## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00080325		54			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICAL	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Valoree H.			07/30/2025	
		NICKNAME	LAST		SUFFIX	1	
			Swanson			Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	pecify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
•	COVERED	01/01/2025	THROUGH	06/30/2025	1001	Date imaged	
6	EXPLANATION OF C					<u>!</u>	
-		on original report, to:. Corre	ect date 6/27/2025				
	, , , , , , , , , , , , , , , , , , ,	3					
7	AFFIDAVIT						
				ear, or affirm, under po	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
				Semiannual reports	e. Lewcar or	affirm that the origin	al roport
			X	was made in good fa			
				misrepresent the info	ormation contain	ned in the report.	
			X	Other reports: Is	swear or affirm	that I am filing this o	corrected
			Δ.	report not later than	the 14th busines	ss day after the date	I learned
				that the report as ori swear, or affirm, that			
				filed was made in go		nooron in the report	as originally
				<b>T</b> I			
						ee H. Swanson	
	4551/410745/407	AND / 05AL ADOM		Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subse	ribed before me, by the sai	h		thic th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	, uno u e.		day
	٠ <u>.                                    </u>	, 20, 10 001	ary without my	.aa and oodi of office			
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th T	Γitle of officer admini	stering 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

The C/OH Instruction (	Guide explains how to compl		1 Filer ID (Ethics Commi 00080325		2 Total pages filed: 54		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY	
OFFICEHOLDER NAME	The Honorable	Valoree H.			Date Received  ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	07/30/2025		
		Swanson					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
MAILING ADDRESS	23020 Ammick Ct.				Receipt #	Amount	
Change of Address	Spring, TX 77389						
	Spring, 1X 77303				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER NAME	Mrs.	Norma B.					
	NICKNAME	LAST		SUFFIX			
	INICKIVAIVIE	Jeter		SUFFIX			
		Jetei					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	r / SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	23618 Willow Switch Rd.						
(Residence or Business)	Spring TV 77200						
	Spring, TX 77389						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION				
TREASURER	(281) 414-4243						
PHONE	(201) 414 4240						
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can	npaign treasurer	
	July 15	8th day before	olootion $\square$	Exceeded modified	appointment (offic		
	X July 15	Sulf day before 6	election	reporting limit	Final Report (Atta	uii C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2025	TH	IROUGH	06/30/202	25		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	X Pi	rimary	Runoff	Other		
		□G	eneral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT			
	State Representative Distr	ict 150		State Represent	ative District 150		
	1						
		GO T	O 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)	<b>14</b> Filer ID (1 00080325	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 18,114.53
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 21,583.89
CONTRIBUTION BALANCE	REPORTING PE			\$ 80,025.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 34,455.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honora	able Valoree H. Swans	son
		Signature o	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

