

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <u>0000 81166</u>		2 Total pages filed: <u>9</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST <u>Garen</u> MI <u>E.</u> NICKNAME <u>Fowler</u> LAST <u>Fowler</u> SUFFIX		Date Received RECEIVED <u>APR 22 2026</u> <u>Jaf</u>	
4 ORIGINAL REPORT TYPE		☐ January 15 ☐ July 15 ☒ 30th day before election ☐ 8th day before election		☐ Runoff ☐ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>2</u> / <u>13</u> / <u>2026</u> THROUGH <u>4</u> / <u>1</u> / <u>2026</u>		Date Delivered or Date Postmarked <u>4-22-2026</u> Receipt # _____ Amount \$ _____ Date Processed <u>4-22-2026</u> Date Imaged <u>4-22-2026</u>	

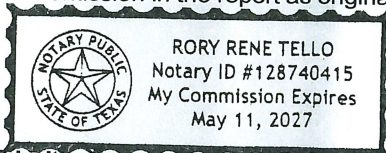
6 EXPLANATION OF CORRECTION

*Explanation of detailed contributions.
Delete expenditure / ink and corrections*

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ 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.



[Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Garen E Fowler this the 22nd day of April, 2026, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Rory Rene Tello
Printed name of officer administering oath

Banker
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Garen E. Fowler and my date of birth is [REDACTED]
 My address is [REDACTED] Beecave TX 78238 USA
 (street) (city) (state) (zip code) (country)
 Executed in Travis County, State of Texas, on the 22 day of April, 2026
 (month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 000881166	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR 0 FIRST Garen MI E. NICKNAME LAST SUFFIX Fowler	OFFICE USE ONLY Date Received RECEIVED APR 22 2026 By: Jak	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS (NO PO BOX) APT / SUITE # CITY STATE ZIP CODE Bee Cave, Texas 78138		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (205) 527-9624		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR 0 FIRST Garen MI E. NICKNAME LAST SUFFIX Fowler		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE Bee Cave, Texas 78138		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (205) 527-9624		
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2026 THROUGH 3 / 23 / 2026		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☒ Primary ☐ Runoff ☐ Other Description 5 / 02 / 26 ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)		Mayor	
☐ Additional Pages		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

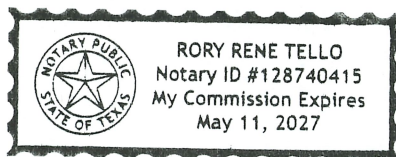
15 C/OH NAME <u>Garen E Fowler</u>		16 Filer ID (Ethics Commission Filers) <u>00081166</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>111.82</u> <i>Der</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,061.82</u> <i>Der</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>/</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,394.00</u> <i>Der</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>/</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>/</u>

18 SIGNATURE 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.

Garen E Fowler
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Garen E. Fowler this the 22nd day of April, 2026, to certify which, witness my hand and seal of office.

[Signature] Rory Rene Tello Banker
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Garen E. Fowler</i>		20 Filer ID (Ethics Commission Filers) <i>000 8/166</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>350.00</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1400.00</i>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>/</i>
4.	☐ SCHEDULE E: LOANS	\$ <i>/</i>
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>/</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>/</i>
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>/</i>
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>/</i>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>394.00</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>/</i>
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>/</i>
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>/</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Garen E Fowler		3 Filer ID (Ethics Commission Filers) 00081166
4 Date 3/22/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Susan Scallon	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code Bee Cave, TX 78738		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 3/6/2026	Full name of contributor ☐ out-of-state PAC (ID#: Lynette Marion	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code Bee Cave, TX 78738		
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) educator / n/a
Date 3/6/2026	Full name of contributor ☐ out-of-state PAC (ID#: Eleanor Pendrigo	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code Bee Cave, Texas 78738		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired / n/a
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Garen E. Fowler</u>		3 Filer ID (Ethics Commission Filers) <u>000 8/166</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/6/2016</u>	6 Full name of contributor ☐ out-of-state PAC (ID#: <u>Stephanie Pierce</u>	8 Amount of Contribution \$ <u>\$200.00</u>	9 In-kind contribution description <u>graphic design</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED]</u> <u>Austin, Texas</u> <u>78735</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Graphic designer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>3/6/2016</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>K. Elise Fowler</u>	Amount of Contribution \$ <u>\$1200.00</u>	In-kind contribution description <u>Social media content</u>
Contributor address; City; State; Zip Code <u>[REDACTED]</u> <u>Tuscaloosa, AL</u> <u>35487</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Student</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>N/A</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G:	2 FILER NAME <i>Garen E. Fowler</i>		3 Filer ID (Ethics Commission Filers) <i>00081166</i>
4 Date <i>2/26/26</i>	5 Payee name <i>Wix</i>		
6 Amount (\$) <i>\$45.00</i> ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>100 Ganisevoort St. NY, NY. 10014</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>		(b) Description <i>website Domain</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held <i>Garen E. Fowler Mayor</i>			
Date <i>2/26/26</i>	Payee name <i>MailChimp</i>		
Amount (\$) <i>\$349.00</i> ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>405 N. Angier Ave N.E. Atlanta, GA. 30303</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation of Fundraising</i>		Description <i>Email - constituent out reach</i>
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held <i>Garen E. Fowler Mayor</i>			
Date	Payee name		
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED