CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics Commis 00080325		2 Total pages filed: 29
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Valoree H.			Date Received
10 001					ELECTRONICALLY FILED
					01/15/2025
	NICKNAME	LAST		SUFFIX	01/15/2025
		Swanson			
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	23020 Ammick Ct.				<u> </u>
ADDRESS					Receipt # Amount
Change of Address	Spring, TX 77389				
	Spring, 17, 17505				Date Processed
					Date Imaged
F. CAMBAICNI	MC (MDC (MD	FIDOT		- NAI	
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);	APT	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	23618 Willow Switch Rd.				
(Residence or Business)	Spring, TX 77389				
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION		
TREASURER PHONE	(281) 414-4243				
8 REPORT		—	_	_	_
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-FR)
				reporting limit	J ,
9 PERIOD	Month Day Year			Month Day	Year
COVERED	10/27/2024		HROUGH	12/31/2024	
	20,21,2021			,,	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	·	rimary	Runoff	Other
			-	브	
			Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
	State Representative Dis	strict 150 Harris		State Representa	ative Place Spring TX District 150
	-!				
		GO T	O PAGE 2		
			•		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Swanson, Valoree H.	(The Honorable)		14 Filer ID 00080325	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expendit may have been made without equired to report this information	the candidate's or off	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
	GENERAL	COMMITTEE ADD	RESS			
	SPECIFIC		NEGO .			
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)						0.00
	\$	16,053.32				
EXPENDITURE TOTALS						0.00
	4. TOTAL POLITIC	\$	48,988.11			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE I	AST DAY OF THE	\$	83,330.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	34,040.00
17 AFFIDAVIT	-				-	
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			The Hener	able Valoree H. Swa	ncon	
				of Candidate or Officer		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of office	cer administer	ing oath
-	-		-			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		CC	OVER SHE	ET PG 3 3 of 29	
18 FILER NAME Swanson, Valoree H. (Th	ne Honorable)	19 Filer ID 00080325	(Ethics Commis	ssion Filers)	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		1	SUBTOTA	L AMOUNT	
1. X SCHEDULE AS	L: MONETARY POLITICAL CONTRIBUTIONS		\$	15,803.32	
2. X SCHEDULE A2	2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00	
3. SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E:	\$				
5. X SCHEDULE F1	\$	48,988.11			
6. SCHEDULE F2	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3	3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$		
8. SCHEDULE F4	I: 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 CONTRIBUT	IONS	\$		
12. SCHEDULE K: TO FILER	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/29		
2	FILER NAME				Filer ID (Ethics Commissio	n Filers)	
	Swanson, V	aloree H. (The Honorable)			00080325		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Allen Boone Humphries Robinson LLP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
		Houston, TX 77027					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	12/14/2024	Carpenter, Thelma				\$104.10	
	Contributor address; City; State; Zip Code						
		Spring, TX 77389					
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	i)			
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Centerpoint Energy, Inc. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77210-4567					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Copelin, Michael G. and Rachel L. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
	Principal occu	Spring, TX 77379-1469 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/29	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)			3	Filer ID (Ethics Commission 00080325	n Filers)
4	Date 12/08/2024			7	Amount of Contribution (\$)	\$500.00	
_		Spring, TX 77389	_				
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/14/2024 Fontenot, Reina (Mrs.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Spring, TX 77389 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired				<u> </u> s)		
	retired			retired	_		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Home-PAC of Texas, TX Assoc Builders Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Associated General Contractors Contributor address; City; State; Zip Code Houston, TX 77092-8717)	-	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Fund Contributor address; City; State; Zip Code Deer Park, TX 77536)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		'					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/29	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	n Filers)
4	Date 11/14/2024			7	Amount of Contribution (\$)	\$500.00
Ω	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)	9 Employer (See Instructions	:, 		
0	Fillicipal occu	pation / Job title (See Instituctions)	Employer (See instructions	»)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Koebele, Stephen Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$520.51
	Deinsinal assu	Austin, TX 78701				
	Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Law Office of Steve Ko				le	
	Date 12/11/2024				Amount of Contribution (\$)	\$500.00
		Austin, TX 78760				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Lutton, Glenn Contributor address; City; State; Zip Code Spring, TX 77388			Amount of Contribution (\$)	\$26.03
