### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00069367		2 Total pages f	iiled: 35
		FIDGT	00009307			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	The Honorable	Gary W.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX		
				00111/		
		VanDeaver				
4 CANDIDATE /	ADDRESS / PO BOX; APT /		V	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER		30ITE #, CIT	Ι,	ZIF CODE	Bato Hana delivered	or Bato F ootmanlou
MAILING	PO Box 866					
ADDRESS					Receipt #	Amount
Change of Address	New Boston, TX 75570				Date Processed	
					Date 11000300	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
5 CAMPAIGN TREASURER				IVII		
NAME	Mr.	Joseph M.				
	NICKNAME	LAST		SUFFIX		
		Rose				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	211 County Road 1420					
ADDRESS						
(Residence or Business)						
(residence of Edsiness)	Bogata, TX 75417					
	20geaa,					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(903) 573-5175					
PHONE	. ,					
8 REPORT TYPE						
	X January 15	30th day before	election	Runoff	15th day after ca appointment (off	ampaign treasurer
		-	_	_	-	
	July 15	8th day before	election	Exceeded modified	Final Report (At	tach C/OH-FR)
		-		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED						
COVERED	07/01/2024	TF	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			eneral	Special		
			ellerai	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		-+ 1				
	State Representative Distri			State Represent	ative District 1	
	1					
GO TO PAGE 2						

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 35

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13 C / OH NAME	VanDeaver, Gary W.	(The Honorable)	14 Filer ID 00069367	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatic	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		C <b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	<b>\$</b> 50,870.51
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 39,775.97
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY OF THE	<b>\$</b> 99,928.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	S OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Honor	able Gary W. VanDe	aver
			f Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 35 19 Filer ID 18 FILER NAME (Ethics Commission Filers) VanDeaver, Gary W. (The Honorable) 00069367 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 50,870.51 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 39,775.97 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Gary W. (The Honorable)			00069367	
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	10/09/2024	Arnold Public Affairs				\$200.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/12/2024	Arnold, Kurt				\$5,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 78701-7700				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Arnold Itkin			
	Date		#:)		Amount of Contribution (\$)	
	10/18/2024	Beer Alliance of Texas PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin TX 70701				
	Dringinglaggy	Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/09/2024	Bellina, James				\$2,500.00
		Contributor address; City; State; Zip Code		"		
		Waxhaw, NC 28173		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	President		Rural Broadcast Consul	lung		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/18/2024	Ben E Keith Company Texas PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	i incipai occu			5)		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/35	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	VanDeaver,	Gary W. (The Honorable)			00069367	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/05/2024	Beneski, Amy				\$520.51
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78746				
8	Principal occu	I	9 Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Administrato		TASA			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2024	Bing, Hague				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77086		L		
	•	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Investments		Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	ſ	Amount of Contribution (\$)	
	10/09/2024	Capital Leadership Fund				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Dringing occ	Austin, 1X 78701 pation / Job title (See Instructions)	Employer (Soo Instructions			
	Ρπιτυραί στου		Employer (See Instructions)	9		
	Date	Full name of contributor	)	Γ	Amount of Contribution (\$)	
	10/18/2024	Chevron Employees PAC				\$500.00
		Contributor address; City; State; Zip Code				
		San Ramon, CA 94583	]			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
╞─	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/09/2024	Congress Avenue Partners PAC	,		,	\$500.00
		Contributor address; City; State; Zip Code				• -
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
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٦	Гhe Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/35	
<b>2</b> F	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Gary W. (The Honorable)			00069367	-
4 [	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
1	10/18/2024	Dallas Police Officer PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75215				
<b>8</b> F	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
]	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	10/09/2024	Focused Advocacy PAC				\$1,000.00
		Austin, TX 78701				
F	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
[	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	10/18/2024	Friends of the University PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78763				
F	<sup>•</sup> rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	10/18/2024	Gent, Wade				\$100.00
		Contributor address; City; State; Zip Code				
		Kaufman, TX 75142				
F	<sup>-</sup> rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
_	Date	Full name of contributor out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	10/18/2024	HCA Texas Good Government Fund	/			\$500.00
-	10/10/2027					ψυυυ.υυ
		Contributor address; City; State; Zip Code				
