|----------------------------------|---|

Expenditure from corporate funds

| | | |
|------------------------------|------------------------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input checked="" type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|---|

| | | |
|----------------------------------|---|--|
| 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 |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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 01/05/2024 | 5 Payee name Politicom Law LLP | |
| 6 Amount (\$) 362.50 <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