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions Gordon Foods	<u> </u>		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Matthews, Ronnie & Cathy Contributor address; City; State; Zip Code Tomball, TX 77375			Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions self	s)		

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/29	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)			3	Filer ID (Ethics Commission 00080325	on Filers)
4	Date 12/13/2024			7	Amount of Contribution (\$)	\$250.00	
Q	Drincinal occu	Austin, TX 78759 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0		tal affairs cons	9	Governmental Affairs	')		
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Moak Casey PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	· ····o.pa. oooa	pation, roos and (oos medications)			,		
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Oncor Texas State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Dallas, TX 75202					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/13/2024	Payne, John Kristina	-state PAC (ID#:)		Amount of Contribution (\$)	\$260.25
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions CPA)		
	Date 12/13/2024	Pedrick, Larry	-state PAC (ID#:)		Amount of Contribution (\$)	\$104.10
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/6 Rpt: 8/29		
2	FILER NAME Swanson, Va	aloree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	n Filers)	
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$52.05	
_		Spring, TX 77373	I				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/13/2024 Renteria, Martin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$260.25	
	Spring, TX 77389 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	retired retired						
	Date Full name of contributor out-of-state PAC (ID#:) 12/13/2024 Scherz, D. Braxton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.03		
		Houston, TX 77090					
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Sword, James Contributor address; City; State; Zip Code Spring, TX 77373			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC Contributor address; City; State; Zip Code Austin, TX 78741			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/29	=		
2	FILER NAME Swanson, V	aloree H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00080325	_	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Texas Dental Association PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.0	-	
		Austin, TX 78704		L			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	·)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 The Posey Law Firm, P.C. Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.0	- 3	
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	;)		_	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Wall, Kathaleen Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,000.0	= 0	
	Principal occu	Houston, TX 77007 Ipation / Job title (See Instructions) Vestor	Employer (See Instructions Self	;)		_	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Wine and Spirits Wholesalers of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2441			Amount of Contribution (\$) \$2,000.0	= D	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		_	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/29 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Swanson, Valoree H. (The Honorable) 00080325 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/12/2024 TREPAC-Texas Realtors PAC \$250.00 Advertising for fund-7 Contributor address; City; State; Zip Code raising event for Valoree Swanson Campaign Dist i 150 Austin, TX 78768-2246 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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		· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
	Sch: 1/19 Rpt: 11/29	Swanson, Valoree H. (The Honorable) 00080325	_
4	Date	5 Payee name	
L	12/03/2024	Capitol Gift Shop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$216.50	1400 Congress Ave	
		Austin, TX 78701	
8	PURPOSE		_
ľ	OF		
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Gifts	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash	Date	Davida nama	=
		Payee name Conitol Citt Shap	ı
	12/19/2024	Capitol Gift Shop	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$157.38	1400 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Gifts	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	ľ
L	CAPETIGITUTE TO DETICITE C/OI		
	Date	Payee name	
	12/23/2024	Capitol Gift Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.80	1400 Congress Ave	
			ľ
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	ı
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		gifts	ľ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	ľ

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 2/19 Rpt: 12/29		Swanson, V	aloree H. (The Ho	onorable)					00080325	
4	Date	5	Payee name								
	11/06/2024		Capitol Res	ources							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$1,001.68		109 West F	ront Street							
			Box 257								
			Brooklyn, IA	A 52211							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising					=		de of Texas. Comp	
								Campaign Ac		officeholder living	expense
								Campaign At	4 V C	านอกาษ	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		office sou	laht			Office he	eld
9	expenditure to benefit C/Oh		Januluale/OIII	Conduct Hattle		mice Sut	agrit			Onice ne	
	Date		Payee name								
L	10/30/2024	L	Chevron ga	s station							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$43.00		6114 Root I	Road							
L			Spring, TX	77389							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel In Di	strict				=		de of Texas. Comp officeholder living	