		Dallas, TX 75240				
F	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
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	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		Gary W. (The Honorable)			-	00069367	<i></i> ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/09/2024	HILLCO PAC	—				\$1,000.00
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/18/2024	HMWK LLC					\$100.00
		Contributor address; City; S					
	Driveland	Austin, TX 78701			Ĺ		
	Principal occu	upation / Job title (See Instruction:	5)	Employer (See Instructions	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	_	Amount of Contribution (\$)	
	10/18/2024	HomePAC of Texas		/		/ 1100 Or 2011	\$250.00
		Contributor address; City; S	State; Zip Code				
			· ·				
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instruction:	s)	Employer (See Instructions	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/12/2024	Itkin, Jason					\$5,000.00
		Contributor address; City; S	State; Zip Code				
	<u> </u>	Houston, TX 77007			Ļ		
		upation / Job title (See Instruction	5)	Employer (See Instructions Arnold Itkin	)		
-	Attorney	1 –		l	_		
	Date 10/09/2024	Full name of contributor	x out-of-state PAC (ID#:	) (00128512		Amount of Contribution (\$)	ቀ1 በበብ በበ
	10/09/2024	JP Morgan Chase & Co F					\$1,000.00
		Contributor address; City; S	tate, Zip Coue				
		Washington, DC 20005					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See Instructions	)		
				1			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Gary W. (The Honorable)			00069367	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/18/2024	Lewis, Ron				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Advocate Co	onsultant	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2024	Linebarger Goggan Blair & Sampson LLP				\$500.00
				1		
		Austin, TX 78780				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
				,		
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2024	McGuire Revocable Trust	/			\$1,500.00
		Contributor address; City; State; Zip Code				,_,
		Contributor address, City, State, Zip Code				
		Dallas, TX 75205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
				,		
	Date	Full name of contributor X out-of-state PAC (ID#: C		Γ	Amount of Contribution (\$)	
	10/18/2024	McGuireWoods Federal PAC Fund				\$500.00
		Contributor address; City; State; Zip Code				
		Richmond, VA 23219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/09/2024	Moak Casey PAC				\$500.00
		Contributor address; City; State: Zip Code				
		Austin, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

<b>—</b>					<u> </u>		
	The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/35	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	VanDeaver,	Gary W. (The Honorable)				00069367	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/09/2024	PAC of The Independent					\$250.00
		6 Contributor address; City; St	tate; Zip Code				
			,				
		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/09/2024	Pardue, Leslie					\$1,000.00
		Contributor address; City; St					
		Austin, TX 78739					
	Principal occu	pation / Job title (See Instructions	<i>š</i> )	Employer (See Instructions	;)		
	Government	Relations	I	Self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/01/2024	Political Action Committee					\$500.00
		Contributor address; City; St	tate; Zip Code				
		· · ·	,				
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions	<i>š</i> )	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/02/2024	Rasti, Kelly					\$100.00
		Contributor address; City; St	tate; Zip Code				
		San Antonio, TX 78256					
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	;)		
		<del>.</del>			—		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2024	Rural Friends of Electric C	Cooperatives				\$1,000.00
		Contributor address; City; St	tate; Zip Code				
	Dringing occ	Austin, TX 78701		Employer (See Instructions	$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions	<i>i)</i>	Employer (See Instructions	<i>i</i> )		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/35	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
[		Gary W. (The Honorable)		ľ	00069367	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/18/2024	Sampson Public Affairs				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78740				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/18/2024	TBA Bank PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2024	Texans for Lawsuit Reform PAC				\$10,000.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
	Dringinal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	$\square$		
	Philopai occu			リ		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/01/2024	Texas Agricultural Co-op Council PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2024	Texas Alliance for Life PAC				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78765				
<u> </u>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fillopa occa			ワ		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Gary W. (The Honorable)			00069367	
4	Date	5 Full name of contributor out-of-state PAC (ID#	ť:)	7	Amount of Contribution (\$)	
	10/18/2024	Texas Dental Association PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	• :)		Amount of Contribution (\$)	
	09/22/2024	Texas Forestry Association Forestry PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Lufkin, TX 75902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	10/09/2024	Texas Homecare & Hospice PAC-State				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	f:)		Amount of Contribution (\$)	
	10/09/2024	Texas Lobby Partners				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID#	(		Amount of Contribution (\$)	
	10/09/2024	Texas Nurse Practioners PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78735				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/35	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Gary W. (The Honorable)			00069367	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/18/2024	Texas State Association of Fire Fighters PAC				\$750.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2024	Texas and Southwestern Cattle Raisers Assoc F	PAC			\$1,500.00
