# 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 Commis 00080325	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Valoree H.			Date Received  ELECTRONICA	LLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/16/2024	
		Swanson				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	23020 Ammick Ct.				Receipt #	Amount
Change of Address	Spring, TX 77389					
	Spring, 1X 77505				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Norma B.				
	NICKNAME	LAST		SUFFIX		
	INICKNAIVIE	Jeter		SUFFIX		
		Jelei				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	23618 Willow Switch Rd.					
(Residence or Business)	Spring, TX 77389					
	Spirity, 17, 11309					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(281) 414-4243		2711 211 211 211			
PHONE	(201) 414 4240					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can	
	X July 15	8th day before 6	plaction $\square$	Exceeded modified	appointment (office	
	X July 15	our day before t	Siection	reporting limit	Final Report (Attac	Sil C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distr	rict 150 Harris		State Represent	ative District 150	
	ı			<u> </u>		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 49

13 C / OH NAME	Swanson, Valoree H.	(The Honorable)		<b>14</b> Filer ID 00080325	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted These expenditures may have I officeholders are required to r	been made without th	ne candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	_	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUT	TONS (OTHER THAN	I DI EDCES I OANS	1	
TOTALS		ES OF LOANS, OR CONTRIB			\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS	)	\$	22,191.48
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITU	RES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	16,802.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTA RIOD	AINED AS OF THE LA	AST DAY OF THE	\$	43,217.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTA	ANDING LOANS AS (	OF THE LAST DAY	\$	34,040.00
17 AFFIDAVIT						
		true and co	affirm, under penalty orrect and includes all 15, Election Code.			
			The Honoral	ole Valoree H. Swar	nson	
			Signature of (	Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	DVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
		ertify which, witness my hand a				
Signature of offi	cer administering	Printed name of officer a	dministering	Title of office	r administer	ing oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			OVER ONEE	3 of 49
<b>18</b> FILER NAI Swanson	ME , Valoree H. (The Honorable)	<b>19</b> Filer ID 00080325	(Ethics Commission	า Filers)
l	E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,191.48
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 CONTRIBUTIONS	S	\$	16,802.49
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 ITO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/49	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)			3	Filer ID (Ethics Commissio 00080325	n Filers)
4	Date 06/28/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00	
_		Spring, TX 77389			_		
8	Principal occu	pation / Job title (See Instructions)	8	Employer (See Instructions	S)		
	Date 06/28/2024	Full name of contributor Benson, Barbara Contributor address; City; Sta		)		Amount of Contribution (\$)	\$10.41
	Deinsinal assu	Spring, TX 77389		Franks von (Cooks brothe stiere	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/27/2024	Full name of contributor Bresnen, Steven Greene & Contributor address; City; Sta			•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Bresnen Associates	5)		
	Date 06/30/2024	Full name of contributor  Casey, Michael  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$52.05
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 02/08/2024	Full name of contributor  Doty, Fred and Barbara  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/49
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Swanson, V	aloree H. (The Honorable)			00080325
4	Date 06/30/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Dyke, Jr., John (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$) \$260.25
		Spring, TX 77389-4932			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	06/27/2024	Fred Shannon LLC		]	\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	06/30/2024	Frost, Holloway  Contributor address; City; State; Zip Code			\$10,000.00
		Houston, TX 77024			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	06/30/2024	Greene, Cheryl		]	\$26.03
		Contributor address; City; State; Zip Code			
		Spring, TX 77373		<u> </u>	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	06/30/2024	Hale, Bud			\$104.10
		Contributor address; City; State; Zip Code			