								Fuel	, ιλ,	onicentities living	слренос
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O						-				
H	Date		Payee name								
	11/20/2024		Chevron ga	s station							
	Amount (\$)	\vdash	Payee addre		State;	Zip Co	ode				
	\$46.01		1525 Inwoo		,	•					
			Dallas, TX	75247							
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Travel Out	of District						de of Texas. Comp officeholder living	
								Fuel	,		- p
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ught			Office he	eld
	expenditure to benefit C/O	Н					-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
_	Tatal marias Cabadula F1.		2 Files ID (Ethica Commission Filesa)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 13/29	Swanson, Valoree H. (The Honorable)	00080325
4	Date	5 Payee name	
	11/07/2024	Colon and Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,326.00	7941 Katy Freeway	
		Suite 108	
		Houston, TX 77024	
8	PURPOSE	·	
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expanse.	outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	, TX, officeholder living expense
		consulting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/30/2024	Colon and Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	7941 Katy Freeway	
		Suite 108	
		Houston, TX 77024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.
	LXI LINDITORL	 	, TX, officeholder living expense
		Campaign co	onsulting
	2		200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/29/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.62	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Emailing	
	Computate ONU V Station	Condidate Office holder name	Office hold
	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 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	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: 4/19 Rpt: 14/29	Swanson, Valoree H. (The Honorable) 00080325						
4	Date	5 Payee name						
	11/29/2024	Constant Contact						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$300.62	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						
		Emailing						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
-	Date	Payee name						
	12/30/2024	Constant Contact						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.62	1601 Trapelo Road						
	Ψ000.02	1001 Hapelo 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							
H	Date	Payee name						
	12/30/2024	Darkspire Media LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$60.00	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Internet, website						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	onpolicitate to beliefit 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/Political 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: 5/19 Rpt: 15/29	Swanson, Valoree H. (The Honorable) 00080325
4 Date	5 Payee name
10/31/2024	Data & Mailing Resources
6 Amount (\$) \$3,035.01	7 Payee address; City; State; Zip Code 4929 Blalock Road Houston, TX 77041
8 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 Campaign advertising
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2024	Google GSuite
Amount (\$)	Payee address; City; State; Zip Code
\$85.28	1601 Willow Road
	Menlo Park, CA 94025
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 internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Google GSuite
Amount (\$)	Payee address; City; State; Zip Code
\$85.28	1601 Willow Road
	Menlo Park, CA 94025
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 Internet
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 6/19 Rpt: 16/29	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	12/05/2024	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
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/O	
_	Date	Payee name
	12/06/2024	HCTRA EZ TAG
_	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
	Ψ10.00	1417 Spring Cypress ind
		Spring, TX 77373
	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 LIIDITORE	Check if Austin, TX, officeholder living expense
		Toll fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/11/2024	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.54	1417 Spring Cypress Rd
		Spring, TX 77373
	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, rebill
	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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/19 Rpt: 17/29	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	12/16/2024	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
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/O	
_	Date	Payee name
	12/16/2024	HCTRA EZ TAG
_	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
	Ψ10.00	1417 Spring Cypress ind
		Spring, TX 77373
	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
		I OII IEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/16/2024	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	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	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above	e)
	Croun out a symon		The Instruction Guid	de explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ξ				3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/19 Rpt: 18/29	Swanson, \	/aloree H. (The H	onorable)				00080325		
4	Date	5 Payee name								
	12/18/2024	HCTRA EZ								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	nde					
	\$10.00		g Cypress Rd	эннэ, шр ээ						
	¥		9 -)							
		Spring, TX	77979							
Ļ										
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description		df.T O	olata Cabadula T	
	EXPENDITURE	Travel In D	istrict					officeholder living	plete Schedule T.	