4 of 54

					4 01 54
<b>18</b> FIL	ER NAN		19 Filer ID	(Eth	nics Commission Filers)
Sv	vanson,	Valoree H. (The Honorable)	00080325		
		E SUBTOTALS			SUBTOTAL AMOUNT
IN/-	WIE OF	SCHEDULE		_	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,864.53
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3.		\$			
4.	X	SCHEDULE E: LOANS		\$	415.00
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				21,583.89
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 1/7 Rpt: 5/54	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)				3	Filer ID (Ethics Commission 00080325	n Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor [ Beckstrand, Robert Verena</li><li>6 Contributor address; City; Sta</li></ul>				7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Spring, TX 77388 pation / Job title (See Instructions)	la	0 Em	ployer (See Instructions	-, 		
0		Landscape Architect	•		NDology	·)		
	Date 06/23/2025	Full name of contributor Benson, Barbara Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		)	•	Amount of Contribution (\$)	\$20.82
		Spring, TX 77389						
	Principal occu retired	pation / Job title (See Instructions)		Em	ployer (See Instructions	s)		
	Date 06/27/2025	Full name of contributor  Cameron, Drake  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		)	•	Amount of Contribution (\$)	\$26.03
		Houston, TX 77070						
	Principal occu retired	pation / Job title (See Instructions)		Em	ployer (See Instructions	s)		
	Date 06/26/2025	Full name of contributor  Carpenter, Thelma  Contributor address; City; Sta  Spring, TX 77389	out-of-state PAC (ID#: te; Zip Code		)		Amount of Contribution (\$)	\$104.10
	Principal occu retired	pation / Job title (See Instructions)			ployer (See Instructions	<u>l</u> S)		
	Date 06/27/2025	Full name of contributor  Chalk, Randall  Contributor address; City; Sta  Spring, TX 77373	out-of-state PAC (ID#: te; Zip Code				Amount of Contribution (\$)	\$520.51
	Principal occu Sales	pation / Job title (See Instructions)			ployer (See Instructions alk's Truck Parts	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 6/54	
2	FILER NAME Swanson, Va	loree H. (The Honorable)			3	Filer ID (Ethics Commission 00080325	on Filers)
4	Date 06/23/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77068 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
0	retired	Janott 7 Job tille (See Instructions)	J	Employer (See instructions	')		
	Date 06/30/2025	Full name of contributor out-of-state EHRA Engineering PAC  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/29/2025	Full name of contributor out-of-state   Elswick, Roger  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77068					
	Principal occu Dealer	pation / Job title (See Instructions)		Employer (See Instructions Community Auto	5)		
	Date 06/30/2025	Full name of contributor out-of-state  Fessler, Kelly  Contributor address; City; State; Zip Code  Spring, TX 77389		)		Amount of Contribution (\$)	\$26.03
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/30/2025	Full name of contributor out-of-state Fontenot, Reina (Mrs.)  Contributor address; City; State; Zip Code  Spring, TX 77389	PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 7/54	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)			3	Filer ID (Ethics Commission 00080325	Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Frost, Holloway Halstead</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$) \$	1,000.00
8	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)	9	Employer (See Instructions retired	<u> </u> s)		
	Date 06/30/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$26.03
	Principal occu	Spring, TX 77389  pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID# Hall, Bud  Contributor address; City; State; Zip Code	:		•	Amount of Contribution (\$)	\$104.10
	Principal occu	Spring, TX 77389  pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID# Johnson, Gregory  Contributor address; City; State; Zip Code  Tomball, TX 77375		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Chiropractor	pation / Job title (See Instructions)		Employer (See Instructions Advanced Chiropractic		ief	
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID# Lutton, Glenn  Contributor address; City; State; Zip Code  Spring, TX 77388			•	Amount of Contribution (\$)	\$26.03
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Gordon Foods	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 8/54	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)			3	Filer ID (Ethics Commission 00080325	n Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Matthews, Ronnie</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Spring, TX 77379 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
•	Real Estate	panon, 000 and (000 menaene)		Remax	,		
	Date 06/30/2025	Full name of contributor  McDougal, James  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$104.10
		Spring, TX 77389					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor  Moak Casey PAC  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor  Nease, Nelson H  Contributor address; City; State  Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Nelson H Nease, PC	<u> </u> 5)		
	Date 06/28/2025	Full name of contributor Pedrick, Larry Contributor address; City; State Houston, TX 77069	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$104.10
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 9/54	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)				3	Filer ID (Ethics Commission 00080325	n Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Rankin, Patti</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$104.10
_	Deireciant	Bixby, OK 74008	, 1	_	For all 100 and 100 an			
8		pation / Job title (See Instructions Support Coordinator	5)	9	Employer (See Instructions Stewart Title	5)		
	Date 06/30/2025	Full name of contributor Renteria, Martin Contributor address; City; S			)		Amount of Contribution (\$)	\$260.25
	Principal occu	Spring, TX 77389 pation / Job title (See Instructions			Employer (See Instructions	;) 		
	retired	pation / Job title (See Instructions	,		Employer (See instructions	P)		
	Date 06/30/2025	Full name of contributor Schulte, Diane Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$104.10
		Spring, TX 77389						
	Principal occu retired	pation / Job title (See Instructions	(3)		Employer (See Instructions retireed	5)		
	Date 06/23/2025	Full name of contributor Sheretz, Sherrie Contributor address; City; S Spring, TX 77379	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>I</u> S)		
	Date 06/26/2025	Full name of contributor Slaydon, Kathleen Contributor address; City; S Spring, TX 77379-5016	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$52.05
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 10/54	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)		3	Filer ID (Ethics Commission 00080325	on Filers)
4	Date 06/29/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Swirsky, Alexie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$104.10
8	Principal occu	Houston, TX 77064 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Retail	pation / Job title (See Instructions)	Self	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Tutt, Phil Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.05
	Dringing oggu	Spring, TX 77389	Employer (See Instructions			
	retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Vachris, George Brian  Contributor address; City; State; Zip Code  Humble, TX 77346-3379			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Van Fleet, Deborah  Contributor address; City; State; Zip Code  Spring, TX 77389			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 11/54	
2	FILER NAME Swanson, Va	aloree H. (The Honorable)		3	Filer ID (Ethics Commiss 00080325	ion Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77021 spation / Job title (See Instructions)	9 Employer (See Instructions self	s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Weekly, Dick Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Weekly Properties	<u> </u> 5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Wunderlich, Jerome Contributor address; City; State; Zip Code Spring, TX 77389			Amount of Contribution (\$)	\$26.03
	Principal occurretired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/54 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Swanson, Valoree H. (The Honorable) 00080325 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 TREPAC-Texas Realtors PAC \$250.00 TREPAC: Advertising for 7 Contributor address; City; State; Zip Code 6/25/2025 fundraising event for Rep. Valoree Swanson for HD 150 Austin, TX 78768-2246 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

