CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00080325		2 Total pages filed: 18	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	The Honorable	Valoree H.			Date Received	
10 001					ELECTRONICALL	V EII ED
					10/07/2024	TITIEED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Swanson				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date	te Postmarked
OFFICEHOLDER MAILING	23020 Ammick Ct.					
ADDRESS					Receipt #	Amount
Change of Address	Spring, TX 77389					
	Spring, 17, 77505				Date Processed	
					Date Imaged	
F. CAMBAICNI	MC (MDC (MD	FIDOT		N 41		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mrs.	Norma B.				
	NICKNAME	LAST		SUFFIX		
		Jeter				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP'	Γ / SUITE #; CITY;	STATE	; ZIP CODE
TREASURER ADDRESS	23618 Willow Switch Rd					
(Residence or Business)	Spring, TX 77389					
7 CAMPAIGN TREASURER		ONE NUMBER E	EXTENSION			
PHONE	(281) 414-4243					
8 REPORT TYPE					7	
IIFE	January 15	X 30th day before	election	Runoff	15th day after campa appointment (officeho	
	July 15	8th day before	election	Exceeded modified	Final Report (Attach	
			ш	reporting limit	_ · ·	,
9 PERIOD	Month Day Year	•		Month Day	Year	
COVERED	07/01/2024		IROUGH	09/26/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	· 🗖 Pi	rimary	Runoff	Other	
	11/05/2024					
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Di	strict 150		State Represent	ative District 150	
	!			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Swanson, Valoree H.	(The Honorable)	14 Filer ID (I 00080325	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's known consent. Candidates and officeholders are required to report this information only if they receive notice of such							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
Ш	X GENERAL	Texas Realtors PAC (TREPAC)						
		COMMITTEE ADDRESS						
	SPECIFIC	1115 San Jacinto Blvd						
	-	Suite 200						
		Austin, TX 78701						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Cantu, Leslie						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		P.O.Box 2246						
		Austin, TX 78768						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 1,076.03				
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 13,472.89				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 37,800.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	OF THE LAST DAY	\$ 34,040.00					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The Honora	ıble Valoree H. Swans	son				
		Signature of	Candidate or Officehold	der				
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 and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 18
18 FILE		ME Valoree H. (The Honorable)	19 Filer ID 00080325	(Ethics (Commission Filers)
20 SCH NAM	HEDULE ME OF S	SU	BTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,076.03
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	4,672.89
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	8,800.00
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 FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	ILE A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/18		
2	FILER NAME Swanson, Va	aloree H. (The Honorable)		3	Filer ID (Ethics Commiss 00080325	ion Filers)
4	Date 07/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Spring, TX 77389 pation / Job title (See Instructions)	Employer (See Instructions Worlely	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 107/23/2024 Lindell, Jason and Jan Contributor address; City; State; Zip Code Spring, TX 77389				Amount of Contribution (\$)	\$26.03
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions GoCFO	5)		
	Date 07/08/2024	Full name of contributor		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Tomball, TX 77377 upation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials 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: 1/12 Rpt: 5/18	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	07/23/2024	823 Congress Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	823 Congress
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of 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	1
	Date	Payee name
	09/17/2024	Board, Hadon
	Amount (\$)	Payee address; City; State; Zip Code
	\$558.00	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Labor
		Laboi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	09/05/2024	Buzzin Market #3
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.54	21939 Gosling
	,	g
		Spring, TX 77388
	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
		fuel
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 2/12 Rpt: 6/18	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	09/13/2024	Buzzin Market #3
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.87	21939 Gosling
		Spring, TX 77388
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		fuel
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2024	Chic Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	1161 US Hwy 290 East
		Brenham, TX 77833
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	08/29/2024	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Emailing
	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

	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: 3/12 Rpt: 7/18	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	07/29/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$278.23	1601 Trapelo Road
		Waltham, MA 02451
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 Emailing
		Linding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.23	1601 Trapelo Road
	ΨΕ. Ο.ΕΟ	1001 Hapolo Roda
		Waltham, MA 02451
	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
		Emailing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/03/2024	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
	EXPENDITORE	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	

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		Legal Services The Instruction Guid	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above	ve)
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission	n Filers)
L	Sch: 4/12 Rpt: 8/18		, Valoree H. (The Ho	onorable)				00080325		
4	Date	5 Payee nar								
	08/01/2024	Darkspire	e Media LLC							
6	Amount (\$)	7 Payee add	dress; City;	State; Zip C	ode					
	\$20.00	5900 S L	ake Forest Dr							
		Suite 300)							
		McKinne	y , TX 75070							
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Expe	nse		=			plete Schedule T.	
						Internet	, IX	, officeholder living	g expense	
						internet				
9	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee nar	ne							
	07/01/2024	Darkspire	e Media LLC							
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$20.60	5900 S L	ake Forest Dr							
		Suite 300)							
		McKinne	y , TX 75070							
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Expe	nse		=			plete Schedule T.	
						Internet	, TX	, officeholder living	g expense	
						internet				
	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u> </u>			Office h	eld	
L	expenditure to benefit C/OI	H 								
	Date	Payee nar	me							
	07/03/2024	Dave's E	xpress Stop							
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$50.52	22944 Kı	ıykendahl Rd							
		Spring, T	X 77389							
	PURPOSE OF		(See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Travel In	District						plete Schedule T.	
						Fuel	, 1,	, officeholder living	g expense	
										