		Spring, TX 77389			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/49	
2	FILER NAME Swanson, Va	NAME son, Valoree H. (The Honorable)		1	Filer ID (Ethics Commission 00080325	on Filers)
4	Date 06/27/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hillco PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 06/30/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
		Tomball, TX 77375				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Deer Park, TX 77536				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Ivers, Jessie Contributor address; City; State; Zip Code Spring, TX 77379			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Koehler, Eric D  Contributor address; City; State; Zip Code  Spring, TX 77379			Amount of Contribution (\$)	\$52.05
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/49		
2	FILER NAME Swanson, Va	ИЕ Valoree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	on Filers)	
4			7	Amount of Contribution (\$)	\$50.00		
_		Katy, TX 77449					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Lutkus, Linda Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$26.03	
	Principal occu	Hockley, TX 77447 pation / Job title (See Instructions)	Employer (See Instructions	)			
	· 	,	. , (				
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Lutton, Glenn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$26.03	
		Spring, TX 77388					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Marcus, Allen Contributor address; City; State; Zip Code Spring, TX 77389			Amount of Contribution (\$)	\$104.10	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Matthews, Ronnie & Cathy  Contributor address; City; State; Zip Code  Tomball, TX 77375			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions self	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/49	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	n Filers)
4	Date 06/27/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701				
8	Principal occu Attorney	ipation / Job title (See Instructions)	9 Employer (See Instructions Cross Oak Group	)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_ONCOR TX State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Dallas, TX 75202-1234  upation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	, ,	. , ,			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Pape, Allen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.82
		Spring, TX 77388				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Pierson, Delbert  Contributor address; City; State; Zip Code  Houston, TX 77068	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Powers, Judy A.  Contributor address; City; State; Zip Code  Spring, TX 77389	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instru	nstruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/49	
2	FILER NAME Swanson, Va	E Valoree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	on Filers)
4	Date 06/27/2024	_ `		7	Amount of Contribution (\$)	\$1,000.00
•	Dringing! good	Austin, TX 78701	0 Employer/Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Reeves, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10
	Principal occu	Spring, TX 77373  pation / Job title (See Instructions)	Employer (See Instructions	)		
	•					
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Renteria, Martin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10
		Spring, TX 77389				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)		
	Date 01/01/2024	Full name of contributor out-of-state PAC (ID#:_ Renteria, Martin Contributor address; City; State; Zip Code Spring, TX 77389	)		Amount of Contribution (\$)	\$104.10
	Principal occur retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Scott, Bruce  Contributor address; City; State; Zip Code  Austin, TX 78703	)		Amount of Contribution (\$)	\$156.15
	Principal occu Govt Affairs	pation / Job title (See Instructions)	Employer (See Instructions Bruce R. Scott Consultin		LLC	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/49		
2	FILER NAME Swanson, Va	IAME on, Valoree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	on Filers)	
4	Date 06/25/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,500.00	
_	<u> </u>	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Tutt, Philip Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$104.10	
	Principal occu	Spring, TX 77389 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	· ····o.pa ooda	paner, cos ano (cos menastro)					
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Van Fleet, Deborah  Contributor address; City; State; Zip Code  Spring, TX 77389	)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_ Whitley, Gregory Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)			

