

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> Filer ID (Ethics Commission Filers) 00080325		<b>2</b> Total pages filed: 54		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Valoree H.	MI MI	Date Received ELECTRONICALLY FILED 07/30/2025	
	NICKNAME	LAST Swanson	SUFFIX	Date Hand-delivered or Date Postmarked	
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day Year 06/30/2025		

**6** EXPLANATION OF CORRECTION  
Corrected date typo on original report, to:. Correct date 6/27/2025

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Valoree H. Swanson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080325	<b>2</b> Total pages filed: 54								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Valoree H.		<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/30/2025								
	<hr/> NICKNAME LAST SUFFIX Swanson										
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 23020 Ammick Ct.  Spring, TX 77389		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Norma B.										
	<hr/> NICKNAME LAST SUFFIX Jeter										
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23618 Willow Switch Rd.  Spring, TX 77389										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 414-4243										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	Month Day Year      Month Day Year 01/01/2025      THROUGH      06/30/2025										
<b>10</b> ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 150		<b>12</b> OFFICE SOUGHT (if known) State Representative District 150								

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

3 of 54

13 C / OH NAME	Swanson, Valoree H. (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00080325	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,114.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,583.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 80,025.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 34,455.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Valoree H. Swanson  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

4 of 54

<b>18 FILER NAME</b> Swanson, Valoree H. (The Honorable)		<b>19 Filer ID</b> 00080325	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	17,864.53
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	250.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	415.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	21,583.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 5/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckstrand, Robert Verena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77388	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Professional Landscape Architect		<b>9</b> Employer (See Instructions) LANDology
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Barbara <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Drake <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Thelma <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalk, Randall <hr/> Contributor address; City; State; Zip Code  Spring, TX 77373	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Chalk's Truck Parts

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 6/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunaway, Temple <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77068	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EHRA Engineering PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elswick, Roger <hr/> Contributor address; City; State; Zip Code  Houston, TX 77068	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Dealer		Employer (See Instructions) Community Auto
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fessler, Kelly <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontenot, Reina (Mrs.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 7/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Holloway Halstead <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigliotta, Rachel <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Bud <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gregory <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77375	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Advanced Chiropractic Relief
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutton, Glenn <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Gordon Foods

