# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00069367		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Gary W.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	··· 07/14/2025	
		VanDeaver				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	PO Box 866				Receipt #	Amount
Change of Address	New Boston, TX 75570					
	New Boston, 177 19510				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Joseph M.				
	NICKNAME	LAST		SUFFIX		
	INICIONAME	Rose		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	211 County Road 1420	ŕ				
(Residence or Business)	Bogata, TX 75417					
	Bogala, 17, 13411					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(903) 573-5175					
THONE						
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can	npaign treasurer
		T 9th day before	olootion $\Box$	Evanded modified	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ ∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	Γ (if known)	
	State Representative Distr	rict 1		State Represen	tative District 1	
		<b>GO</b> Т	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	VanDeaver, Gary W.	(The Honorable)		<b>14</b> Filer ID 00069367	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expendit s may have been made without equired to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E			
	GENERAL	COMMITTEE ADD	PRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTIO PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOAN	S)	\$	7,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	49,578.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE I	AST DAY OF THE	\$	57,182.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Honor	able Gary W. VanDe	aver	
			Signature o	f Candidate or Officeho	older	
AFFIX NC	TARY STAMP / SEAL AB	OVE				
			year board and anal of office	, this the		day
	cer administering		my hand and seal of office.  of officer administering	Title of office	er administer	ing oath

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

				3 of 43					
18 FILER NAM VanDeav	VanDeaver, Gary W. (The Honorable) 00069367								
l	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE								
1. X	\$	7,500.00							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	49,578.49					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

VanDeaver, Gary W. (The Honorable)  4 Date		MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
VanDeaver, Gary W. (The Honorable)  4 Date		The Instruction Guide explains how to complete this form.	
A Date  06/23/2025  Texans for Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701  8 Principal occupation / Job title (See Instructions)  Date  06/23/2025  Full name of contributor  Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  7 Amount of Contribution (\$)  \$5,0  Amount of Contribution (\$)  \$2,5  Employer (See Instructions)	2		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  O6/23/2025  Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77055  Principal occupation / Job title (See Instructions)	4	Date  5 Full name of contributor out-of-state PAC (ID#:  06/23/2025 Texans for Lawsuit Reform PAC	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  06/23/2025 Weekley, Richard \$2,5  Contributor address; City; State; Zip Code  Houston, TX 77055  Principal occupation / Job title (See Instructions) Employer (See Instructions)			
06/23/2025 Weekley, Richard \$2,5  Contributor address; City; State; Zip Code  Houston, TX 77055  Principal occupation / Job title (See Instructions) Employer (See Instructions)	8	Principal occupation / Job title (See Instructions)  9 Empl	oloyer (See Instructions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		06/23/2025 Weekley, Richard	Amount of Contribution (\$) \$2,500.00
		Houston, TX 77055	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/39 Rpt: 5/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	04/03/2025	6th Street Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$348.57	E 6th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	D-1-	
	Date	Payee name
	03/06/2025	ALC Steaks Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$316.18	1205 N Lamar Blvd
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal with Constituants
		Wicai With Constituants
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dayso nama
	05/21/2025	Payee name ALC Steaks Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.64	1206 N Lamar Blvd
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal with Constituants
		ss Solidanie
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/39 Rpt: 6/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	06/06/2025	Alex Maldonado
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	261 Bradfield Drive
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Session Bonus
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
	Date	Payee name
L	04/16/2025	Anderson Candy Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$249.45	201 E Front
l		
l		Blossom, TX 75416
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Gifts
l		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
l	01/27/2025	Austin Conv Cent Austin T #028
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$10.00	500 E Cesar Chavez St
	,	
l		Austin, TX 78701
_	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Austin Transportation
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/O	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			
1	Total pages Schedule F1: Sch: 3/39 Rpt: 7/43	2 FILER NAME VanDeaver, Gary W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069367	
4	Date	5 Payee name	
	02/24/2025	Austin Valet Austin T #028	
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 500 E Cesar Chavez St	
	Ψ10.00		
	DUDDOO.	Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Austin Transportation	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	<u> </u>		_
	Date	Payee name	
	05/14/2025	B&L Trophy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	107 Main St	
		Naples, TX 75568	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Committee Gifts	
		Committee onto	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/12/2025	CanvasPrints	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.30	145 Cane Creek	
		Fletcher, NC 28732	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Committee Gifts	
		Committee Girls	
_	Complete ONL V if direct	Candidate/Officeholder name Office country Office hold	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Credit Card	Payment	The Instruction Guide	e explains how to co	mple	ete this form.	g,	,
1 Total page	s Schedule F1:	: 2 FILER NAME			3 Filer ID	(Ethics Commission	on Filers)
Sch: 4/3	39 Rpt: 8/43	VanDeaver, Gary W. (The Ho	VanDeaver, Gary W. (The Honorable) 00069367				
