

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090115	2 Total pages filed: 9	
3 COMMITTEE NAME GFT Infrastructure PAC			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/09/2026 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 CODE 300 Sterling Parkway, Suite 200  Mechanicsburg, PA 17050			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI James NICKNAME LAST SUFFIX Nevada			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 Sterling Parkway, Suite 200  Mechanicsburg, PA 17050			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 300 Sterling Parkway, Suite 200  Mechanicsburg, PA 17050			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (717) 886-5851			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 10/26/2025 THROUGH Month Day Year 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> GFT Infrastructure PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00090115
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 99,487.41
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 3,536.15
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 315,627.80
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

James Nevada

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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 9

<b>17 COMMITTEE NAME</b> GFT Infrastructure PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00090115
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 99,487.41
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	\$ 3,536.15
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/9
<b>2</b> FILER NAME GFT Infrastructure PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00090115
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dziedziak, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manalapan, NJ 07726	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Officer		<b>9</b> Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dziedziak, James <hr/> Contributor address; City; State; Zip Code  Manalapan, NJ 07726	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dziedziak, James <hr/> Contributor address; City; State; Zip Code  Manalapan, NJ 07726	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dziedziak, James <hr/> Contributor address; City; State; Zip Code  Manalapan, NJ 07726	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egli, Gary <hr/> Contributor address; City; State; Zip Code  Southwick, MA 01077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/9
<b>2</b> FILER NAME GFT Infrastructure PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00090115
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egli, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southwick, MA 01077	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Officer		<b>9</b> Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egli, Gary <hr/> Contributor address; City; State; Zip Code  Southwick, MA 01077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egli, Gary <hr/> Contributor address; City; State; Zip Code  Southwick, MA 01077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hricak, Judy <hr/> Contributor address; City; State; Zip Code  Camp Hill, PA 17011	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hricak, Judy <hr/> Contributor address; City; State; Zip Code  Camp Hill, PA 17011	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/9
<b>2</b> FILER NAME GFT Infrastructure PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00090115
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hricak, Judy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Camp Hill, PA 17011	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Officer		<b>9</b> Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hricak, Judy <hr/> Contributor address; City; State; Zip Code  Camp Hill, PA 17011	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, William <hr/> Contributor address; City; State; Zip Code  Avondale, AZ 85323	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, William <hr/> Contributor address; City; State; Zip Code  Avondale, AZ 85323	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, William <hr/> Contributor address; City; State; Zip Code  Avondale, AZ 85323	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/9
<b>2</b> FILER NAME GFT Infrastructure PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00090115
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Avondale, AZ 85323	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Officer		<b>9</b> Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TranSystems PAC (Affiliated PAC) <hr/> Contributor address; City; State; Zip Code  Kansas City, MO 64108	Amount of Contribution (\$)  \$96,811.41
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeevaart, Scott <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17602	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeevaart, Scott <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17602	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeevaart, Scott <hr/> Contributor address; City; State; Zip Code  Lancaster, PA 17602	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) GFT Infrastructure, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/9
<b>2</b> FILER NAME GFT Infrastructure PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00090115
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeevaart, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17602	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Officer		<b>9</b> Employer (See Instructions) GFT Infrastructure, Inc.



# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	<b>2</b> FILER NAME GFT Infrastructure PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00090115
<b>4</b> Date 11/17/2025	<b>5</b> Payee name ChamberPAC	
<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 417 Walnut St  Harrisburg, PA 17101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder name Friends of Gilbert Villegas for Alderman	
Amount (\$) \$1,000.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Office sought c/o NCC, LLC, 220 N. Green St.  Chicago, IL 60607	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder name Friends of Ram	
Amount (\$) \$536.15  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3849 W. Devon  Chicago, IL 60659	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In Kind Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		