	MONET	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/49	
2	FILER NAME Swanson, Valoree H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080325	
4	Date 06/30/2024	5 Full name of contributor out-of-state PAC (ID#:_Young, Jill 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$26.0
_	Dinainala	Houston, TX 77084	la Frankrica (Octobration	
8	Principal occu	upation / Job title (See Instructions)	<b>9</b> Employer (See Instruction:	ns)
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Young, Jill Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$26.0
	Dringing	Houston, TX 77084	Franksian (Coo Instruction	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction:	ns)
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Zatarain, Terry  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)
	Principal occu	Spring, TX 77379 upation / Job title (See Instructions)	Employer (See Instruction	ns)

#### SCHEDULE F1

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

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

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 1/38 Rpt: 12/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/18/2024	7 Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.28	2021 Louetta Road
		Spring, TX 77375
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel reimbursement to Victoria Kobak
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	and the second of the second o
_	Date	Davos nama
	01/11/2024	Payee name 7 Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.51	22949 Kuykendahl
		Tomball, TX 77375
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Kobak - fuel reimbursememt
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davide name
	01/19/2024	Payee name 7 Eleven
		1.20.00
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.37	22949 Kuykendahl
		Tomball, TX 77375
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel reimbursement, Kobak
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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/Officenoider/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: 2/38 Rpt: 13/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/17/2024	7 Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.51	22949 Kuykendahl
		Tomball, TX 77375
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel reimbursement - Kobak
		Tad remisdisement Robat
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	and the second of the second o
_	Data	
	Date	Payee name
	01/18/2024	Board, Hadon
	Amount (\$)	Payee address; City; State; Zip Code
	\$406.00	1123 Winchester Bend
		Huffman, TX 77336
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Labor through 1/13/2024
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	·	
	Date	Payee name
	02/05/2024	Board, Hadon
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.00	1123 Winchester Bend
		Huffman, TX 77336
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Labor through 1/27/2024
	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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Serv	ces Salarie ruction Guide explains how to	s/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/38 Rpt: 14/49	Swanson, Valoree I	H. (The Honorable)				00080325	
4	Date	5 Payee name						
	03/26/2024	Board, Hadon						
6	Amount (\$)	7 Payee address; C	City; State; Zip	Code				
	\$300.00	1123 Winchester Bo	end					
		Huffman, TX 77336		_				
8	PURPOSE		es listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Co	ntract Labor		_		de of Texas. Com officeholder living	
					Labor through			expense
					Lasor arroag.			
9	Complete ONLY if direct	Candidate/Officeholder	name Office s	<u>l</u> ought			Office he	eld
	expenditure to benefit C/O	ł		<u> </u>				
	Date	Payee name						
	01/09/2024	<b>Bradford Checks</b>						
	Amount (\$)	Payee address; C	city; State; Zip	Code				
	\$102.68	9305 N. Milwaukee	Avenue					
		Nukes, IL 60714						
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Office Overhead/Re	ental Expense				de of Texas. Com officeholder living	
					Office supplie		officeriolder living	схрепас
					•• • • • • • • • • • • • • • • • •	-		
-	Complete ONLY if direct	Candidate/Officeholder	name Office s	 ouaht			Office he	eld
	expenditure to benefit C/O			oug			000	
<b>—</b>	Date	Payee name						
	02/20/2024	Buc EE #17						
$\vdash$	Amount (\$)		city; State; Zip	- Odo				
	\$45.29	10070 I-10	ony, State, ZIP	Joue				
	Ф45.29	T0010 I-T0						
		Luling TV 70040						
		Luling, TX 78648		1				
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description	oute:	do of Toyes O	plata Sahadula T
	EXPENDITURE	Travel Out of Distric	t				de of Texas. Com officeholder living	
					Fuel	,,	omoonoider iiviiig	, oxponice
$\vdash$	Complete ONLY if direct	Candidate/Officeholder	name Office s	 ouaht			Office he	eld
	expenditure to benefit C/O		2300	J				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Foot/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	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:	
Sch: 4/38 Rpt: 15/49	Swanson, Valoree H. (The Honorable) 00080325
4 Date	5 Payee name
02/20/2024	Buc EE #17
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.74	10070 I-10
	Luling, TX 78648
0 PUDDOCE	-
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
	- Mod
• O I i ONUVICE i	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/28/2024	Buc-EE's #26
Amount (\$)	Payee address; City; State; Zip Code
\$51.66	205 I-45 North
	Madisonville, TX 77864
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
	Fuel
Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
05/29/2024	BucEes 48
Amount (\$)	Payee address; City; State; Zip Code
\$31.90	1402 I-45
	Ennis, TX 75119
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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fuel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

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	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: 5/38 Rpt: 16/49	Swanson, Valoree H. (The Honorable) 00080325			
4	Date	5 Payee name			
	03/06/2024	Bucees #28			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$38.90	1700 Hwy 71 East			
		Bastrop, TX 78602			
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			
		Fuel			
		T del			
<u>_</u>	Complete ONL V if direct	Candidate/Officeholder name Office sought Office hold			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/28/2024	COSA Convention Center			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.00	900 East Market Street			
		San Antonio, TX 78205			
	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			
		medi			
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	•				
	Date	Payee name			
	06/28/2024	Capitol One Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$35.00	21210 Kuykendahl			
		Spring, TX 77379			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Service Charge			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to benefit 0/011				