4 Date		5 Payee name			•		
03/07/202	25	Canvaspeople 3039511343 C	#028				
6 Amount (\$	·)	7 Payee address; City;	State; Zip Co	ode			
	\$71.17	22700 Savi Ranch Pkwy					
		Yorba Linda, CA 92887					
8 PURPO		(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description		
OF EXPEND		Gift/Awards/Memorials Expen			Check if travel outside of Texas. Co		
_,					Check if Austin, TX, officeholder livi	ng expense	
					Committee Girls		
9 Complete	ONLY if direct	Candidate/Officeholder name	Office sou	ıaht	Office	neld.	
	e to benefit C/O		Office soc	igiit	Office	ieiu	
Date		Davies mame					
01/14/202	25	Payee name Central Market C San Antonio	. т				
Amount (\$	•	Payee address; City;	State; Zip Co	oae			
	\$262.16	4821 Broadway St					
		San Antonio, TX 78209					
PURP( OF		(a) Category (See Categories listed at the to		(b)	Description		
EXPEND		Office Overhead/Rental Exper	nse		Check if travel outside of Texas. Co		
					Office Supplies		
Complete	ONLY if direct	Candidate/Officeholder name	Office sou	ıght	Office	neld	
expenditur	e to benefit C/O	Н					
Date		Payee name					
04/18/202	25	Clayton Spangler Photograph	ic				
Amount (\$	·)	Payee address; City;	State; Zip Co	ode			
	\$549.00	Main St					
		Charleston, WV 25301					
PURPO	OSE	(a) Category (See Categories listed at the to	on of this schedule)	(b)	Description		
OF		Gift/Awards/Memorials Expen		( )	Check if travel outside of Texas. Co		
EXPEND	IIUKE	·			Check if Austin, TX, officeholder livi	ng expense	
					Committee Gifts		
	O. W. V. ''. ''			<u> </u>			
	ONLY if direct re to benefit C/O	Candidate/Officeholder name H	Office sou	ıght	Office	neld	
- CAPOTIGITUI	2 10 20.10111 0/0						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expr Gift/Awards/Memoria Legal Services The Instruction	als Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER N	IAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/39 Rpt: 9/43	VanDe	aver, Gary W. (The	e Honorable)					00069367		
4	Date	<b>5</b> Payee n	ame								
	04/04/2025	DeKalb	Professional Won	nen							
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State;	Zip Co	de					
	\$25.00	225 W	Crockett								
		DeKalb	, TX 75559								
8	PURPOSE	(a) Categor	y (See Categories listed a	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		utions/Donations N				므			plete Schedule T.	
		Candid	ate/Officeholder/Po	olitical Comm	ittee		Check if Austin, Donation	, 1X,	officeholder living	y expense	
							Donadon				
9	Complete ONLY if direct	Candidate	e/Officeholder name	(	Office sou	l ight			Office he	eld	_
	expenditure to benefit C/O										
	Date	Payee n	ame								
	02/14/2025	Dekalb	Chamber Of Com	merce							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Co	de					
	\$175.00	303 E F	Front St								
		DeKalb	, TX 75555								
	PURPOSE	(a) Categor	y (See Categories listed a	at the top of this sch	edule)	(b)	Description				_
	OF EXPENDITURE	Contrib	utions/Donations N	Made By			<b>-</b>			plete Schedule T.	
		Candid	ate/Officeholder/Po	olitical Comm	ıttee		Check if Austin, Donation	, TX,	officeholder living	g expense	
							Donation				
_	Complete ONLY if direct	Candidate	e/Officeholder name	(	Office sou	<u>l</u> ight			Office he	eld	_
	expenditure to benefit C/O					-					
H	Date	Payee n	ame								=
	04/15/2025	· 1	Chamber Of Com	merce							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Co	de					_
	\$350.00	304 E F	Front St								
		DeKalb	, TX 75556								
	PURPOSE	(a) Categor	y (See Categories listed a	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Contrib	utions/Donations N	Made By			ш			plete Schedule T.	
		Candid	ate/Officeholder/Po	olitical Comm	ıttee		Check if Austin, Donation	, TX,	officeholder living	g expense	
							Donauon				
	Complete ONLY if direct	Candidate	e/Officeholder name	(	Office sou	<u>a</u> ht			Office he	eld	_
	expenditure to benefit C/Oh				55 554	g <b>.</b>			5oo 110		
											_

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/39 Rpt: 10/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	02/04/2025	Dekalb Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	152 SW Maple St
		DeKalb, TX 75557
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2025	Dekalb Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	153 SW Maple St
		DeKalb, TX 75558
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Bollation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	05/13/2025	Domino's
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.84	1900 Guadalupe
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meal with Constituants
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Firming to solione of of	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/39 Rpt: 11/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	01/31/2025	Dot Cards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.05	100 Peachtree Way
		Atlanta, GA 30033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Office Supplies
		Стоб барриоб
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/06/2025	Doubletree Suite Austin T #028
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.16	303 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Austin Transportation
		/ double transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/06/2025	Doubletree Suite Austin T #028
	Amount (\$)	Payee address; City; State; Zip Code
	\$321.02	303 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Austin Transportation
		/ double transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/39 Rpt: 12/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	05/23/2025	Elaine Arnold
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 1481
		Texarkana, TX 75504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Shirts
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	06/04/2025	Erin Taravella
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	2502 Audubon Place, Unit B
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Session Bonus
		Session Bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>
-	Date	Davisa nama
	04/23/2025	Payee name Ginas on Congress
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.53	314 Congress Ave
		A TV 70704
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal with Constituants
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			pense ages/Co	ontract Labor this form.	Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:							Filer ID	(Ethics Commission File	rs)
	Sch: 9/39 Rpt: 13/43		r, Gary W. (The Ho	norable)				00069367		
4	Date 06/24/2025	5 Payee name Google Fib								
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	de				
	\$103.09	POB 1124	5							
		Mt View, C	A 98308							
8	PURPOSE	(a) Category (S	See Categories listed at the to	op of this sche	dule)	<b>(b)</b> D	escription			
	OF EXPENDITURE	Office Ove	rhead/Rental Exper	nse		F	<b>Ⅎ</b>	le of Texas. Com officeholder living	plete Schedule T.	