			SCHEDULE E	
on Guide explains how to complete this f	orm.	•	ges Schedule E: 1 Rpt: 13/54	
ree H. (The Honorable)		3 Filer ID 000803	(Ethics Commission Filers)	
NITEMIZED LOANS			\$	
7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$415.00	
8 Lender address; City; State;	Zip Code		10 Interest Rate	
Spring, TX 77389			11 Maturity Date	
ion / Job title (See Instructions)	13 Employer (See Instructions	s)		
Texas State Representative State of Texas				
llateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
17 Name of guarantor			19 Amount Guaranteed (\$)	
18 Guarantor address; City; State;	Zip Code			
ion	21 Employer (See Instructions	3)		
i	ee H. (The Honorable)  NITEMIZED LOANS  7 Name of lender	7 Name of lender   Out-of-state PAC (ID#:	Sch: 1/ ee H. (The Honorable)  7 Name of lender	

### SCHEDULE F1

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

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

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

Travel in District Travel Out of District
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

#### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
By - Gift/Awards/Memorials Ex
ical Committee Legal Services

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		_
1	Total pages Schedule F1:		
	Sch: 3/41 Rpt: 16/54	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	06/27/2025	Cannon, Dan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1312 Juneberry Park	
		Temple, TX 76502	
Ļ		·	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Labor	
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
L	·		_
	Date	Payee name	
L	01/02/2025	Chic Fil A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.13	503 W Martin Luther King	
		Austin, TX 78701	
	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office food	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
$\vdash$	Data		_
	Date	Payee name  Congress Payling	
	01/21/2025	Congress Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.65	823 Congress Avenue	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Parking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
			-

### SCHEDULE F1

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

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

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

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

### SCHEDULE F1

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

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

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

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

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

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/41 Rpt: 19/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/10/2025	Cypress Republicans
6	Amount (\$) \$27.00	7 Payee address; City; State; Zip Code 8190 Barker Cypress Road
		Suite 51
		Houston, TX 77433
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/15/2025	Darkspire Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.00	5900 S Lake Forest Dr
		Suite 300
		McKinney , TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Internet website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/13/2025	Darkspire Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	5900 S Lake Forest Dr
		Suite 300
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Internet website
		internet website
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/41 Rpt: 21/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/11/2025	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.02	14455 N. Hayden Rd.
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		internet
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/01/2025	Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$508.86	1601 Willow Road
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Offic Internet
		Offic internet
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	5.	_
	Date	Payee name
	04/02/2025	Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	1601 Willow Road
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet
		internet
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/41 Rpt: 22/54	Swanson, Valoree H. (The Honorable) 00080325
4 Date	5 Payee name
03/03/2025	Google GSuite
6 Amount (\$) \$85.28	7 Payee address; City; State; Zip Code 1601 Willow Road
	Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	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  Check if travel outside of Texas. Complete Schedule T.  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
Date	Payee name
01/02/2025	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reinbl

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

Fees Office
Food/Beverage Expense Pollir
Gift/Awards/Memorials Expense Print
Legal Services Salar

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

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

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/41 Rpt: 24/54	Swanson, Valoree H. (The Honorable)		00080325
4	Date	5 Payee name		1
	06/18/2025	HCTRA EZ TAG		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$10.54	1417 Spring Cypress Rd		
		Spring, TX 77373		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Travel In District	( - ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				toll
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
			_	
	Date	Payee name		
	06/16/2025	HCTRA EZ TAG		
	Amount (\$)	Payee address; City; State; Zip Coo	et	
	\$11.32	1417 Spring Cypress Rd		
		Spring, TX 77373		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Toll, Houston
				Toll, Houston
	Complete ONLY if direct	Candidate/Officeholder name Office soug		Office held
	expenditure to benefit C/O		,,,,,	Office field
	Data	D	—	
	Date 06/16/2025	Payee name HCTRA EZ TAG		
			_	
	Amount (\$) \$10.00	Payee address; City; State; Zip Coo	эe	
	\$10.00	1417 Spring Cypress Rd		
		Spring, TX 77373		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Toll Houston
	Complete ONLY if direct	Candidate/Officeholder name Office soug	 jht	Office held
	expenditure to benefit C/O			
_				