#### 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		nmittee	Legal Services		es/Wag	nse es/Contract Labor		OTHER (enter a	category not listed abo	ve)
	Credit Card Payment			The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/38 Rpt: 17/49		Swanson, V	aloree H. (The I	Honorable)				00080325		
4	Date	5	Payee name								
	04/22/2024		Cedar Bayo	u Conference C	tr						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	!				
	\$140.00		4603 Cleary	vater Drive							
			Baytown, TX	K 77523							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule)	(b	) Description				
	OF EXPENDITURE		Fees	g	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						<b>—</b>		officeholder living	g expense	
							lodging and i	mea	ais		
_		L					_				
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office	sough	t		Office h	eld	
		_									
	Date		Payee name								
	02/21/2024		Cherry Tree	Republicans P.	AC						
	Amount (\$)		Payee addres		State; Zip	Code					
	\$26.00		11007 Wort	ham Blvd							
			Houston, TX	( 77065							
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b	) Description				
	EXPENDITURE		Food/Bever	age Expense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
							meal	1, 174,	omeenolder hving	у схренос	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office :	sough	t		Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/29/2024		-	Republicans P	AC						
	Amount (\$)		Payee addres		State; Zip	Code					
	\$25.00		11007 Wort	-							
			Houston, TX	( 77065							
	PURPOSE	(a)		e Categories listed at the	as top of this sabadula)	(b	) Description				
	OF	(-,	Fees	e Calegories listed at ti	ie top of this scriedule)	(~		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						_		officeholder living	g expense	
							Membership	for	2024		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	sough	t		Office h	eld	
	onponential to portion of or i										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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: 7/38 Rpt: 18/49	Swanson, Valoree H. (The Honorable) 00080325			
4	Date	5 Payee name			
	03/20/2024	Cherry Tree Republicans PAC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$8.00	11007 Wortham Blvd			
		Houston, TX 77065			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Meeting			
<u> </u>	0 1. 0				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experiantare to benefit ere				
	Date	Payee name			
	04/17/2024	Cherry Tree Republicans PAC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$26.00	11007 Wortham Blvd			
		Houston, TX 77065			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		meeting and meal			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/13/2024	Chevron			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$53.05	1693 Interstate 45 South			
		Conroe, TX 77304			
	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.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		fuel			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
L	experioritire to beriefit C/OH				

#### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: Sch: 8/38 Rpt: 19/49	2 FILER NAME Swanson, Valoree H. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080325				
4 Date 06/26/2024	5 Payee name Chic Fil A	•				
6 Amount (\$) \$55.29	7 Payee address; City; State; Zip Code 25306 Kuykendahl Spring, TX 77375	e				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  meals				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held				
Date	Payee name					
01/29/2024	Constant Contact					
Amount (\$) \$278.23	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	e				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Emailing				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sougl	nt Office held				
Date	Payee name					
02/29/2024	Constant Contact					
Amount (\$) \$278.23	Payee address; City; State; Zip Code 1601 Trapelo Road	9				
	Waltham, MA 02451					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description				

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office Overhead/Rental Expense

Candidate/Officeholder name

**Emailing** 

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 9/38 Rpt: 20/49	Swanson, Valoree H. (The Honorable) 00080325					
4	Date	5 Payee name					
	03/29/2024	Constant Contact					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$278.23	1601 Trapelo Road					
		Waltham, MA 02451					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		emailing					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	04/29/2024	Constant Contact					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$278.23	1601 Trapelo Road					
		Waltham, MA 02451					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Office Overhead/Rental Expense					
EXPENDITORE		Check if Austin, TX, officeholder living expense					
		Emailing					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
L	Dete	T _					
	Date	Payee name					
	05/29/2024	Constant Contact					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$278.23	1601 Trapelo Road					
		Waltham, MA 02451					
	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					
		Emailing					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held 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