						L Ir	nternet Acces	omeenoider iiviii	у схренас	
9	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Of	ffice soug	ght		Office h	eld	
	Date	Payee name								
	01/24/2025	Google Fib	er							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de				
	\$103.09	POB 1124	5							
		Mt View, C	A 98308							
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this sche	dule)	<b>(b)</b> D	escription			
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	nse		Ļ	<b>Ⅎ</b>	le of Texas. Com officeholder living	plete Schedule T.	
						∟ Ir	nternet Acces		у одронос	
	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Of	ffice soug	ght		Office h	eld	
	Date	Payee name	<u> </u>							
	05/27/2025	Google Fib								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de				
	\$103.09	POB 1124!	5							
		Mt View, C	A 98308							
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this sche	dule)	<b>(b)</b> D	escription			
	OF EXPENDITURE	Office Ove	rhead/Rental Exper	nse		F			plete Schedule T.	
						L Ir	J Check if Austin, nternet Acces	officeholder living	g expense	
	Complete ONLY if direct		iceholder name	Of	ffice soug	ght		Office h	eld	
	expenditure to benefit C/OI	4								

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-	Sch: 10/39 Rpt: 14/43	VanDeaver, Gary W. (The Honorable)  00069367	
4	Date	5 Payee name	
	04/24/2025	Google Fiber	
6	Amount (\$) \$103.09	7 Payee address; City; State; Zip Code POB 11245  Mt View, CA 98308	
8	PURPOSE		_
°	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet Access	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/02/2025	Google Fiber	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$96.21	POB 11245	
		Mt View, CA 98308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Internet Access	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/24/2025	Google Fiber	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$103.09	POB 11245	
		Mt View, CA 98308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Internet Access	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	experiorale to belieff C/OI		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 11/39 Rpt: 15/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	02/25/2025	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$36.38	2652 Lake Austin Blvd
l		
l		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Office Supplies
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
l	Date	Payee name
L	03/10/2025	H-E-B
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$35.81	2652 Lake Austin Blvd
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Office Supplies
		Since supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/03/2025	Hill Country Springs
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$37.81	10019 S Interstate 35 Service Rd
l		
l		Austin, TX 78747
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/39 Rpt: 16/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	02/04/2025	Hill Country Springs
6	Amount (\$) \$47.32	7 Payee address; City; State; Zip Code 10019 S Interstate 35 Service Rd
		Austin, TX 78747
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Hill Country Springs
	Amount (\$) \$32.82	Payee address; City; State; Zip Code 10019 S Interstate 35 Service Rd
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Hill Country Springs
	Amount (\$) \$42.07	Payee address; City; State; Zip Code 10019 S Interstate 35 Service Rd
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 13/39 Rpt: 17/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	05/02/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$42.07	10019 S Interstate 35 Service Rd
l		
l		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
l	Date	Payee name
	06/03/2025	Hill Country Springs
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$82.06	10019 S Interstate 35 Service Rd
l		
		Austin, TX 78747
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
┝	D-1-	
l	Date 06/23/2025	Payee name
L		Hobby Lobby
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$954.57	2315 Richmond Rd
		Texarkana, TX 75503
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

orean oard raymone	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 14/39 Rpt: 18/43	VanDeaver, Gary W. (The Honorable)		00069367	
4 Date	5 Payee name		•	
01/08/2025	Hobby Lobby			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$139.61	2315 Richmond Rd			
	Austin, TX 75503			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Com	
		Office Supp	tin, TX, officeholder living llies	g expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office he	eld
expenditure to benefit C/OI		-9		
Date	Payee name			
06/02/2025	Hobby Lobby			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$239.96	2315 Richmond Rd			
	Texarkana, TX 75503			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		el outside of Texas. Com	plete Schedule T.