	Contributor address; City; State; Zip Code			1		
		Ft Worth, TX 76185				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2024	Weekley, Richard				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77055				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Weekly Properties			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2024	Wholesale Beer Distributors of Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)								
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
-	Sch: 1/23 Rpt: 13/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 10/18/2024	Payee name Bowie County Citizens Tribune									
6	Amount (\$) \$16.00										
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Subscription</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/15/2024	Canva									
Amount (\$)Payee address;City;State;Zip Code\$119.99161 Ceasar Chavez											
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense f <b>C</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/09/2024	Capital Gift Shop									
	Amount (\$) \$425.73	Payee address;     City;     State;     Zip     Code       1400 N Congress									
		Austin, TX 78701									
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense         Gifts for Staff											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense						Iraising Expense quipment & Related Expense strict category not listed above)		
1	Total pages Schedule F1:	2	2 FILER NAME 3 F						(Ethics Commission Filers)		
	Sch: 2/23 Rpt: 14/35		VanDeaver, Gary W. (The Honorable	)				00069367			
4	Date 11/12/2024		Payee name Conradt, Trish								
6 Amount (\$) \$27.07 7 Payee address; City; State; Zip Code E1.310 PO Box 2910 Austin, TX 78768											
8	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Boxes</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office he	eld		
	Date		Payee name								
	07/29/2024		Davis, Trip								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$4,299.14		300 Mopac Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel Out of District	chedule)	(b)		ı, TX,	officeholder living	plete Schedule T. J expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office he	eld		
	Date		Payee name								
	09/06/2024		Eric Opelia Law Firm								
	Amount (\$) \$2,200.00		Payee address; City; Stat 1012 W Anderson Lane	e; Zip Co	ode						
			Austin, TX 78757								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Legal Services	chedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. J expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 3/23 Rpt: 15/35	VanDeaver, Gary W. (The Honorable)	00069367									
4	Date 07/18/2024	Payee name Finch, Edie										
6 Amount (\$) \$13,200.00 Austin, TX 78701 7 Payee address; City; State; Zip Code Austin, TX 78701												
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Rental       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Apartment       Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	07/01/2024	Fredrick-Kelly, Fayrene										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,600.00	PO Box 33 Cason, TX 75636										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	07/15/2024	Google Fiber										
	Amount (\$) \$103.00	Payee address;     City;     State;     Zip     Code       POB 11245										
		Mt View, CA 98308										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa mittee Legal Se	verage Expense rds/Memorials Expense	Office O Polling E Printing Salaries	verhea Expense Expense Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total names Cabadula E1.					ompic			Filer ID	(Ethics Commission Filore)	
1	Total pages Schedule F1: Sch: 4/23 Rpt: 16/35			W. (The Honorab	le)				Filer ID 00069367	(Ethics Commission Filers)	
4	Date	5	Payee name					•			
	08/13/2024		Google Fiber								
6 Amount (\$) \$103.00 POB 11245 Mt View, CA 98308											
8	PURPOSE	(a)	Category (See Catego	pries listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/F		,				de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office so	ught			Office he	eld	
	Date		Payee name								
	09/13/2024		Google Fiber								
	Amount (\$)		Payee address;	City; St	ate; Zip C	ode					
	\$103.00		POB 11245 Mt View, CA 9830			14.					
	PURPOSE OF EXPENDITURE		Category <sub>(See Catego</sub> Office Overhead/F	ories listed at the top of this Rental Expense	s schedule)	(d)			de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office so	ught			Office he	ld	
	Date		Payee name								
	10/15/2024		Google Fiber								
	Amount (\$) \$103.09		Payee address; POB 11245	City; St	ate; Zip C	ode					
			Mt View, CA 9830	8		-1					
	PURPOSE OF EXPENDITURE		Category <sub>(See Catege</sub> Office Overhead/F	ories listed at the top of this Rental Expense	s schedule)	(b)			de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office so	ught			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Awards	rage Expense s/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2		·····	Filer ID (Ethics Commission Filers)	$\neg$					
-	Sch: 5/23 Rpt: 17/35			LER NAME3Filer IDanDeaver, Gary W. (The Honorable)00069367							
4	Date	5	Payee name								
	11/13/2024		Google Fiber								
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Coo	le					
	\$103.09		POB 11245								
			Mt View, CA 98308								
8	PURPOSE					(b) Description			_		
ľ	OF	(a)	Category (See Categoria Office Overhead/Re		edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Onice Overneau/Re	ental Expense				, officeholder living expense			
						Wireless					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office held	_		
	Date		Payee name						=		
	12/13/2024		Google Fiber								
		-	0	ita <i>r</i> i Stata:	Zip Co	10			_		
	Amount (\$)		-	ity; State;	Ζιρ Ου	ie					
	\$103.09		POB 11245								
			Mt View, CA 98308								
	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Re			Check if travel	outsi	ide of Texas. Complete Schedule T.			