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

	Contributing 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: 10/38 Rpt: 21/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	02/01/2024	Darkspire Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.60	5900 S Lake Forest Dr
		Suite 300
		McKinney , TX 75070
Ļ	DUDDOOF	To.
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
		Internet website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/01/2024	Darkspire Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.60	5900 S Lake Forest Dr
		Suite 300
		McKinney , TX 75070
		· · · · · · · · · · · · · · · · · · ·
	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 website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
	Date	Payee name
	04/01/2024	Darkspire Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.60	5900 S Lake Forest Dr
		Suite 300
		McKinney, TX 75070
	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
		Internet website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 11/38 Rpt: 22/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	05/01/2024	Darkspire Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.60	5900 S Lake Forest Dr
		Suite 300
		McKinney , TX 75070
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  Internet website
		internet website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2024	Darkspire Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.60	5900 S Lake Forest Dr
		Suite 300
		McKinney , TX 75070
	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
		Internet website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/29/2024	Dave's Express Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.77	22944 Kuykendahl Rd
		Spring, TX 77389
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		Fuei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to	compl	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/38 Rpt: 23/49	:	Swanson, Valoree H. (The Honorable)		00080325
4	Date	5	Payee name		•
	05/28/2024		Downtown Foodstore		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$35.28	;	531 Elm Street		
		:	San Antonio, TX 78202		
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 Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					ruei
9	Complete ONLY if direct		andidate/Officeholder name Office s	ought	t Office held
9	expenditure to benefit C/OI		andidate/Onicendider name Onice s	ougni	d Office field
_	Data				
	Date 05/20/2024	ı	Payee name		
		<u> </u>	Emerald C Store		
	Amount (\$)	ı	Payee address; City; State; Zip	Code	
	\$50.23	] :	11368 Emerald Street		
		ا	Dallas, TX 75229		
	PURPOSE OF		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
					fuel
	Complete ONLY if direct	C	andidate/Officeholder name Office s	ought	t Office held
	expenditure to benefit C/OI	Н			
_	Date		Payee name		
	05/10/2024	ı	Expedia Group Austin		
	Amount (\$)		Payee address; City; State; Zip	Code	<u> </u>
	\$151.84	l	L1920 Alterra Pkwy		
	,		,		
		Ι,	Austin, TX 78758		
	PURPOSE		Category (See Categories listed at the top of this schedule)	(h)	) Description
	OF		Travel Out of District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					hotel reservation
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name Office s	ought	t Office held
	experioralie to benefit C/OI	1 1			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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	Il 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: 13/38 Rpt: 24/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	04/22/2024	Exxon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.59	6114 Decker Drive
		Baytown, TX 77520
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 Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		i uci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	01/10/2024	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.02	14455 N. Hayden Rd.
		Scottsdale, AZ 85260
	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
		Internet
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨		
	Date	Payee name
	05/24/2024	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.32	14455 N. Hayden Rd.
		Scottsdale, AZ 85260
	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 Internet
		Internet
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	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: 14/38 Rpt: 25/49	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	_
	06/21/2024	GoDaddy.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$175.80	14455 N. Hayden Rd.	
		Scottsdale, AZ 85260	
8	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  Internet	
		memet	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	_
	05/28/2024	Grand Hyatt Hotel	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$782.10	600 East Market Street	
	Ψ102.10	000 East Market Street	
		San Antonio TV 70205	
L	P. (P. 0.0.5	San Antonio, TX 78205	_
	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Hotel lodging	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialiture to benefit C/Oi	'	
	Date	Payee name	
	02/26/2024	Great Wolf Lodge	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$180.78	100 Great Wolf Drive	
		Grapevine, TX 76051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense  Hotel stay	
		Tioler stay	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
$\vdash$			