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
L	Sch: 12/41 Rpt: 25/54	Swanson, \	/aloree H. (The Honorable	e)				00080325	
4	Date	5 Payee name							
	06/09/2025	HCTRA EZ	TAG						
6	Amount (\$)	7 Payee addre	ss; City; Stat	e; Zip Co	ode				
	\$10.00	1417 Spring	g Cypress Rd						
		Spring, TX	77373						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Travel In Di		,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXI ENDITORE					<b>—</b>	, TX,	officeholder living	expense
						Tolls			
9	Complete ONI V if direct	Candidata	coholder name	Office sou	laht			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Onice Sol	uyııl			Onice ne	สน
	Date	Payee name							
	05/20/2025	HCTRA EZ	TAG						
	Amount (\$)	Payee addre	ss; City; Stat	e; Zip Co	ode				
	\$10.00	1417 Spring	g Cypress Rd						
		Spring, TX	77373						
	PURPOSE	(a) Category (S	ee Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Travel Out		,		<b>=</b>		de of Texas. Com	
	EXI ENDITORE						, TX,	officeholder living	expense
						Houston toll			
_	Complete ONLY if direct	Candidata/Off	ceholder name	Office sou	laht			Office he	ald
	expenditure to benefit C/O		centituei naine	OHICE SOL	uyııl			Onice ne	iu
<b> </b>	Data								
	Date	Payee name	TAC						
	06/27/2025	HCTRA EZ							
	Amount (\$)	Payee addre		e; Zip Co	ode				
	\$10.00	1417 Spring	g Cypress Rd						
		Spring, TX	77373						
	PURPOSE				(h)	Description			
	OF	Travel In Di	ee Categories listed at the top of this s	cneaule)	(3)		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	114701111111				Check if Austin,	, TX,	officeholder living	expense
						toll			
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ught			Office he	eld
	experiorare to benefit C/Of	İ							

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/41 Rpt: 26/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	05/14/2025	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		tolls
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/13/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		tolls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Davida nama
	04/30/2025	Payee name HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
	Ψ10.00	1417 Opining Cypress No.
		Spring, TX 77373
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Tolls
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/41 Rpt: 27/54	Swanson, Valoree H. (The Honorable)		00080325
4	Date	5 Payee name		<b>'</b>
l	04/28/2025	HCTRA EZ TAG		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$10.00	1417 Spring Cypress Rd		
l				
l		Spring, TX 77373		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense tolls
l				tolis
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held
	expenditure to benefit C/O		·9···	S. Med Med
F	Date	Payee name		
l	04/22/2025	HCTRA EZ TAG		
⊢	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$10.00	1417 Spring Cypress Rd		
l	,	-1 3 -71		
		Spring, TX 77373		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Travel Out of District	``	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Toll Fees
┡	Complete ONLY if direct	Candidate/Officeholder name Office sou	l abt	Office held
l	expenditure to benefit C/O		igni	Office field
⊨	Date	Douge name		
l	04/15/2025	Payee name HCTRA EZ TAG		
┝	Amount (\$)	Payee address; City; State; Zip Co	nde	
l	\$10.00	1417 Spring Cypress Rd	Juc	
l	720.00			
l		Spring, TX 77373		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Travel Out of District	(2)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Toll Fees
dash	Complete ONII V if allows	Condidate/Officeholder reces		Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ignt	Office held
L				