	LAFENDITORE						ı, ТХ,	, officeholder living expense			
						Wireless					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	lht		Office held			
-	Date		Payee name						=		
	10/23/2024		Guaranty Bank & T	rust							
			-								
	Amount (\$)		-	ity; State;	Zip Coo	le					
	\$13.00		Bowie Drive								
			New Boston, TX 75	570							
	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sch	edule)	(b) Description			-		
	OF		Fees		cuuic)	•	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	ı, тх,	, officeholder living expense			
Deposit Item Return							eturn Chg				
	Complete ONLY if direct	- (	andidate/Officeholder	name C	Dffice soug	Iht		Office held	—		
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 6/23 Rpt: 18/35		VanDeaver, Gary W. (The Honorable)	00069367							
4	Date	5	Payee name								
	07/02/2024		Hill Country Spring Water								
6	Amount (\$)	7		Zip Co	le						
	\$10.83		10019 S IH35 Frontage								
			Austin, TX 78747								
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense	ŕ			ide of Texas. Complete Schedule T.				
	_/				Check if Austin Water	ı, TX	, officeholder living expense				
					waler						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht		Office held				
_	Date										
	08/02/2024		Payee name Hill Country Spring Water								
				Zip Co	10						
	Amount (\$) \$24.82		Payee address; City; State; 10019 S IH35 Frontage	Zip Cu	ie						
	φ24.02		10019 5 11 155 Fromaye								
			Austin, TX 78747								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Office Overhead/Rental Expense				side of Texas. Complete Schedule T.				
					Water						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ht		Office held				
	Date		Payee name								
	09/04/2024		Hill Country Spring Water								
-	Amount (\$)			Zip Co	le						
	\$24.82		10019 S IH35 Frontage								
			Ū.								
			Austin, TX 78747								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outo	ida ef Taylog, Complete Cabadyla T				
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. 4. officeholder living expense				
Water											
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Iht		Office held				
	expenditure to benefit C/OI	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
1	Sch: 7/23 Rpt: 19/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 10/02/2024	<ul> <li>Payee name</li> <li>Hill Country Spring Water</li> </ul>									
6 Amount (\$) \$10.83 \$10.95 IH35 Frontage Austin, TX 78747											
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Water</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/04/2024	Hill Country Spring Water									
	Amount (\$) \$24.82	Payee address;       City;       State;       Zip       Code         10019 S IH35 Frontage       Austin, TX 78747       Austin, TX 78747									
	PURPOSE OF EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/03/2024	Hill Country Spring Water									
	Amount (\$) \$10.83	Payee address; City; State; Zip Code 10019 S IH35 Frontage									
		Austin, TX 78747									
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. FX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Poling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     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)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 8/23 Rpt: 20/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 12/09/2024	Payee name Hilton Garden Inn									
6 Amount (\$) \$251.84 \$251.84 Texarkana, TX 75503 7 Payee address; City; State; Zip Code Texarkana, TX 75503											
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Meeting											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/18/2024	Hotel Waco									
	Amount (\$) \$42.72	Payee address; City; State; Zip Code 600 Mary Avenue Waco, TX 76701									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense M								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/05/2024	Houston Chronicle									
	Amount (\$) \$11.96	Payee address;     City;     State;     Zip     Code       4747 SW Frwy									
		Houston, TX 77027									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	· · · · ·			2	Filer ID (Ethics Commission Filers)					
1	Sch: 9/23 Rpt: 21/35	2	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date	5	Payee name									
	08/01/2024		Houston Chronicle									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de							
	\$11.96		4747 SW Frwy									
			Houston, TX 77027									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	aluba)	(b) Description							
			Office Overhead/Rental Expense	cuuic)		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE					, TX	, officeholder living expense					
					Subscription							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held					
	Date		Payee name									
	08/29/2024		Houston Chronicle									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$11.96		4747 SW Frwy									
			,									
			Houston, TX 77027									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
					Subscription	, .,						
					·							
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	jht		Office held					
	expenditure to benefit C/OI	H										
	Date		Payee name									
	09/26/2024		Houston Chronicle									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$11.96		4747 SW Frwy									
			Houston, TX 77027									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.					