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total nagge Schodule F1:	
	Total pages Schedule F1: Sch: 15/38 Rpt: 26/49	Swanson, Valoree H. (The Honorable)  Swanson, Valoree H. (The Honorable)  00080325
Ļ	•	
4	Date	5 Payee name
L	02/27/2024	Great Wolf Lodge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.78	100 Great Wolf Drive
		Granavina TV 76051
		Grapevine, TX 76051
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 Texas. Complete Schedule T.
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense
		Hotel stay
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/28/2024	Great Wolf Lodge
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.18	100 Great Wolf Drive
		Grapevine, TX 76051
_	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Hotel lodging
		Tioter louging
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•
	Date	Payee name
	05/23/2024	HEB 211
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$30.97	14325 Potranco Road
	Φ30.97	14020 FUII AIICU RUAU
		San Antonio, TX 78253
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food, drinks for hotel
	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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of 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: 16/38 Rpt: 27/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	06/27/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.51	1000 East 41st Street
		Austin, TX 78751
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
		Refreshments
		TKOHOSHIHOHO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/07/2024	Hampton Inn Suites
H	Amount (\$)	Payee address; City; State; Zip Code
	\$156.66	2013 Ranch Road 620 South
	,	
		Lakeway, TX 78734
	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 Hotel lodging
		Thotal loaging
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/21/2024	Harris County GOP
H	Amount (\$)	Payee address; City; State; Zip Code
	\$521.15	8588 Katy Fwy
		Suite 445
		Spring Valley Village, TX 77024
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		<u> </u>	_
1	Total pages Schedule F1:		
	Sch: 17/38 Rpt: 28/49	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	06/28/2024	Hinds, David	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,800.00	603 Mulberry Creek Lane	
		Hutto, TX 78634	
<u> </u>	DUDDOCT		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Labor, Jan 1 - June 30, 2024	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
_	Data		_
	Date	Payee name	
	01/26/2024	Home Depot	
	Amount (\$)	Payee address; City; State; Zip Code	ſ
	\$546.32	21530 TX 249	
		Houston, TX 77070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Officee equipment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/11/2024	Houston Livestock Show	ſ
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$15.00	NRG Stadium	ſ
		Houston, TX 77054	
$\vdash$	PURPOSE		_
	OF		ſ
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Mail charge	ſ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	Н	ſ
			_

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/38 Rpt: 29/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	04/29/2024	Houstonian Conference
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	111 North Post Oak Lane
		Houston, TX 77024
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 Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/12/2024	In Town Food Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.83	29214 Huffman Cleveland Rd
		Huffman, TX 77336
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Fuel reiumbursement - Kobak
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/13/2024	In Town Food Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.87	29214 Huffman Cleveland Rd
	,	
		Huffman, TX 77336
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas reimbursement - kobak
	0 1. 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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a extraory pat listed above)

	Contributions/ Donations Made By 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:	
	Sch: 19/38 Rpt: 30/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/19/2024	Jeter, Norma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$615.00	23618 Willow Switch Rd
		Spring, TX 77389-3400
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Labor through 12/31
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2024	Kingwood Tea Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2261 Northpark Drive
		Suite 109
		Kingwood, TX 77339
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/18/2024	Kobak, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$406.00	1123 Winchester Bend
		Huffman, TX 77336
	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  Labor through 12/31/2023
		Labor through 12/01/2020
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/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

kpense Travel in Di kpense Travel Out of Vages/Contract Labor OTHER (en

	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: 20/38 Rpt: 31/49	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	01/30/2024	Kobak, Victoria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$810.00	1123 Winchester Bend	
		Huffman, TX 77336	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Labor through 1/27/2024	
		Easor through 1/21/2024	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
$\vdash$	Dete		
	Date	Payee name	
	03/26/2024	Kobak, Victoria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$725.00	1123 Winchester Bend	
		Huffman, TX 77336	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Labor through 3/25/24	
		Labor unough 6/20/24	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	<b>D</b> :		
	Date	Payee name	
	01/25/2024	Kroger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.70	14060 FM 2920	
		Spring, TX 77379	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Fuel reimbursement- Kobak	
	0 1 0 0 0 0 0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onponditure to benefit 0/01	•	

#### 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 Commit

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 21/38 Rpt: 32/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	03/20/2024	Los Cucos Mexican Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.51	23730 Highway 59 North
		Kingwood, TX 77339
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/15/2024	Los Reyes Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.03	5050 Cypress Creek Parkway
		Houston, TX 77069
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2024	Lowes
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.72	20902 Kuykendahl
		Spring, TX 77379
	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
		Office equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