						Toll fees			, . ,	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/OI	1			•					
\vdash	Date	Payee name								
	12/19/2024	HCTRA EZ								
				State; Zip Co	nd o					
	Amount (\$) \$10.00	Payee addre		State, Zip Ct	Jue					
	\$10.00	141 <i>1</i> Spilli	g Cypress Rd							
		Spring, TX	77373							
	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Travel In D	istrict			=		officeholder living	plete Schedule T.	
						Toll fees			, . ,	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>I</u> ıght			Office he	eld	
	expenditure to benefit C/OI	1			_					
H	Date	Payee name								
	12/23/2024	HCTRA EZ								
	Amount (\$)	Payee addre		State; Zip Co	ndo					
	\$10.00	_	g Cypress Rd	State, Zip Ct	Jue					
	\$10.00	1417 Spilli	g Cypress Ru							
		Consider on TV	77070							
		Spring, TX	11313							
	PURPOSE OF	· ·	ee Categories listed at the	top of this schedule)	(b)	Description		df-T O	olete Celesdole T	
	EXPENDITURE	Travel In D	istrict					officeholder living	plete Schedule T.	
						Toll fees	,,		,	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ı <u> </u>			Office he	eld	
	expenditure to benefit C/OI				5					
1										

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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/19 Rpt: 19/29	Swanson,	Valoree H. (The Honor	able)				00080325	
4	Date	5 Payee name							
L	12/24/2024	HCTRA EZ	Z TAG						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$10.00	1417 Sprin	g Cypress Rd						
L		Spring, TX	77373						
8	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict			=		de of Texas. Comp	
						Toll fees	, , ,	officeholder living	слренос
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O				-				
	Date	Payee name	<u> </u>						
	11/04/2024	Hampton I							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$653.95	23523 Nor	thgate Crossing Blvd	•					
			-						
		Spring, TX	77373						
	PURPOSE	(a) Category (s	Gee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Campaign		 /		Check if travel		de of Texas. Com	
	ZA ENDITORE					_	, TX,	officeholder living	expense
						Lodging			
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office so	llapt			Office he	eld
	expenditure to benefit C/O		noonolaer Hame	Office 30	agrit			Onice ne	····
-	Date	Dayce nem	<u> </u>						
	11/07/2024	Payee name Hampton I							
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$281.35	1	thgate Crossing Blvd	Siale, ZIP C	oue				
	Ψ201.33	20020 INUI	inguic Crossing Divu						
		Spring, TX	77373						
	PURPOSE		See Categories listed at the top of	this schedule)	(b)	Description			
	OF	Campaign		ans someduic)	'		outsi	de of Texas. Com	olete Schedule T.
	EXPENDITURE					_	, TX,	officeholder living	expense
						Lodging			
	Complete ONLY if direct	Condidate/Of	Finahaldar name	Office				Office I-	.ld
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ugnt			Office he	eiu

SCHEDULE F1

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

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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss				(Ethics Commission Filers)	
	Sch: 10/19 Rpt: 20/29	Swanson, Valoree H. (The Honorable) 00080325					
4	Date	5 Payee name		•			
	11/06/2024	Hinds, David					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$5,050.00	603 Mulberry Creek Lane					
		Hutto, TX 78634					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel out			
				Check if Austin, T. Labor through			expense
				Labor tinoagn		270	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	eld .
	expenditure to benefit C/OI		9			000	
	Date	Payee name					
	11/06/2024	Hinds, David					
	Amount (\$)	Payee address; City; State; Zip Co	nde				
	\$1,189.27	603 Mulberry Creek Lane	, a c				
	¥=,=00:=:						
		Hutto, TX 78634					
	PURPOSE		(h)	Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(5)	Check if travel out	tsic	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver in District		Check if Austin, T.			expense
				Mileage reimbu	urs	sement	
			_				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld
	Date	Payee name					
	12/17/2024	Honey Farms					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$37.70	4502 Kingwood Drive					
		Kingwood, TX 77345					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out of District		Check if travel out Check if Austin, T.			