EXPENDITURE		ı <u>—</u>	tin, TX, officeholder living	g expense
		Office Supp	llies	
0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<u> </u>	255	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office he	eia
Date	Payee name			
06/25/2025	Hobby Lobby			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$81.19	2315 Richmond Rd			
	Austin, TX 75503			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	<b>□</b>	el outside of Texas. Com tin, TX, officeholder livinç	•
		Office Supp		,
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/OI	Н			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula 51:	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
L	Sch: 15/39 Rpt: 19/43	VanDeaver, Gary W. (The Honorable) 00069367	
4	Date	5 Payee name	
	05/08/2025	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$15.96	4747 SW Frwy	
	Ψ13.30	4141 SWITING	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Subscription	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	01/16/2025	Houston Chronicle	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.96	4747 SW Frwy	
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Subscription	
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Data	Davies manua	=
	Date	Payee name	
	02/13/2025	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.96	4747 SW Frwy	
		Houston, TX 77027	
$\vdash$	PURPOSE		_
	OF		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Subscription	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/39 Rpt: 20/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	03/13/2025	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.96	4747 SW Frwy
		Houston, TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		Cassonpach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/10/2025	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.96	4747 SW Frwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		G 3330 . p 30
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/21/2025	Intelius
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.26	501 W Broadway St
		San Diego, CA 92101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
		Sullware
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/39 Rpt: 21/43	2 FILER NAME VanDeaver, Gary W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069367
4	Date 02/20/2025	5 Payee name Intelius
6	Amount (\$) \$37.26	7 Payee address; City; State; Zip Code 501 W Broadway St
		San Diego, CA 92101
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/06/2025	Payee name John David Chapman
	Amount (\$) \$500.00	Payee address; City; State; Zip Code Rt 1  Avery, TX 75554
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Lyft
	Amount (\$) \$8.58	Payee address; City; State; Zip Code E 7th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Fil	ler ID	(Ethics Commission Filers)
	Sch: 18/39 Rpt: 22/43	VanDeaver, Gary W. (The Honorable)		00	0069367	
4	Date	5 Payee name				
	01/13/2025	Lyft				
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de			
	\$9.78	E 7th St				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel Out of District		Check if travel outside of		
				Check if Austin, TX, offi Austin Transportati		expense
				Addin Transportati	1011	
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht		Office he	ld
	expenditure to benefit C/O		,		J555	
	Date	Payee name				
	03/17/2025	Lyft				
	Amount (\$)	Payee address; City; State; Zip Coo	de			
	\$8.34	E 7th St				
		Austin, TX 78701				
	PURPOSE		(b)	Description		
	OF	Travel Out of District	(~)	Check if travel outside of	of Texas. Com	olete Schedule T.
	EXPENDITURE			Check if Austin, TX, offi		expense
				Austin Transportati	ion	
	Operation ONLY if dispose	Out did to 10 ff and add as a second	l. 4		O#: I	1.1
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	gnt		Office he	10
	Date	Payee name				
	06/02/2025	Lyft				
	Amount (\$)	Payee address; City; State; Zip Coo	de			
	\$10.83	E 7th St				
		Austin, TX 78701				
	PURPOSE OF	, ,	(b)	Description  Check if travel outside of	of Toyon Com	aloto Cahadulo T
	EXPENDITURE	Travel Out of District		Check if Austin, TX, offi		
				Austin Transportati		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght		Office he	ld
	expenditure to benefit C/O	1				
_						

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/39 Rpt: 23/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	03/03/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.35	E 7th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Austin Transportation
		/ dodn Hanoportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>—</b>	Data	Para a sana
	Date	Payee name
	01/22/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.28	E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Austin Transportation
	Operation ONLY if allowed	One districts (Office healths are seen
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.90	E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Austin Transportation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	·

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Con		mmittee	Gift/Awards/Memorials Legal Services	Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of DOTHER (enter	District a category not listed above)		
	Credit Card Payment			The Instruction G	uide explains	how to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 20/39 Rpt: 24/43		VanDeaver,	Gary W. (The I	Honorable)					00069367		
4	Date	5	Payee name									
	01/29/2025		Lyft									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$8.82		E 7th St									
			Austin, TX 7	70701								
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8	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	nedule)	(b)	Description		d4.T O-		
	EXPENDITURE		Travel Out of	of District				<b>=</b>		de of Texas. Co officeholder livi	mplete Schedule T.	
								Austin Transp			іў ехрепос	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(	Office sou	thr			Office I	neld	
	expenditure to benefit C/O		Januale/OIII	oonolaci naine		omoc sou(	yııı.			Onice i	1014	
$\vdash$	Data	_										
	Date		Payee name									
	02/26/2025	L	Lyft									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$10.45		E 7th St									
			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of					<b>=</b>			mplete Schedule T.	
	ZA ZIIDII GRZ							<b>—</b>		officeholder livi	ng expense	
								Austin Transp	oon	ıatıon		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Office I	neld	
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	Date		Payee name									
	02/26/2025		Lyft									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$8.82		E 7th St									
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out			´		Check if travel			mplete Schedule T.	
	EVLEINDIIOKE									officeholder livi	ng expense	
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	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office I	neld	
	expenditure to benefit C/O	H										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Gift/Awards/Memorials E: Legal Services  The Instruction Guid		Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Cabadula F1:						2	Filor ID	(Ethics Commission Filers)	
	Total pages Schedule F1:			onoroh!s\			3	Filer ID	(Ethics Commission Filers)	
	Sch: 21/39 Rpt: 25/43	vanbeav	er, Gary W. (The Ho	опогавіе)				00069367		
4	Date	Payee nan	ne							
	03/06/2025	Lyft								
6	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$11.03	E 7th St								
		Austin, T	/ 79701							
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8	PURPOSE OF		(See Categories listed at the	top of this schedule)	(b)	Description		d4.T O	olata Calcadula T	
	EXPENDITURE	Travel Ou	t of District					officeholder living	plete Schedule T.	