#### SCHEDULE F1

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

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 22/38 Rpt: 33/49	Swanson, Valoree H. (The Honorable)		00080325
4	Date	5 Payee name		<u> </u>
	02/26/2024	MM8 Lakeway Gas		
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip C	ode	
l	\$42.22	136931 MM 8		
		Lakeway, TX 78734		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
ľ	OF	Travel Out of District	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fuel
			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L				
	Date	Payee name		
	06/18/2024	Mike Knox Campaign		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$200.00	7941 Katy Freeway		
l				
		Houston, TX 77024		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee		Donation
				20.1410.1
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		J	
H	Date	Payee name		
	02/26/2024	Murphy 6812		
┝	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$42.30	9101 N. Tarrant Pkwy	-040	
l	,	,,		
		North Richland Hills, TX 76180		
H	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(5)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				fuel
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	7		

#### 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

mbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 23/38 Rpt: 34/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	03/14/2024	Northwest Forest Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.00	5816 Spanish Oaks Drive
		Houston, TX 77066
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership and ad
Ļ	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/29/2024	Omni Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	4 Riverway
		Houston , TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/03/2024	PGA Frisco Front Desk
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	4341 PGA Parkway
	420.00	16 12 1 G/VI alithaj
		Frisco, TX 75033
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		retreat lodging
	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 Committ

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: 24/38 Rpt: 35/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	06/05/2024	Panera Bread
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.18	21620 Kuykendahl
		spring, TX 77389
8	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
		The ta
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	Date	Power name
	04/04/2024	Payee name QT903 Outside
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.04	2968 Forest Lane
		Dallas, TX 75234
	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
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/19/2024	Raif Tax and Bookkeeping
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	16365 Park Ten Place
	φοσο.σσ	Suite 182
		Houston, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	

#### 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	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: 25/38 Rpt: 36/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	03/13/2024	Robert Fuller Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	25527 Hickory Valley Lane
L		Spring, TX 77373
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
		office equipment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/05/2024	Ross Fischer Law PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,550.00	440 Louisiana Street
		Unit 200
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Legal expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Payee name
	03/05/2024	Ross Fischer Law PLLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	440 Louisiana Street
	Ψ330.00	
		Unit 200
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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#### 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 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: 26/38 Rpt: 37/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	02/08/2024	Salata
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.89	6630 Spring Stuebner
		Spring, TX 77389
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
		lunch meeting, meal
		iditori modulig, mod
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2024	Shell Service Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.61	22207 Kuykendahl Rd
		Spring, TX 77379
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fuel reimbursement, Kobak
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/22/2024	Shirley Acres
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	217 Woerner Rd
		Houston, TX 77090
	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
		Northwest Forest RW Mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/38 Rpt: 38/49	Swanson, Valoree H. (The Honorable)	00080325
4 Date	5 Payee name	·
02/05/2024	TX Lobby Guide	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$54.13	PO Box 461753	
	San Antonio, TX 78246	
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.
LAI LIIDITORE		Check if Austin, TX, officeholder living expense
		Directory
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		gnt Office field
Data		
Date 05/16/2024	Payee name Texas GOP	
Amount (\$)	Payee address; City; State; Zip Co	de
\$79.00	2024 Texas	
	Austin, TX 77450	
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
		what
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
03/18/2024	Texas Tea Party Republican Women PAC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$90.00	5100 Grand Lake Street	
	Bellaire, TX 77401	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
		Memberships
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght 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 Comm

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	Il 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: 28/38 Rpt: 39/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
L	01/25/2024	Texas Truth Movement
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	22708 SH 249
		No. 108
		Tomball, TX 77375
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership
		Wethbership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/21/2024	Texas Values Action
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	900 Congress
		Suite 220
		Austin, TX 78701
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/05/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toll fees
		toli lees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
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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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/38 Rpt: 40/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/16/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Toll fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/29/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		toll fees
_	Operation ONE V. C. F.	Overfield to 100% and a little
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Za Enditone	Check if Austin, TX, officeholder living expense
		toll fees
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> 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 -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: 30/38 Rpt: 41/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	02/12/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
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 Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toll fees
		toli ices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	02/20/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	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  toll fees
		ton rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/21/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	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 toll fees
		ton rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Comm