				Fuel	Λ,	onicential inving	Гехрепзе
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld
	expenditure to benefit C/OI		-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILE	ER NAME			:	3 Filer ID	(Ethics Commission Filers)
	Sch: 11/19 Rpt: 21/29	Swa	anson, Valoree H. (The Ho	norable)			00080325	
4	Date	5 Pay	ee name					
	11/15/2024	Hud	lson, Mattilyn					
6	Amount (\$)	7 Pay	ee address; City;	State; Zip Co	ode			
	\$500.00	223	02 Meadowrock					
		Spr	ing, TX 77389					
8	PURPOSE	(a) Cate	egory (See Categories listed at the to	pp of this schedule)	(b)	Description		
	OF EXPENDITURE		aries/Wages/Contract Labo				utside of Texas. Con	
						Labor through	TX, officeholder livin	g expense
						Labor unough	11/3/2024	
9	Complete ONLY if direct	Cand	idate/Officeholder name	Office sou	ıaht		Office h	eld
ľ	expenditure to benefit C/O		radic/Officeriolaer radine	Omec 300	agric		Office 11	Ciu
_	Date	Pav	ee name					
	10/30/2024	,	ie Lopez Campaign					
_	Amount (\$)		ee address; City;	State; Zip Co	nde			
	\$2,082.03		0 West Expressway 83	State, Zip Ct	Jue			
	Ψ2,002.00	100	o west Expressivay os					
		Cor	Ponito TV 70506					
			Benito, TX 78586		Las			
	PURPOSE OF		egory (See Categories listed at the to		(D)	Description Check if travel or	utside of Texas. Con	nnlete Schedule T
	EXPENDITURE		ntributions/Donations Made ndidate/Officeholder/Politica			—	TX, officeholder livin	
						campaign don	ation	
	Complete ONLY if direct		idate/Officeholder name	Office sou	ught		Office h	eld
	expenditure to benefit C/O	1						
	Date	Pay	ee name					
	12/30/2024	Jete	er, Norma					
	Amount (\$)	Pay	ee address; City;	State; Zip Co	ode			
	\$1,500.00	236	18 Willow Switch Rd.					
		Spr	ing, TX 77389					
	PURPOSE	(a) Cate	egory (See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE		aries/Wages/Contract Labo			ш	utside of Texas. Con	
	EXI ENDITORE					ш	TX, officeholder livin	
						Labor through	December 20	J24
	Complete ONLY if direct	Cond	idate/Officeholder name	Office sou	ight		Office h	ald
	Complete ONLY if direct expenditure to benefit C/O		idate/Officeriolder flame	Office Soc	agrit		Office II	eiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 22/29	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	11/14/2024	Kettner, Brandon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	8214 Turnmill Court
		Spring, TX 77379
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Labor through 11/7/2024
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2024	Kingwood Tea Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	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 Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Data	Description
	Date 11/18/2024	Payee name Kohak Victoria
		Kobak, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	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 11/7/2024
		Last anough Lift, Lot 1
	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/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: 13/19 Rpt: 23/29	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	12/12/2024	LaRue, Aaron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	3631 Alderwood Drive
		Spring, TX 77388
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.