	_/					, TX,	, officeholder living expense					
					Subscription							
_	Complete ONLV if direct	Ļ	Candidate/Officeholder name O	office sou	abt		Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			111CE 20U	jiit							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · · ·			3	Filer ID (Ethics Commission Filers)				
-	Sch: 10/23 Rpt: 22/35		VanDeaver, Gary W. (The Honorable)				00069367				
4	Date	5	Payee name								
	10/24/2024		Houston Chronicle								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$11.96		4747 SW Frwy								
			Houston, TX 77027								
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sche	adula)	(b) Description						
Ĩ	OF		Office Overhead/Rental Expense	euule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE					, тх,	, officeholder living expense				
					Subscription						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held				
	Date		Payee name								
	11/21/2024		Houston Chronicle								
_	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$11.96		4747 SW Frwy								
	+=====										
			Houston, TX 77027								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
					Subscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held				
	Date		Payee name								
	12/19/2024		Houston Chronicle								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$15.96		4747 SW Frwy								
			Houston, TX 77027								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Towar, Complete Ortestide T				
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
					Subscription	, ,					
					•						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ght		Office held				
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G mittee L	vent Expense ees ood/Beverage Expe ift/Awards/Memoria egal Services <b>The Instruction C</b>	ls Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Func Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	<u>ا د ا</u>	The Instruction Guide explains how to complete this form.							Filer ID	(Ethics (	Commission Filers)
T	Sch: 11/23 Rpt: 23/35			(anDeaver, Gary W. (The Honorable)							(Eulius C	
4	Date	5 F	Payee name									
	07/25/2024		Intelius									
6 Amount (\$) \$37.26 \$37.26 7 Payee address; City; State; Zip Code 501 W Broadway St San Diego, CA 92101												
8	PURPOSE	(a) (	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Software</li> </ul>								ule T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	eholder name	C	Office sou	ght			Office he	eld	
	Date	F	Payee name									
	08/26/2024	1	Intelius									
	Amount (\$)	F	Payee address	; City;	State;	; Zip Co	de					
	\$37.26		501 W Broad San Diego, C	A 92101								
	PURPOSE OF EXPENDITURE			Categories listed at ead/Rental E		iedule)	(b)			de of Texas. Com officeholder livinç		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	eholder name	C	Office sou	ght			Office he	eld	
	Date	F	Payee name									
	09/23/2024		Intelius									
	Amount (\$) \$37.26		Payee address 501 W Broad		State;	; Zip Co	de					
			San Diego, C	A 92101								
	PURPOSE OF EXPENDITURE			Categories listed at ead/Rental Ex		edule)	(b)			de of Texas. Com officeholder living		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	eholder name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/ Gift/Av mittee Legal	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & R	elated Expense	
1	Total pages Schedule F1:	12			67.p.a				3	Filer ID	(Ethics Co	mmission Filers)
1	Sch: 12/23 Rpt: 24/35			/anDeaver, Gary W. (The Honorable) 00069367								
4	Date	5	Payee name									
	10/23/2024											
6 Amount (\$) \$37.26 \$37.26 San Diego, CA 92101 7 Payee address; City; State; Zip Code 501 W Broadway St												
8	PURPOSE	(a)	Catagony				(h)	Description				
Ū	OF		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Software</li> </ul> </li> </ul>								e T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	der name	C	Office soug	jht			Office he	eld	
	Date		Payee name									
	11/22/2024		Intelius									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le					
	\$37.26		501 W Broadwa San Diego, CA 9	-								
	PURPOSE OF EXPENDITURE		Category <sub>(See Cate</sub> Office Overheac			edule)				de of Texas. Com officeholder living		e T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	der name	C	Office soug	jht			Office he	eld	
	Date		Payee name									
	12/23/2024		Intelius									
	Amount (\$) \$37.26		Payee address; 501 W Broadwa	City; y St	State;	Zip Coo	le					
			San Diego, CA 🤉	92101								