						Austin Transp			у схрепос	
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9	Complete ONLY if direct expenditure to benefit C/O	Canuluate/C	micenoluel Hallie	Office Sol	ayııı			Office ne	ziu -	
	Date	Payee nam	ne							
	03/12/2025	Lyft								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$15.01	E 7th St								
		Austin, T	< 78701							
	DUDDOCE				(h)	- · · ·				
	PURPOSE OF		(See Categories listed at the	top of this schedule)	(D)	Description  Check if travel	outsi	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE	rravei Ou	t of District			<u> </u>		officeholder living		
						Austin Transp				
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	expenditure to benefit C/O			222 000	J					
$\vdash$	Data									
	Date	Payee nam	16							
	03/13/2025	Lyft								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$11.04	E 7th St								
		Austin, T	< 78701							
	PURPOSE	_	(See Categories listed at the	top of this schodule)	(b)	Description				
	OF		t of District	top of this Schedule)	( )		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		2.2.3			Check if Austin	, TX,	officeholder living	gexpense	
						Austin Transp	por	tation		
	Complete ONLY if direct	Candidate/C	officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Gui		/Wage	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	) EII ED N			•		3	Filer ID	(Ethics Commission Filers)	_
1	Sch: 22/39 Rpt: 26/43		aver, Gary W. (The H	lonorable)			٦	00069367	(Eulica Collilliasion Filets)	
4	·						<u> </u>			_
4	Date	Payee n	ame							
	03/19/2025	Lyft								
6	Amount (\$)	7 Payee a	-	State; Zip C	ode					
	\$9.49	E 7th S	t							
		Austin,	TX 78701							
8	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				_
	OF EXPENDITURE		Out of District			=		de of Texas. Com		
	EM LINDITURE					<b>—</b>		officeholder living	expense	
						Austin Transp	or	tation		
9	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee n	ame							
	03/26/2025	Lyft								
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode					
	\$12.54	E 7th S	t							
		Austin,	TX 78701							
	PURPOSE	(a) Category	(See Categories listed at the	e ton of this schedule)	(b)	Description				_
	OF EXPENDITURE		Out of District	o top or and schedule)		_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					ш		officeholder living	expense	
						Austin Transp	or	tation		
L					$\perp$					
	Complete ONLY if direct	Candidate	e/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee n	ame					<u> </u>		
	05/21/2025	Lyft								
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode					
	\$31.09	E 7th S	t							
		Austin,	TX 78701							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				٦
	OF EXPENDITURE		Out of District	,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					ш		officeholder living	expense	
						Austin Transp	oor	tation		
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	expenditure to benefit C/O									

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 23/39 Rpt: 27/43	VanDeaver, Gary W. (The Honorable) 00069367	
4 Date	5 Payee name	
02/06/2025	Lyft	
6 Amount (\$) \$8.57	7 Payee address; City; State; Zip Code E 7th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/06/2025	Lyft	
Amount (\$) \$9.90	Payee address; City; State; Zip Code E 7th St	
	Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/13/2025	Lyft	
Amount (\$) \$12.72	Payee address; City; State; Zip Code E 7th St	
	Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

1 Total pages Schedule F1: Sch: 24/39 Rpt: 28/43 VanDeaver, Gary W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069367  4 Date 02/20/2025 5 Payee address: City: State: Zip Code E 7th St Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories Isted at the top of this schedule) Candidate/Officeholder name 03/06/2025  Amount (s) Payee address: City: State: Zip Code E 7th St Austin, TX 78701  Date 03/06/2025  F 7th St Austin, TX 78701  (a) Category (see Categories Isted at the top of this schedule) Candidate/Officeholder name 03/06/2025  F 7th St Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories Isted at the top of this schedule) Candidate/Officeholder name 05/06/2025  F 7th St Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories Isted at the top of this schedule) Travel Out of District  Complete QNLY if direct expenditure to benefit C/OH  Payee name Lyft  Amount (s) Payee address: City: State: Zip Code EXPENDITURE  (a) Category (see Categories Isted at the top of this schedule) Travel Out of District  Complete QNLY if direct expenditure to benefit C/OH  Payee address: City: State: Zip Code E 7th St Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories Isted at the top of this schedule) Travel Out of District  Complete QNLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH  Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH  Complete QNLY if di		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Sch: 24/39 Rpt: 28/43  4 Date 02/20/2025  5 Payse name 12/9t 15 Amount (\$)  7 Payse address; City; State; Zip Code E 7th St Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Calegory (See Casepores listed at the top of this schedule) Travel Out of District  Candidate/Officeholder name  Office sought  Office held  Payse name 03/06/2025  Lyft  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Casepores listed at the top of this schedule) Travel Out of District  Office held  Office held  Office held  Office held  Date 03/06/2025  Lyft  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Casepores listed at the top of this schedule) Travel Out of District  Office held	1	Total pages Schodula F1		re)
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D2/20/2025 Lyft Amount (\$) 7 Payee address; City; State; Zip Code EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  Payee name Lyft Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Payee name Lyft Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Payee name Lyft Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  Candidate/Officeholder name Office sought Office held	_			
7 Payee address; City; State; Zip Code E 7th St  Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule)  Date 03/06/2025  Amount (\$)  Purpose EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Date 03/06/2025  Amount (\$)  Purpose CEXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Date 04/03/2025  Austin, TX 78701  (b) Description Check if according expense Austin Transportation  (b) Description Check if according expense Austin Transportation  (b) Description Check if according expense Austin Transportation  (c) Description Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule) Check if according to the top of this schedule in	4			