		igsqcup Check if Austin, TX, officeholder living expense labor $11/7$
		idboi 11/7
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	11/07/2024	Marriott Marquis
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.00	1777 Walker Street
		Houston, TX 77010
	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
		raikilly
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/05/2024	Miller, Boz
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	15615 Pebble Bend Drive
		Houston, TX 77068
	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 11/5
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

	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: 14/19 Rpt: 24/29	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	11/20/2024	Rockford, Eve
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 13914 San Saba Canyon Ln Cypress, TX 77429
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Labor through 11/5
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2024	Ross Fisher Law PLLC
	Amount (\$) \$6,900.00	Payee address; City; State; Zip Code 440 Louisiana Street Unit 200 Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2024	Sel Fast Printing
	Amount (\$) \$535.84	Payee address; City; State; Zip Code 10826 Westheimer
		Houston, TX 77042
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign advertising
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 25/29	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	12/18/2024	Super Food Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	706 Greens Road
		Houston, TX 77060
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
		T del
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/23/2024	Texaco
_	Amount (\$)	Payee address; City; State; Zip Code
	\$55.65	East Austin Street
	φου.σο	Last / tastiii Stroot
		Giddings, TX 78942
	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
		Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	12/06/2024	Texas Truth Movement
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	22708 SH 249
		No. 108
		Tomball, TX 77375
	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
		Membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 16/19 Rpt: 26/29	Swanson, Valoree H. (The Honorable)	00080325			
4	Date	5 Payee name				
	12/02/2024	Texas Values				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,024.90	900 Congress				
		Suite 220				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee	n, TX, officeholder living expense			
		Bonadon				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
	Date	Payee name				
	10/30/2024	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		Traver out of District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
		Toll Fees	i, 17, Uniceriolaer living expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	12/07/2024	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	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
		Toll fees				
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
<u> </u>	T.1 C.1.1=				
1	Total pages Schedule F1: Sch: 17/19 Rpt: 27/29	2 FILER NAME Swanson, Valoree H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080325			
Ļ	·				
4	Date	5 Payee name			
L	11/07/2024	Tx Tag			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$20.00	12719 Burnet Road			
		Austin, TX 78727			
_	DUDDOCE				
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			
		tolls			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
	Date	Payee name			
	12/30/2024	Verizon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$600.00	25840 Kuykendahl			
		Tomball, TX 77375			
_	DUDDOS-	In.			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Category (See Categories listed at the top of this schedule)			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Internet and equipment, 6 months			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
L	11/22/2024	Vonfeldt, Eryn			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	4911 Fox Hollow Blvd.			
		Spring, TX 77389			
<u> </u>	DUDDOCE	Inc.			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Labor through 11/5			
	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 Candidate/Officeholder/Political Committee

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
┝	T-+-1 O-11-1- E1.				
1	Total pages Schedule F1: Sch: 18/19 Rpt: 28/29	2 FILER NAME Swanson, Valoree H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080325			
4	Date	5 Payee name			
	10/30/2024	Vote Kinard Richardson			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$1,041.98	PO Box 260464			
	Ψ1,0-1.50	1 0 BOX 200404			
		Plano, TX 75026			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Campaign Donation			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol	7			
	Date	Payee name			
	10/30/2024	Vote Kinard Richardson			
Н	Amount (\$)	Payee address; City; State; Zip Code			
	\$4,166.98	PO Box 260464			
	Ψ-1,100.00	1 0 500 200 10 1			
		PL TV 75000			
		Plano, TX 75026			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Campaign Donation			
		Campagn Bonation			
⊢	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	<u> </u>				
	Date	Payee name			
	10/31/2024	Vote Kinard Richardson			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,041.98	PO Box 260464			
		Plano, TX 75026			
\vdash	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 Check if Austin, TX, officeholder living expense			
		Campaign donation			
厂	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
H					
1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 19/19 Rpt: 29/29	Swanson, Valoree H. (The Honorable)	00080325	
4	Date	5 Payee name		
	11/01/2024	What's Up Radio/Linkletter		
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 12337 Jones Road, Suite 450		
		Houston, TX 77070		
8	PURPOSE OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense nt	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	12/14/2024	WinRed		
	Amount (\$) \$65.14	Payee address; City; State; Zip Code 1776 Wilson Blvd		
		Arlington, VA 22209		
	PURPOSE OF EXPENDITURE	/ ccounting/banking	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held	