\vdash	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н			-					
H										

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: 5/12 Rpt: 9/18	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	09/23/2024	Doubletree Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.70	1617 North I-35
		Austin, TX 78702
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
		Hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/11/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	5241 FM 1960
	!	
		Spring, TX 77388
	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
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/12/2024	Hampton Inn North Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.88	7619 N Interstate Hwy 35
	,	
		Austin, TX 78752
	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
		i lotei
	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 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	
Ļ	Tatalana O. I. I. T.	·
1	Total pages Schedule F1: Sch: 6/12 Rpt: 10/18	2 FILER NAME Swanson, Valoree H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080325
4	Date	5 Payee name
•	08/07/2024	Jeter, Norma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	23618 Willow Switch Rd
		Spring, TX 77389
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office equals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Dete	
	Date	Payee name
	09/17/2024	Kobak, Lisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$612.00	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
		Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/17/2024	Kobak, Victoria
_		
	Amount (\$)	
	\$954.00	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
	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
L	Sch: 7/12 Rpt: 11/18	L	Swanson, V	aloree H. (The H	onorable)					00080325		
4	Date	5	Payee name									
	09/12/2024		Krogers									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$28.09		14060 FM 2	2920								
			Tomball, TX	(77377								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Travel In Di			,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							<u> </u>	, TX,	officeholder living	expense	
								fuel				
_	Complete ONII V Stalling at	Ļ	Condidate (Off	anhalder mer:		office	10,54			O#: !	ald.	
9	Complete ONLY if direct expenditure to benefit C/Oh		zandidate/Offi	ceholder name		office sou	ugnt			Office he	eiu	
	Date		Payee name									
	09/09/2024		Los Reyes I	Mexican Restaura	ant							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					
	\$21.60		5050 Cypre	ss Creek Parkwa	y							
			Houston, TX	K 77069								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			age Expense	•	,		=			plete Schedule T.	
	LA LIBITORE							—		officeholder living	g expense	
								TTPRW Mee	ung	I		
	Complete ONLY if direct	<u> </u>	andidate/Off	coholder name		office ee	laht			Office he	nid	
	Complete ONLY if direct expenditure to benefit C/OH		Ja⊓uiuale/O∏	ceholder name	C	Office sou	ugrit			Office ne	eiu	
_	<u></u>	_										_
	Date		Payee name	arocc								
	09/08/2024		Murphy Exp									
	Amount (\$)		Payee addres	•	State;	Zip Co	ode					
	\$36.13		21170 Kuyk	cendahl								
			Spring, TX	77388								
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In Di	strict				ш		de of Texas. Com officeholder living	plete Schedule T.	
								fuel	, , ,,	Socriolaer iivilig	, oxpolice	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld	
	expenditure to benefit C/OF	Н					-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 8/12 Rpt: 12/18	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	09/20/2024	PMC Paid Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.91	216 Congress Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/14/2024	Panera Bread
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.54	21620 Kuyhendahl
		Spring, TX 77379
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pouso namo
	09/04/2024	Payee name Salata
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.34	6630 Spring Stuebner
	Ψ00.04	Cook Opining Stateshol
		Spring, TX 77389
	PURPOSE	, ,
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		lunch meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u> </u>

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	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: 9/12 Rpt: 13/18	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	09/26/2024	TRU by Hilton Pflugerville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$126.71	18700 HIII Top Commercial Dr
		Building 1
		Pflugerville, TX 78660
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 Hotel
		notei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	
	Date	Payee name
	09/23/2024	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
		Tolls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/17/2024	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/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 fo	orm.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/12 Rpt: 14/18	Swanson, Valoree H. (The Honorable)	00080325				
4	Date	5 Payee name					
	09/13/2024	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) Descrip					
	OF EXPENDITURE	Travel out of District	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense				
		Tolls	k ii Austin, 17, uniceriulaer livilig expense				
		1					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O						
Т	Date	Payee name					
	09/10/2024	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) Descrip					
	EXPENDITURE	Travel out of District	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense				
		tolls	, and an analysis of the state				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	1					
	Date	Payee name					
	09/09/2024	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) Descrip	tion				
	OF EXPENDITURE	Traver in District	k if travel outside of Texas. Complete Schedule T.				
		│	k if Austin, TX, officeholder living expense				
		1003					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						
I							

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)				
_		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 11/12 Rpt: 15/18	Swanson, Valoree H. (The Honorable) 00080325				
4	Date	5 Payee name				
L	08/16/2024	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				
		Tolls				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/31/2024	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.				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Tolls				
	Commission ONU Wife allows	Condidate/Officeholder come				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	07/15/2024	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				
		Tolls				
	Complete ONLY if direct	Condidate/Officeholder name Office equality Office hald				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ll 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)
	The Instruction Guide explains	•	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 16/18	Swanson, Valoree H. (The Honorable)		00080325
4 Date	5 Payee name		
09/20/2024	Valero Energy		
6 Amount (\$) \$62.52	7 Payee address; City; State 410 Hwy 290 E Elgin, TX 78621	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Travel Out of District	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 17/18 Swanson, Valoree H. (The Honorable) 00080325 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 09/04/2024 Advantage Inc. Amount (\$) Payee address; City; State; Zip Code \$900.00 9420 Bonita Beach Rd Suite 200 Bonita Springs, FL 34135 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Grassroots applications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/25/2024 Colon and Company Amount (\$) Payee address; City; State; Zip Code \$750.00 7941 Katy Freeway Suite 108 Houston, TX 77024 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 18/18 Swanson, Valoree H. (The Honorable) 00080325 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 07/22/2024 Ross Fischer Law PLLC Amount (\$) Payee address; State; Zip Code \$7,150.00 440 Louisiana Street Unit 200 Houston, TX 77002 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH