

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00090115		2 Total pages filed: 12	OFFICE USE ONLY	
3 COMMITTEE NAME GFT Infrastructure PAC		Date Received ELECTRONICALLY FILED 02/02/2026		
4 TREASURER NAME Nevada, James		Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		Receipt # _____ Amount _____
6 ORIGINAL PERIOD COVERED Month Day Year 01/01/2026		Month Day Year THROUGH 01/21/2026	Date Processed Date Imaged	

7 EXPLANATION OF CORRECTION

Report was erroneously submitted/filed as Runoff Report and missing addresses for employees with payroll deductions. Employee addresses were added. PLEASE DISREGARD THIS REPORT AS A CORRECT 30-DAY PRE-ELECTION CAMPAIGN FINANCE REPORT WAS ENTERED TODAY AND WILL SUPERSEDE THE RUNOFF REPORT SUBMITTED IN ERROR.

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.

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

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

**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: 12		
3 COMMITTEE NAME GFT Infrastructure PAC		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 02/02/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
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 James			MI	
	NICKNAME LAST Nevada	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 300 Sterling Parkway, Suite 200 Mechanicsburg, PA 17050	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 300 Sterling Parkway, Suite 200 Mechanicsburg, PA 17050	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (717) 886-5851	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 01/01/2026	Month Day Year THROUGH	Month Day Year 01/21/2026		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME GFT Infrastructure PAC		13 FILER ID (Ethics Commission Filers) 00090115
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	\$ 2,102.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,255.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 318,133.64
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.

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
4 of 12

17 COMMITTEE NAME GFT Infrastructure PAC	18 Filer ID (Ethics Commission Filers) 00090115
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 4,255.84	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 0.00	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00	
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 checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 0.00	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,750.00	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 0.00	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 0.00	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0.00	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 5/12
2 FILER NAME GFT Infrastructure PAC		3 Filer ID (Ethics Commission Filers) 00090115
4 Date 01/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, Anthony	7 Amount of Contribution (\$) \$76.92
	6 Contributor address; City; State; Zip Code New Lenox, IL 60451	
8 Principal occupation / Job title (See Instructions) Business Group Operations Director, Construction Services		9 Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, Anthony	Amount of Contribution (\$) \$76.92
	Contributor address; City; State; Zip Code New Lenox, IL 60451	
Principal occupation / Job title (See Instructions) Business Group Operations Director, Construction Services		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenize, Brett	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Mechanicsburg, PA 17050	
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenize, Brett	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Mechanicsburg, PA 17050	
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Caroline	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20016	
Principal occupation / Job title (See Instructions) Chief Government Affairs Officer		Employer (See Instructions) GFT Infrastructure, Inc.

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 GFT Infrastructure PAC		3 Filer ID (Ethics Commission Filers) 00090115
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Caroline	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Washington, DC 20016	
8 Principal occupation / Job title (See Instructions) Chief Government Affairs Officer		9 Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Chad	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Azie, TX 76020	
Principal occupation / Job title (See Instructions) Regional Leader, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Chad	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Azie, TX 76020	
Principal occupation / Job title (See Instructions) Regional Leader, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hricak, Judy	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Camp Hill, PA 17011	
Principal occupation / Job title (See Instructions) Sr. Communications Advisor		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hricak, Judy	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Camp Hill, PA 17011	
Principal occupation / Job title (See Instructions) Sr. Communications Advisor		Employer (See Instructions) GFT Infrastructure, Inc.

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 GFT Infrastructure PAC		3 Filer ID (Ethics Commission Filers) 00090115
4 Date 01/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowell, Evan	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Hopkinton, MA 01748	
8 Principal occupation / Job title (See Instructions) Area Manager, Transportation		9 Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowell, Evan	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Hopkinton, MA 01748	
Principal occupation / Job title (See Instructions) Area Manager, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macander, Ryan	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Western Springs, IL 60558	
Principal occupation / Job title (See Instructions) Regional Leader, Construction Services		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macander, Ryan	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Western Springs, IL 60558	
Principal occupation / Job title (See Instructions) Regional Leader, Construction Services		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevada, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Naples, FL 34108	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) GFT Infrastructure, Inc.

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 GFT Infrastructure PAC		3 Filer ID (Ethics Commission Filers) 00090115
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevada, James	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Naples, FL 34108	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orth, Michael	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Fountain Hills, AZ 85268	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orth, Michael	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Fountain Hills, AZ 85268	
Principal occupation / Job title (See Instructions) Chief Government Affairs Officer		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiemer, Matthew	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Business Group Operations Director, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiemer, Matthew	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Business Group Operations Director, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.

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 GFT Infrastructure PAC		3 Filer ID (Ethics Commission Filers) 00090115
4 Date 01/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tulumello, Giuseppe 6 Contributor address; City; State; Zip Code Sea Cliff, PA 11579	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business Group Director, Buildings & Places		9 Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tulumello, Giuseppe Contributor address; City; State; Zip Code Sea Cliff, PA 11579	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Group Director, Buildings & Places		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willhite, Joseph Contributor address; City; State; Zip Code Riverside, IL 60546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Group Director, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willhite, Joseph Contributor address; City; State; Zip Code Riverside, IL 60546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Group Director, Transportation		Employer (See Instructions) GFT Infrastructure, Inc.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.			
2 FILER NAME GFT Infrastructure PAC			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)
	7 Pledgor Address;		9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/12
2 FILER NAME GFT Infrastructure PAC		3 Filer ID (Ethics Commission Filers) 00090115
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 F1: Sch: 1/1 Rpt: 12/12	2 FILER NAME GFT Infrastructure PAC	3 Filer ID (Ethics Commission Filers) 00090115
4 Date 01/14/2026	5 Payee name ACEC PAC	
6 Amount (\$) \$750.00	7 Payee address; City; 1400 L Street Suite 200 Washington, DC 20005	
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 Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name CEPAC	
Amount (\$) \$1,000.00	Payee address; City; 1001 Congress, Suite 200 Austin, TX 78701	
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 Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held