S.9.51 E 7th St  Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Category (see categores issed at the top of this schedule)  9 Complete ONLY if direct expenditure to benefit C/OH  Date 03/06/2025  Amount (\$)  PURPOSE OF EXPENDITURE  (a) Category (see categores issed at the top of this schedule)  PURPOSE OF EXPENDITURE  (a) Category (see Categores issed at the top of this schedule)  Travel Out of District  (b) Description  (c) Description  (d) Category (see Categores issed at the top of this schedule)  Travel Out of District  Complete ONLY if direct expenditure to benefit C/OH  PURPOSE OF EXPENDITURE  (a) Category (see Categores issed at the top of this schedule)  Date O4/03/2025  Complete ONLY if direct Austin, TX 78701  Date O4/03/2025  Payee name Lyft  Amount (\$)  Payee name Lyft  Austin, TX 78701  Date O4/03/2025  Candidate/Officeholder name  Office sought  Office bodder  Office held		02/20/2025		
Austin, TX 78701  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Travel Out of District  Candidate/Officeholder name  Office sought  Office held  Payee name  03/06/2025  Lyft  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Travel Out of District  Candidate/Officeholder name  Office sought  Office held  Date  OF EXPENDITURE  Candidate/Officeholder name  Office sought  Office sought  Office held	6	Amount (\$)	7 Payee address; City; State; Zip Code	
Purpose OF EXPENDITURE		\$9.51	E 7th St	
Purpose OF EXPENDITURE				
Purpose OF EXPENDITURE			Austin, TX 78701	
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Complete ONLY if direct expenditure to benefit C/OH				
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Amount (\$)		expenditure to benefit C/O	H	
Amount (\$)		Date	Payee name	
\$9.68 E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct expenditure to benefit C/OH  Date 04/03/2025  Amount (\$) Payee name Lyft  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if Tavarel outside of Texas. Complete Schedule T. Check if Austin, TX, difficeholder Inving expense Austin Transportation  Office held  (b) Description Check if Austin, TX 78701  (c) Description Check if Tavarel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Austin Transportation  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		03/06/2025	Lyft	
\$9.68 E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct expenditure to benefit C/OH  Date 04/03/2025  Amount (\$) Payee name Lyft  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if Tavarel outside of Texas. Complete Schedule T. Check if Austin, TX, difficeholder Inving expense Austin Transportation  Office held  (b) Description Check if Austin, TX 78701  (c) Description Check if Tavarel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Austin Transportation  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code	
Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description    Check if ravel outside of Texas. Complete Schedule T.		` ´		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct expenditure to benefit C/OH  Date 04/03/2025  Amount (\$) Payee name Lyft  Amount (\$) Payee address; City; State; Zip Code \$5.92  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct Candidate/Officeholder name Office sought  Office held		,		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct expenditure to benefit C/OH  Date 04/03/2025  Amount (\$) Payee name Lyft  Amount (\$) Payee address; City; State; Zip Code \$5.92  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct Candidate/Officeholder name Office sought  Office held			Austin TV 78701	
Travel Out of District    Check if ravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense				
EXPENDITURE    Travel Out of District			I	
Complete ONLY if direct expenditure to benefit C/OH  Date		-	Traver out of District	
Complete ONLY if direct expenditure to benefit C/OH  Date				
Date 04/03/2025     Lyft  Amount (\$) Payee address; City; State; Zip Code  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			The state of the s	
Date 04/03/2025     Lyft  Amount (\$) Payee address; City; State; Zip Code  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
D4/03/2025  Lyft  Amount (\$) Payee address; City; State; Zip Code  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			· · · · · · · · · · · · · · · · · · ·	
D4/03/2025  Lyft  Amount (\$) Payee address; City; State; Zip Code  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	$\vdash$	Date	Davos nama	
Amount (\$)  Payee address; City; State; Zip Code  E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				
\$5.92 E 7th St  Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				
Austin, TX 78701  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		* *		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$5.92	E 7th St	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				
Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			Austin, TX 78701	
Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Austin Transportation  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description	
Complete ONLY if direct  Candidate/Officeholder name			Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		-AI LINDITUIL		
			Austin Transportation	
		0 1. 0		
• • • • • • • • • • • • • • • • • • • •				
		- p 2		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/39 Rpt: 29/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	04/03/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.53	E 7th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Austin Transportation
		/ dotal Halloportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Davies name
	05/09/2025	Payee name
		Lyft Circle Circ
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.72	E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Austin Transportation
		Austin Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Davida marra
	Date 04/21/2025	Payee name
		Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.01	E 7th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Austin Transportation
		Austin Hansportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/39 Rpt: 30/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	02/25/2025	Moonshine Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.03	303 Red River St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal with Constituants