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 8/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Ronnie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Remax
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougal, James <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nease, Nelson H <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nelson H Nease, PC
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedrick, Larry <hr/> Contributor address; City; State; Zip Code  Houston, TX 77069	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 9/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, Patti <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bixby, OK 74008	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Business Support Coordinator		<b>9</b> Employer (See Instructions) Stewart Title
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renteria, Martin <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Diane <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retireed
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheretz, Sherrie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaydon, Kathleen <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379-5016	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 10/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swirsky, Alexie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77064	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Retail		<b>9</b> Employer (See Instructions) Self
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tutt, Phil <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vachris, George Brian <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-3379	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Fleet, Deborah <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 11/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Michael <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77021	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekly, Dick Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Weekly Properties
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wunderlich, Jerome Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/54	
2 FILER NAME Swanson, Valoree H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080325	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC-Texas Realtors PAC 7 Contributor address; City; State; Zip Code  Austin, TX 78768-2246	8 Amount of contribution (\$) \$250.00	9 In-kind contribution description TREPAC: Advertising for 6/25/2025 fundraising event for Rep. Valoree Swanson for HD 150  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 13/54
<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 06/26/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Valoree	<b>9</b> Loan Amount (\$) \$415.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Spring, TX 77389	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Texas State Representative		<b>13</b> Employer (See Instructions) State of Texas
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/41 Rpt: 14/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 04/03/2025	<b>5</b> Payee name Access Valet Parking	
<b>6</b> Amount (\$) \$17.00	<b>7</b> Payee address; City; State; Zip Code 117 West 4th  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name Ace Parking	
Amount (\$) \$11.00	Payee address; City; State; Zip Code 1600 Springwoods Plaza Dr  The Woodlands, TX 77389	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2025	Payee name Antonov, Abby	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 5701 South Mopac Expressway Apartment 634 Austin, TX 78749	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/41 Rpt: 15/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/10/2025	<b>5</b> Payee name Best Buy	
<b>6</b> Amount (\$) \$91.98	<b>7</b> Payee address; City; State; Zip Code 1201 Barbara Jordan  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2025	Payee name Board, Victoria	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1123 Winchester Bend  Huffman, TX 77336	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2025	Payee name CCG Parking	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 1900 University Ave  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/41 Rpt: 16/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/27/2025	<b>5</b> Payee name Cannon, Dan	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1312 Juneberry Park  Temple, TX 76502	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2025	Payee name Chic Fil A	
Amount (\$) \$14.13	Payee address; City; State; Zip Code 503 W Martin Luther King  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name Congress Parking	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 823 Congress Avenue  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/41 Rpt: 17/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/30/2025	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$330.46	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$300.62	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense emailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$300.62	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/41 Rpt: 18/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 03/31/2025	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$300.62	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2025	Payee name Constant Contact	
Amount (\$) \$300.62	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name Constant Contact	
Amount (\$) \$300.62	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/41 Rpt: 19/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/10/2025	<b>5</b> Payee name Cypress Republicans	
<b>6</b> Amount (\$) \$27.00	<b>7</b> Payee address; City; State; Zip Code 8190 Barker Cypress Road Suite 51 Houston, TX 77433	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2025	Payee name Darkspire Media LLC	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 5900 S Lake Forest Dr Suite 300 McKinney , TX 75070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 01/13/2025	Payee name Darkspire Media LLC	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 5900 S Lake Forest Dr Suite 300 McKinney , TX 75070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/41 Rpt: 20/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 02/13/2025	<b>5</b> Payee name Darkspire Media LLC	
<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; City; State; Zip Code 5900 S Lake Forest Dr Suite 300 McKinney , TX 75070	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name Dave's Express Stop	
Amount (\$) \$59.14	Payee address; City; State; Zip Code 22944 Kuykendahl Rd  Spring, TX 77389	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name GoDaddy.com	
Amount (\$) \$42.16	Payee address; City; State; Zip Code 14455 N. Hayden Rd.  Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/41 Rpt: 21/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/11/2025	<b>5</b> Payee name GoDaddy.com	
<b>6</b> Amount (\$) \$153.02	<b>7</b> Payee address; City; State; Zip Code 14455 N. Hayden Rd.  Scottsdale, AZ 85260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google GSuite		
Amount (\$) \$508.86	Payee address; City; State; Zip Code 1601 Willow Road  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Offic Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google GSuite		