	PURPOSE OF EXPENDITURE		Category <sub>(See Cate</sub> Office Overheac			edule)				de of Texas. Com officeholder livinç		e T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	der name	C	Office soug	jht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	verhea xpens Expen Wage	ise s/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID (	(Ethics Commission Filers)					
	Sch: 13/23 Rpt: 25/35	3 Rpt: 25/35 VanDeaver, Gary W. (The Honorable) 00069367										
4	Date	5	Payee name									
	2/17/2024 Jean Paul Pelletier Diaz											
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$5,500.00		1122 Colorado									
			Austin, TX 78701		-							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	EXPENDITURE		Rental					de of Texas. Comple				
						Apartment	, 17,	officeholder living ex	xpense			
						Apartment						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught			Office held	3			
	Date		Payee name									
	07/29/2024		Langdon, Davis Law Firm									
_	Amount (\$)		Payee address; City; Sta	te; Zip C	ode							
	\$800.00		625 Sam Houston	, <u> </u>								
	+000100											
			New Boston, TX 75570		1							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outoi	do of Toylog, Comple	ata Sabadula T			
	EXPENDITURE		Legal Services					de of Texas. Comple officeholder living ex				
						Campaign Ex						
						1 0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught	ht Office held						
_	Date		Payee name									
	08/13/2024		Lyft									
	Amount (\$)		-	te; Zip C	odo							
	\$8.92		E 7th St	ite, zip c	oue							
	ψ0.92											
			Austin, TX 78701		ī							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Travel Out of District					de of Texas. Comple				
						Ride Fees	, IX,	officeholder living ex	xpense			
	Complete ONLV if direct	Ļ	andidato/Officeholder name	Office of				Office held	4			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	uynt			Once nel	л —			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)								
-	Sch: 14/23 Rpt: 26/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 08/14/2024	5 Payee name Lyft									
6	Amount (\$) \$5.94	<ul> <li>Payee address; City; State; Zip Code</li> <li>E 7th St</li> </ul>									
		Austin, TX 78701									
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/10/2024	Lyft									
	Amount (\$) \$8.63	Payee address; City; State; Zip Code E 7th St Austin, TX 78701									
	PURPOSE OF EXPENDITURE	(b) Description Travel Out of District	side of Texas. Complete Schedule T. X, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/04/2024	Lyft									
	Amount (\$) \$4.18	Payee address; City; State; Zip Code E 7th St									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

				EXPENDITUR	E CATEGOR	RIES FOR	во>	K 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift Lee Leo	ent Expense es od/Beverage Expens /Awards/Memorials jal Services e Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	head/F ense bense ages/C	Reimbursement Rental Expense Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment	& Related Expense
1	Total pages Schedule F1:	2 [1]					ipieu		2		(Ethics	Commission Eilors)
1	Sch: 15/23 Rpt: 27/35		FILER NAME3 Filer ID(Ethics Commission Filer IDVanDeaver, Gary W. (The Honorable)00069367								Commission Filers)	
4	Date											
4	12/18/2024		yee name arias									
6	Amount (\$) \$58.97	Fro	yee address; ont St ew Boston, 1	City; X 75570	State;	Zip Coc	le					
8	PURPOSE OF EXPENDITURE		tegory <sub>(See C</sub> od/Beverag	ategories listed at tl e Expense	he top of this sch	edule)			TX,	le of Texas. Com officeholder living <b>rters</b>		dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeł	nolder name	C	Office soug	ht			Office he	eld	
	Date	Pa	yee name									
	07/23/2024	Me	endoza, Ger	son								
	Amount (\$)	Pa	yee address;	City;	State;	Zip Coc	le					
	\$160.00	_	0B 1128 Istin, TX 787	701								
	PURPOSE OF EXPENDITURE		tegory <sub>(See C</sub> Ivertising Ex	ategories listed at tl pense	he top of this sch	edule)				le of Texas. Com officeholder living		dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeł	nolder name	C	Office soug	ht			Office he	eld	
	Date	Pa	yee name						_			
	11/04/2024	Mo	organ Meyei	for Texas								
	Amount (\$) \$774.98		yee address; 38 Oaklawn	City; Ave	State;	; Zip Coc	le					
		Da	ıllas, TX 752	219								
	PURPOSE OF EXPENDITURE	Co	ontributions/	ategories listed at th Donations Ma ceholder/Poli	ade By		Ē		TX,	le of Texas. Com officeholder living ibution		dule T.