		Wedi Will Sonstituting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/19/2025	New Boston Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	Front Street
		New Boston, TX 75570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/05/2025	Pelletier Diaz, Jean Paul
	Amount (\$)	Payee address; City; State; Zip Code
	\$27,500.00	1122 Colorado St
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Apartment Rent for Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/39 Rpt: 31/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	03/13/2025	Phoebes Diner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.95	408 W 11th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Meal with Constituants
		iviedi witii Constituants
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	04/07/2025	Postnet
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.01	3571 Far West Blvd
	*****	
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2025	Postnet
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.49	3571 Far West Blvd
		A
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 28/39 Rpt: 32/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
l	04/16/2025	Postnet
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$19.49	3571 Far West Blvd
l		
l		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Postage
l		T cotage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	04/18/2025	Postnet
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$17.32	3571 Far West Blvd
l	<b>411.02</b>	55111 at 1166t 5/10
l		Austin, TX 78731
┝	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Postage
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Great	<u></u>
l	Date	Payee name
L	04/22/2025	Postnet
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$19.49	3571 Far West Blvd
l		
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Postage
l		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/39 Rpt: 33/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	05/01/2025	Postnet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.03	3571 Far West Blvd
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Postnet
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.10	3571 Far West Blvd
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	05/07/2025	Postnet
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.33	3571 Far West Blvd
	7.0.00	55.2. a. 1.55.2. a
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage
	0 1 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/39 Rpt: 34/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	05/07/2025	Postnet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.64	3571 Far West Blvd
		Austin, TX 78731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
		. somgo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	05/08/2025	Postnet
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.53	3571 Far West Blvd
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Postage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	D-t-	
	Date	Payee name
	05/21/2025	Postnet
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.13	3571 Far West Blvd
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Postage
		F Usiage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 31/39 Rpt: 35/43	2 FILER NAME VanDeaver, Gary W. (The Honorable)	Filer ID (Ethics Commission Filers) 00069367
4	Date 05/21/2025	5 Payee name Postnet	
6	Amount (\$) \$96.75	7 Payee address; City; State; Zip Code 3571 Far West Blvd	
8	PURPOSE OF EXPENDITURE	Onice evenicular teritar Expense	side of Texas. Complete Schedule T. X, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date 05/28/2025	Payee name Postnet	
	Amount (\$) \$25.57	Payee address; City; State; Zip Code 3571 Far West Blvd	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	side of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date 05/02/2025	Payee name Postnet	
	Amount (\$) \$26.85	Payee address; City; State; Zip Code 3571 Far West Blvd	
		Austin, TX 78731	
	PURPOSE OF EXPENDITURE	Office Overflead/Nertial Experise	side of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide exp		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
┝	Total pages Cohedula F1:	2 FILED MASS	<u> </u>				2	Filor ID	(Ethics Commission File-	<u> </u>
	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers	,
L	Sch: 32/39 Rpt: 36/43	VanDeave	r, Gary W. (The Honora	able)				00069367		
4	Date	5 Payee name	:							
l	01/15/2025	Sams Club								
Ļ				Ctoto: 7:- C	d -					
۱۳	Amount (\$)	7 Payee addre		State; Zip Co	ue					
l	\$745.81	3610 St Mi	cnael Dr							
l										
l		Texarkana	, TX 75503							
8	PURPOSE				(h)	Deserted				
ľ	OF		See Categories listed at the top of t	his schedule)	(a)	Description		df.T O	olata Cabadula T	
1	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>=</b>		de of Texas. Com officeholder living		
l						Office Supplie		omeenoider livilly	олронос	
1						Onice Supplie	J			
L										
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	7								
F	Date	Payee name	1							
	03/10/2025	1	ian L Torrance C #0							
L		· ·		O: ·						
l	Amount (\$)	Payee addre		State; Zip Co	de					
ĺ	\$44.00	19850 Mag	jellan Dr							
l										
l		Torrance, (	CA 90248							
$\vdash$	DUDDOCE				(h)	<u> </u>				
	PURPOSE OF		See Categories listed at the top of t	his schedule)	(n)	Description	ata:	do of Toyon Com	nloto Cabadula T	
	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>=</b>		de of Texas. Com officeholder living		
						Office Supplie		omeenoider living	схрепас	
						Onice Supplie	-5			
L		<u> </u>								
1	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld	
L	experiulture to benefit C/OI	1								
Г	Date	Payee name	<u> </u>							
l	04/15/2025	Starbucks								
$\vdash$			Cit. II	Chahai Zin C	ale					
1	Amount (\$)	Payee addre	· · · · · · · · · · · · · · · · · · ·	State; Zip Co	ue					
ĺ	\$21.65	6903 Airpo	LI RING							
ĺ										
		Austin, TX	78752							
$\vdash$	PURPOSE				(h)	Description				
l	OF		See Categories listed at the top of t	nis schedule)	(1)		outsi	de of Texas. Com	plete Schedule T	
l	EXPENDITURE	Unice Ove	rhead/Rental Expense					officeholder living		
l						Office Supplie		9		
						Ouppin				
$\vdash$	Commists CALLY " "	Consultation (C.C.	ii aalalaa	Ott: -	a.l- ·			Ott: 1	.lal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	gnt			Office he	eiu	
L	experience to benefit C/OI									
l										