Amount (\$) \$85.28	Payee address; City; State; Zip Code 1601 Willow Road  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/41 Rpt: 22/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 03/03/2025	<b>5</b> Payee name Google GSuite	
<b>6</b> Amount (\$) \$85.28	<b>7</b> Payee address; City; State; Zip Code 1601 Willow Road  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google GSuite		
Amount (\$) \$85.25	Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google GSuite		
Amount (\$) \$85.28	Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/41 Rpt: 23/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/27/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TOLLS
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2025	Candidate/Officeholder name Payee name HCTRA EZ TAG	Office sought Office held
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tolls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/20/2025	Candidate/Officeholder name Payee name HCTRA EZ TAG	Office sought Office held
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tolls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/41 Rpt: 24/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/18/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.54	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense toll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$11.32	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll, Houston
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Houston
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/41 Rpt: 25/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/09/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Houston toll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense toll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/41 Rpt: 26/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 05/14/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tolls
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tolls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/41 Rpt: 27/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 04/28/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tolls
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/41 Rpt: 28/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 04/14/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/41 Rpt: 29/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 04/01/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/41 Rpt: 30/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 03/20/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/41 Rpt: 31/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 03/10/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/41 Rpt: 32/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 03/03/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/41 Rpt: 33/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 02/24/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/41 Rpt: 34/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 02/11/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/11/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$11.41	Office held	
Date 02/11/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$11.41	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$10.00	Office held	
Date 02/10/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/41 Rpt: 35/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 02/05/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/41 Rpt: 36/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/27/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name HCTRA EZ TAG		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/41 Rpt: 37/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/21/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/41 Rpt: 38/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/13/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.44	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/41 Rpt: 39/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/07/2025	<b>5</b> Payee name HCTRA EZ TAG	
<b>6</b> Amount (\$) \$11.18	<b>7</b> Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2025	Payee name HCTRA EZ TAG	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd  Spring, TX 77373	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2025	Payee name HEB	
Amount (\$) \$95.41	Payee address; City; State; Zip Code 6900 Brodie Lane  Austin, TX 78745	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/41 Rpt: 40/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/15/2025	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$127.39	<b>7</b> Payee address; City; State; Zip Code 1000 E 41st Street  Austin, TX 78751	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event food
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name HEB	
Amount (\$) \$85.09	Payee address; City; State; Zip Code 1000 E 41st Street  Austin, TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2025	Payee name Harris County GOP	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 8588 Katy Fwy Suite 445 Spring Valley Village, TX 77024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/41 Rpt: 41/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/27/2025	<b>5</b> Payee name Hinds, David	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 603 Mulberry Creek Lane  Hutto, TX 78634	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor through 6/27
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name Hobby Lobby	
Amount (\$) \$5.93	Payee address; City; State; Zip Code 6600 South MoPac Expwy  Austin, TX 78749	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name Home Depot	
Amount (\$) \$10.80	Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/41 Rpt: 42/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/09/2025	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$51.75	<b>7</b> Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office equipment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2025	Payee name Home Depot	
Amount (\$) \$153.05	Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2025	Payee name Honey Farms Conv. Store, Gas Station	
Amount (\$) \$58.49	Payee address; City; State; Zip Code 4502 Kingwood Drive  Kingwood, TX 77345	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/41 Rpt: 43/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 02/13/2025	<b>5</b> Payee name Houston Livestock Show	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code NRG Stadium  Houston, TX 77054	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name Jeter, Norma	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 23618 Willow Switch Rd.  Spring, TX 77389	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor through 1/25
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2025	Payee name Jimmy John's 491 Moto	
Amount (\$) \$327.61	Payee address; City; State; Zip Code 515 Congress Avenue Suite 1200 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/41 Rpt: 44/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/15/2025	<b>5</b> Payee name Jimmy John's	
<b>6</b> Amount (\$) \$258.47	<b>7</b> Payee address; City; State; Zip Code 515 Congress Suite 1200 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event food