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officel	nolder name	C	Office soug	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)								
	Sch: 16/23 Rpt: 28/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 12/11/2024	5 Payee name New Boston Chamber									
_											
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code Front St									
		New Boston, TX 75570									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		iside of Texas. Complete Schedule T. X, officeholder living expense								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/31/2024	New Boston Lions Club									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$240.00	Front St									
		New Boston, TX 75570									
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Donation</li> </ul> </li> </ul>									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/06/2024	PMC Parking									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$26.42	2200 Nashville Pkwy									
		Nashville, TN 37201									
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									pment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID (E	Ethics Commission Filers)
	Sch: 17/23 Rpt: 29/35		VanDeaver, Gary W. (The Honorable) 00069367								
4	Date 12/13/2024		Payee name Ritz Carlton								
6	Amount (\$)		Payee address	; City;	Stato <sup>.</sup>	Zip Co					
0	\$61.96		4150 North M Irving, TX 750	IcArthur Blvd	State,	, Ζιρ Ου					
8	PURPOSE	(a)	Category (See	Categories listed at t	he ton of this sch	edule)	(b) D	Description			
	OF EXPENDITURE		Event Expens			euue		Check if travel c	TX,	de of Texas. Complet officeholder living exp B	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	jht			Office held	
	Date		Payee name								
	12/16/2024		Ritz Carlton								
	Amount (\$)		Payee address	; City;	State:	Zip Co	le				
	\$15.00		4150 North M Irving, TX 750	IcArthur Blvd		, I					
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Event Expens	Categories listed at t	he top of this sch	edule)			TX,	de of Texas. Complet officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	С	Office sou	jht			Office held	
	Date		Payee name								
	12/03/2024		Stanberry Re	altors							
	Amount (\$)		Payee address	; City;	State:	Zip Co	le				
	\$5,500.00		1122 Colorad	-	,	,					
			Austin, TX 78	701							
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Rental	Categories listed at t	he top of this sch	edule)				le of Texas. Complet officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	С	Dffice sou	jht			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 18/23 Rpt: 30/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 09/18/2024	5 Payee name TDCJ									
6	Amount (\$) \$1,788.29	7 Payee address; City; State; Zip Code 861B I-45-N Huntsville, TX 77320									
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Daign								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/21/2024	TDCJ									
	Amount (\$) \$326.92	Payee address; City; State; Zip Code 861B I-45-N Huntsville, TX 77320									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/26/2024	USPS									
	Amount (\$) \$120.00	Payee address; City; State; Zip Code PO 48631505									
		New Boston, TX 75570									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinburg Fees Office Overhead/Rental Exp Food/Beverage Expense Office Averhead/Rental Exp Soft/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
-	Sch: 19/23 Rpt: 31/35	VanDeaver, Gary W. (The Honorable)	00069367								
4	Date 12/16/2024	Payee name UT Parking									
6	Amount (\$) \$12.00	Payee address; City; State; Zip Code 1400 N Congress Austin, TX 75701									
8	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense								
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/12/2024	WINRED									
	Amount (\$) \$418.45	Payee address; City; State; Zip Code 310 First St SE									
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Payment Fees								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/29/2024	Wordpress									
	Amount (\$) \$35.18	Payee address;City;State;ZipCode547 Market Street #36879									
		San Francisco, CA 94104									
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memor Legal Services The Instruction	rials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	12	The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID								(Ethics Commission	Filors)
T	Sch: 20/23 Rpt: 32/35				e Honorable)				3	00069367		Fliers
4	Date 08/29/2024		Payee name Wordpress									
6		<u> </u>	-		Stata	Zip Co	do					
6	Amount (\$) \$35.18			ss; City; Street #3687 co, CA 9410	<b>'</b> 9	, Ζιρ Ου	ue					
Ļ						r	( <u>1-</u> )					