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 33/39 Rpt: 37/43	VanDeaver, Gary W. (The Honorable)	00069367
4 Date	5 Payee name	-
01/07/2025	TDCJ	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$2,159.59	861B I-45-N	
	Huntsville, TX 77320	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		difference neta
Date	Payee name	
03/28/2025	TDCJ	
Amount (\$)	Payee address; City; State; Zip C	ada
\$1,766.64	861B I-45-N	oue
Ψ1,700.04	0010 1-40-10	
	Huntsville, TX 77320	
DUDDOCE		100
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
experiordire to benefit C/O		
Date	Payee name	
06/02/2025	TDCJ	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,678.69	861B I-45-N	
	Huntsville, TX 77320	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
		25 Сарриоз
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/39 Rpt: 38/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	04/28/2025	Texas A&M Ev College Stat
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1250 TAMU
_		College Station, TX 77843
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	919 Congress Ave
		A4 TV 70704
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	The Texan Austin TX
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.00	1011 San Jacinto Blvd
		Auglia TV 70701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/39 Rpt: 39/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	06/12/2025	Trish Conradt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	E1.310 PO Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Session Bonus
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2025	WalMart
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.52	800 James Bowie Dr
		New Boston, TX 75570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/21/2025	WalMart
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.86	800 James Bowie Dr
	Ψ33.00	ooo ouries bowle bi
		New Boston, TX 75570
		To a
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
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ľ	Total pages Schedule F1:			(مامام)			3	Filer ID	(Ethics Commission Filer	S)
L	Sch: 36/39 Rpt: 40/43	vanbeave	r, Gary W. (The Honor	abie) 				00069367		
4	Date	5 Payee name	9							
	06/30/2025	Wordpress								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$35.18	547 Marke	t Street #36879							
		San Eranci	see CA 04104							
L			sco, CA 94104							
8	PURPOSE OF		See Categories listed at the top of		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>=</b>			plete Schedule T.	
						Web Hosting	, 1,	officeholder living	rexpense	
						WCD 1105ting				
Ļ	0 1: 0: 1: 1:		r	0"	<u>.                                    </u>			0.00		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ignt			Office he	eld	
	Date	Payee name	9							
	03/31/2025	Wordpress								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$35.18	547 Marke	t Street #36879							
		San Franci	sco, CA 94104							
L	DUDDOCE				(1-)					
	PURPOSE OF		See Categories listed at the top of		(D)	Description  Check if travel (	nutsi	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE	Office Ove	rhead/Rental Expense			<b>=</b>		officeholder living		
						Web Hosting				
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н			•					
⊨	Data	Davis name								
	Date	Payee name								
	01/29/2025	Wordpress								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$35.18	547 Marke	t Street #36879							
		San Franci	sco, CA 94104							
Г	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
	OF		rhead/Rental Expense				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·				, TX,	officeholder living	expense	
						Web Hosting				
L										
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н								
Г										
ĺ										
I										

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/39 Rpt: 41/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	05/28/2025	Wordpress
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.18	547 Market Street #36879
		San Francisco, CA 94104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web Hosting
		web Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/03/2025	Wordpress
H	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	547 Market Street #36879
		San Francisco, CA 94104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Web Hosting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/29/2025	Wordpress
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	547 Market Street #36879
		San Francisco, CA 94104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web Hosting
		web i losuing
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 38/39 Rpt: 42/43	VanDeaver, Gary W. (The Honorable)	00069367
4	Date	5 Payee name	
_	01/23/2025	Zoom	
6	Amount (\$) \$17.04	7 Payee address; City; State; Zip Code 120 Market St	
	Ψ17.04	120 Market of	
		San Jose, CA 98113	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDII OILL	,	Check if Austin, TX, officeholder living expense  Nine Meeting Expense
			into Meeting Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	02/24/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.04	120 Market St	
	DUDD 005	San Jose, CA 98113	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		On	lline Meeting Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Payee name	
	03/24/2025	Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.04	120 Market St	
		San Jose, CA 98113	
	PURPOSE OF		Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Nertial Expense   I	Check if Austin, TX, officeholder living expense
		On	lline Meeting Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	-		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Office Overhead/I Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/39 Rpt: 43/43	VanDeaver, Gary W. (The Honorable) 00069367
4	Date	5 Payee name
	04/23/2025	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.04	120 Market St
		San Jose, CA 98113
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Meeting Expense
		Chinic Modality Experies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
	05/23/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.04	120 Market St
		San Jose, CA 98113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Meeting Expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Para compa
	Date 06/23/2025	Payee name Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.11	120 Market St
		San Jose, CA 98113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Meeting Expense
		Offilite Meeting Expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		