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2025	Payee name Kingwood Tea Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2261 Northpark Drive Suite 109 Kingwood, TX 77339	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2025	Payee name Kingwood Tea Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2261 Northpark Drive Suite 109 Kingwood, TX 77339	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/41 Rpt: 45/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/18/2025	<b>5</b> Payee name Los Cucos Mexican Cafe	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 23730 Highway 59 North  Kingwood, TX 77339	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Kingwood Tea Party meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2025	Payee name Los Reyes Mexican Restaurant	
Amount (\$) \$11.73	Payee address; City; State; Zip Code 5050 FM 1960  Houston, TX 77069	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TTPRW Meeting meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2025	Payee name Next Level Valet	
Amount (\$) \$3.65	Payee address; City; State; Zip Code 701 Brazos Street Ste 500  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/41 Rpt: 46/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 04/22/2025	<b>5</b> Payee name Northwest Forest Republican Women	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 5816 Spanish Oaks Drive  Houston, TX 77066	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2026 Membership
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2025	Payee name Northwest Forest Republican Women	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 5816 Spanish Oaks Drive  Houston, TX 77066	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Directory Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2025	Payee name Omni Austin Downtown	
Amount (\$) \$27.06	Payee address; City; State; Zip Code 700 San Jacinto  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/41 Rpt: 47/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 03/10/2025	<b>5</b> Payee name Raif Tax and Bookkeeping	
<b>6</b> Amount (\$) \$550.00	<b>7</b> Payee address; City; State; Zip Code 16365 Park Ten Place Suite 182 Houston, TX 77084	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2025	Payee name Raising Cane's Chicken Fingers	
Amount (\$) \$149.24	Payee address; City; State; Zip Code 21017 Kuykendahl Spring, TX 77379	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Scott@BowenforTX.com	
Amount (\$) \$104.10	Payee address; City; State; Zip Code 15703 Firthridge Court Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/41 Rpt: 48/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/12/2025	<b>5</b> Payee name Shirley Acres	
<b>6</b> Amount (\$) \$37.00	<b>7</b> Payee address; City; State; Zip Code 217 Woerner Rd  Houston, TX 77090	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NWFRW meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name Spangler, Clayton	
Amount (\$) \$549.00	Payee address; City; State; Zip Code 235 Point Lick Drive  Charleston, WV 25306	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislature photograph
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2025	Payee name State Preservation Board	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 201 East 14th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equipment installation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/41 Rpt: 49/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 04/23/2025	<b>5</b> Payee name TDCJ	
<b>6</b> Amount (\$) \$97.43	<b>7</b> Payee address; City; State; Zip Code P.O. Box 99  Huntsville, TX 77342	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation gifts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2025	Payee name Target	
Amount (\$) \$50.12	Payee address; City; State; Zip Code 5300 South Mopac Expwy  Austin, TX 78749	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name Target	
Amount (\$) \$42.72	Payee address; City; State; Zip Code 2025 Guadalupe Suite 01-100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/41 Rpt: 50/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/09/2025	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$23.36	<b>7</b> Payee address; City; State; Zip Code 5300 South Mopac Expwy  Austin, TX 78749	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/07/2025	Candidate/Officeholder name Texas Conservative Caucus	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 919 Congress Ave #450 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Texas House Republican Caucus	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1100 Congress Avenue  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caucus meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/41 Rpt: 51/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 02/03/2025	<b>5</b> Payee name Texas Lobby Guide	
<b>6</b> Amount (\$) \$54.13	<b>7</b> Payee address; City; State; Zip Code PO Box 461753  San Antonio, TX 78246	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense resources
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2025	Payee name Texas Right to Life Committee	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4500 Bissonnet Street #305 Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2025	Payee name TexasFRW PAC	
Amount (\$) \$94.06	Payee address; City; State; Zip Code 13740 US 183 J4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TFRW Lege Banquet ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/41 Rpt: 52/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 05/07/2025	<b>5</b> Payee name Trevino, Nora R	
<b>6</b> Amount (\$) \$8,050.00	<b>7</b> Payee address; City; State; Zip Code 203 South Bridge St  San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent and electricity Jan 1-June 8
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name UPS Store 4478	
Amount (\$) \$279.96	Payee address; City; State; Zip Code 6046 FM 2920  Spring, TX 77379	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name UPS Store	
Amount (\$) \$18.90	Payee address; City; State; Zip Code 1108 Lavaca Street #110 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/41 Rpt: 53/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 06/27/2025	<b>5</b> Payee name Verizon	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 25044 I-45 North #113 Spring, TX 77386	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Internet
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name Wal-Mart	
Amount (\$) \$145.06	Payee address; City; State; Zip Code 1030 Norwood Park Blvd  Austin, TX 78753	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies, equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2025	Payee name Wal-Mart	
Amount (\$) \$54.11	Payee address; City; State; Zip Code 1030 Norwood Park Blvd  Austin, TX 78753	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/41 Rpt: 54/54	<b>2</b> FILER NAME Swanson, Valoree H. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00080325
<b>4</b> Date 01/13/2025	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) \$43.49	<b>7</b> Payee address; City; State; Zip Code 5017 West Hwy 290  Austin, TX 78735	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name Walmart Super Center	
Amount (\$) \$54.18	Payee address; City; State; Zip Code 21150 Kuykendahl  Spring, TX 77379	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name WinRed	
Amount (\$) \$225.12	Payee address; City; State; Zip Code 1776 Wilson Blvd  Arlington, VA 22209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held