

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00086720	2 Total pages filed: 10	OFFICE USE ONLY	
3 COMMITTEE NAME GarverUSA PAC			Date Received ELECTRONICALLY FILED 02/19/2026
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>January 5</u>	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 11/26/2025	THROUGH	Month Day Year 12/25/2025
Date Imaged			

7 EXPLANATION OF CORRECTION
Corrected to include contributions and update total political contributions maintained as of the last day of the reporting period.

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
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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)	\$ 594.00
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	\$ 6,922.22
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	\$ 594.00
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	\$ 256.00
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	\$ 273.00
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: 5/10
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Robert	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McKinney, TX 75071		
8 Principal occupation / Job title (See Instructions) Civil Engineer - Municipal Team Lead		9 Employer (See Instructions) Garver, LLC
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Debra	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code North Little Rock, AR 72116		
Principal occupation / Job title (See Instructions) Benefit Manager		Employer (See Instructions) Garver, LLC
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Debra	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code North Little Rock, AR 72116		
Principal occupation / Job title (See Instructions) Benefit Manager		Employer (See Instructions) Garver, LLC
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Birmingham, AL 35242		
Principal occupation / Job title (See Instructions) Professional Engineer		Employer (See Instructions) Garver, LLC
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Birmingham, AL 35242		
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: 2/4 Rpt: 6/10
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Jenny <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Business Process Improvement Manager		9 Employer (See Instructions) Garver, LLC
Date 11/28/2025	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
Date 12/12/2025	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
Date 11/28/2025	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 12/12/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/10
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 11/28/2025	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 12/12/2025	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
Date 11/28/2025	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 12/12/2025	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 11/28/2025	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 Comm. Team Leader		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: 8/10
2 FILER NAME GarverUSA PAC		3 Filer ID (Ethics Commission Filers) 00086720
4 Date 12/12/2025	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 Comm. Team Leader		9 Employer (See Instructions) Garver, LLC
Date 11/28/2025	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 12/12/2025	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 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Michael <hr/> Contributor address; City; State; Zip Code Madison, MS 39110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Engineer		Employer (See Instructions) Garver, LLC
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Michael <hr/> Contributor address; City; State; Zip Code Madison, MS 39110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Engineer		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: 9/10	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 12/25/2025	6 Payee name Politicom Law LLP
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7 Amount (\$) \$256.00	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 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 12/03/2025	5 Payee name Politicom Law LLP	
6 Amount (\$) 273.00 <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 Services