8	PURPOSE OF EXPENDITURE			e Categories listed nead/Rental I	at the top of this sch Expense	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	e C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/30/2024		Wordpress									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$35.18		547 Market	Street #3687	9							
	PURPOSE						(h)	Description				
	OF			e Categories listed nead/Rental I	at the top of this sch Expense	edule)	(0)	Check if travel		de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	e C	Dffice sou	ght			Office he	eld	
	Date		Payee name									
	10/29/2024		Wordpress									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$35.18			Street #3687		•						
			San Francis	co, CA 9410	4	r						
	PURPOSE OF EXPENDITURE			e Categories listed nead/Rental I	at the top of this sch Expense	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	e C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee I	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services <b>The Instructior</b>	rials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expe	
1	Total pages Schedule F1:	₂	The Instruction Guide explains how to complete this form. 2 FILER NAME 3 File								(Ethics Commission	Eilers)
1	Sch: 21/23 Rpt: 33/35			Gary W. (Th	e Honorable)				3	Filer ID 00069367		T liers)
4	Date	5 P	ayee name									
	11/29/2024		Vordpress									
6	Amount (\$) \$35.18	5		s; City; Street #3687 co, CA 9410	<b>'</b> 9	; Zip Co	de					
_		<u> </u>				r						
8	PURPOSE OF EXPENDITURE			e Categories listed lead/Rental	i at the top of this sch Expense	iedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. J expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Offic	eholder name	e (	Office sou	ght			Office he	eld	
	Date	P	ayee name									
	12/30/2024	l v	Vordpress									
	Amount (\$)	P	ayee addres	s; City;	State	; Zip Co	de					
	\$35.18			Street #3687 co, CA 9410								
	PURPOSE OF EXPENDITURE			e Categories listed lead/Rental	at the top of this sch Expense	iedule)	(b)			de of Texas. Com officeholder livinç	plete Schedule T. I expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Offic	eholder name	e (	Office sou	ght			Office he	eld	
	Date	P	ayee name									
	07/23/2024	Z	Zoom									
	Amount (\$) \$17.04		Payee addres 20 Market \$		State	; Zip Co	de					
		s	San Jose, C	A 98113								
	PURPOSE OF EXPENDITURE			e Categories listed nead/Rental	at the top of this sch Expense	edule)	(b)		, TX,	officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Indidate/Offic	eholder name	e (	Office sou	ght			Office he	eld	

				EXPE	NDITURE C	CATEGOF	RIES FOR	вс	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor							Travel in District Travel Out of Dis	quipment & Related Exp	
1	Total pages Schedule F1:	12								2	Filer ID	(Ethics Commissio	n Filers)
	Sch: 22/23 Rpt: 34/35			nDeaver, Gary W. (The Honorable) 00069367									11 Fileis <i>)</i>
4	Date	5	Payee name										
	08/23/2024		Zoom										
6	Amount (\$) \$17.04		Payee addres 120 Market San Jose, C	St	ity; 3	State;	; Zip Coo	le					
0	DUDDOGE							<u>(h)</u>					
8	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Office Overh				edule)	(0)		, TX,	de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder ı	name	C	Office sou	jht			Office he	eld	
	Date	Γ	Payee name										
	09/23/2024		Zoom										
	Amount (\$)	┢	Payee addres	ss: Ci	ity;	State:	; Zip Co	de					
	\$17.04		120 Market San Jose, C	St			' r	-					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Office Overh	ee Categories	s listed at the to		edule)	(b)		, TX,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ceholder ı	name	C	Office sou	jht			Office he	eld	
	Date	Γ	Payee name					—					
	10/23/2024		Zoom										
	Amount (\$) \$17.04		Payee addres 120 Market		ity;	State;	; Zip Coo	Je					
			San Jose, C	A 98113	3								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Office Overh				edule)			, TX,	de of Texas. Com officeholder living <b>C</b>		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ceholder ı	name	C	Dffice sou	jht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 23/23 Rpt: 35/35	VanDeaver, Gary W. (The Honorable)	00069367								
	Date 11/25/2024	Payee name Zoom									
6	Amount (\$) \$17.04	Payee address; City; State; Zip Code 120 Market St San Jose, CA 98113									
8	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense I <b>G</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/23/2024	Zoom									
	Amount (\$) \$17.04	Payee address; City; State; Zip Code 120 Market St San Jose, CA 98113									
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense I <b>g</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								