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: 31/38 Rpt: 42/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	02/26/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
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 Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  toll fees
		ton rees
_	Commission ONII V if disposi	Constitute / Office helds no new Constitute of the constitute of t
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	02/27/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	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  toll fees
		ton rees
	Commission ONII V if disposi	Constitute / Office helds no new Constitute of the constitute of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/04/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  toll fees
		LOII IEES
	Operation ON VIVIII	Outside to 10 ff and address and a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportance to bollont 0/01	

#### 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: 32/38 Rpt: 43/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	03/11/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		toll fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	03/12/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		toll fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/20/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toll fees
		toli iees
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ent Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	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: 33/38 Rpt: 44/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	03/28/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense toll fees
		toli lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	04/03/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
	Ψ20.00	12/10 Bullet Nodu
		Austin, TX 78727
	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
		toll fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	<u></u>
	Date	Payee name
	04/08/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	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
		toll fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Giff Candidate/Officeholder/Political Committee Leg

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

	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: 34/38 Rpt: 45/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	04/12/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
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 Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		toll fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/29/2024	Tx Tag
H	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toll fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/10/2024	Tx Tag
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toll fees
		toli lees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

#### 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 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: 35/38 Rpt: 46/49	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	05/28/2024	Tx Tag
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
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
		toll fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to belieff C/Or	1
	Date	Payee name
	05/31/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	D :	
	Date	Payee name
	06/12/2024	Tx Tag
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	12719 Burnet Road
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toll fees
		toli ices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

#### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Git Consulting Expense Fo Contributions/ Doffenbalder/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

	Candidate/Officenoider/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: 36/38 Rpt: 47/49	Swanson, Valoree H. (The Honorable) 00080325
4 [	Date	5 Payee name
(	06/17/2024	Tx Tag
6 /	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 12719 Burnet Road  Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ı	Date	Payee name
(	06/28/2024	Tx Tag
,	Amount (\$) \$20.00	Payee address; City; State; Zip Code  12719 Burnet Road  Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
(	05/10/2024	WalMart
,	Amount (\$) \$29.27	Payee address; City; State; Zip Code 710 E. Ben White Blvd
		Austin, TX 78704
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 37/38 Rpt: 48/49	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	05/20/2024	Walmart Super Center	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$135.58	6300 Oakmont Blvd	
		Fort Worth, TX 76132	
8	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	
		Office supplies, food, drinks	
		Cinios supplies, lessa, alinike	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	02/26/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.98	1602 West State Hwy 114	
	42.0.00		
		Grapevine, TX 76051	
	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	
		Food and supplies for hotel stay	
		1 ood and supplies for note: stay	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	01/25/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.00	21150 Kuykendahl	
		Spring , TX 77379	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Fuel reimbursement, Kobak	
		Fuer reimbursement, Nobak	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Av	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Fayment		The I	Instruction Guide explai	ns how to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 38/38 Rpt: 49/49		Swanson, Valore	ee H. (The Honorab	le)				00080325		
4	Date	5	Payee name					<u> </u>			
	06/30/2024		WinRed								
_	Amount (\$)	7	Payee address;	City; Sta	ate; Zip Cod	10					
ľ	\$84.00	ľ	1776 Wilson Blv		ite, zip cot	Je					
	Φ04.00		1770 WIISON DIV	u							
		Arlington, VA 22209									
8	PURPOSE	(a)	Category (See Cate	egories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			ccounting/Banking Check if travel outside of Texas. Complete Schedule T.							
l	LA LINDITORE			Check if Austin, TX, officeholder living expense							
							Fees				
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officehol	lder name	Office soug	ght			Office he	eld	
L	experience to benefit of o										
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