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/41 Rpt: 28/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	04/14/2025	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		Ton rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
	04/08/2025	Payee name HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		Ton Young
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
<b>-</b>	Date	Payee name
	04/07/2025	HCTRA EZ TAG
_		
	Amount (\$) \$10.00	Payee address; City; State; Zip Code
	Φ10.00	1417 Spring Cypress Rd
		Continue TV 77070
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toll Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/41 Rpt: 29/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	04/01/2025	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		10111 663
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	D-1-	
	Date	Payee name
L	03/31/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		I Oil Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	04/24/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		I OII Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/41 Rpt: 30/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	03/20/2025	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toll Fees
		10111 663
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	03/17/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toll Fees
		10111 663
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/11/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		I OII Fees
_	Complete ONU V if allow	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/41 Rpt: 31/54	Swanson, Valoree H. (The Honorable)	00080325
4 Date	5 Payee name	
03/10/2025	HCTRA EZ TAG	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$10.00	1417 Spring Cypress Rd	
	Spring, TX 77373	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Toll Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
03/06/2025	HCTRA EZ TAG	
Amount (\$)	Payee address; City; State; Zip (	Code
\$10.00	1417 Spring Cypress Rd	
	Spring, TX 77373	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Toll Fees
		10111 663
Complete ONLY if direct	Candidate/Officeholder name Office so	Lought Office held
expenditure to benefit C/C		onde nota
Date	Payee name	
03/03/2025	Payee name HCTRA EZ TAG	
		Codo
Amount (\$) \$10.00	Payee address; City; State; Zip ( 1417 Spring Cypress Rd	Coue
Ψ10.00	1417 Spring Cypress Nu	
	Caring TV 77272	
	Spring, TX 77373	la.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		Toll Fees
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/C	PH	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
	oroun oura'r aymone		The Instruction Guid	de explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 19/41 Rpt: 32/54	Swanson, \	/aloree H. (The H	onorable)				00080325		
4	Date	5 Payee name								
	03/03/2025	HCTRA EZ	TAG							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	de					
	\$10.00	1417 Sprind	g Cypress Rd							
		, ,	<i>y</i>							
		Spring, TX	77272							
_	DUDDOOF				(1-)					
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE	Travel Out	of District			브		officeholder living	•	
						Toll Fees			,	
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	1			•					
_	Date	Payee name								
	02/27/2025	HCTRA EZ	TAG							
				Otata: 7in Oa	-1-					
	Amount (\$)	Payee addre		State; Zip Co	ue					
	\$10.00	141 <i>1</i> Sprin(	g Cypress Rd							
		Spring, TX	77373							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In Di	strict			<b>=</b>			plete Schedule T.	
						Toll Fees	, IX,	officeholder living	g expense	
						10111 003				
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office h	ald	
Complete <u>ONLY</u> if direct Candidate/Officeholder name O expenditure to benefit C/OH				Office 300	grit			Office II	siu	
	Date	Payee name	T40							
	02/24/2025	HCTRA EZ	TAG							
	Amount (\$)	Payee addre		State; Zip Co	de					
	\$10.00	1417 Sprin	g Cypress Rd							
		Spring, TX	77373							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In Di				브			plete Schedule T.	
	LAI LINDITORE					<b>—</b>	, TX,	officeholder living	g expense	
						Toll Fees				
_	Operation ONE VIII II	0		0"				0′′′′ :	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	gnt			Office h	eia	
	•									

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/41 Rpt: 33/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	02/24/2025	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		0 : 747777
		Spring, TX 77373
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toll Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	<u>'</u>
	Date	Payee name
	02/18/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		0 : 747777
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toll Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	02/14/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring TV 77272
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Toll Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 21/41 Rpt: 34/54	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	02/11/2025	HCTRA EZ TAG	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	1417 Spring Cypress Rd	
		Spring, TX 77373	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Toll Fees	
Ļ	Complete ONLY if direct	Condidate (Office holder name) Office accepts	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
L	Data	T -	
	Date	Payee name	
	02/11/2025	HCTRA EZ TAG	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.41	1417 Spring Cypress Rd	
		Spring, TX 77373	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Toll Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	02/10/2025	HCTRA EZ TAG	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00		
		Spring, TX 77373	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Toll Fees	
	Operation ONE VIII II		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	•		

### 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

	Credit Gard Layment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission Filers)
	Sch: 22/41 Rpt: 35/54	Swanson, Valoree H. (The Honorable)				00080325	
4	Date	5 Payee name		•			
	02/05/2025	HCTRA EZ TAG					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$10.00	1417 Spring Cypress Rd					
		Spring, TX 77373					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In District		Check if travel out			
				Toll Fees	Χ,	officeholder living	expense
				10111 003			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht			Office he	5ld
	expenditure to benefit C/OI		giit			Onice ne	Jiu
_	Date	Dayee name					
	02/03/2025	Payee name HCTRA EZ TAG					
	Amount (\$)	Payee address; City; State; Zip Co	ndo				
	\$10.00	1417 Spring Cypress Rd	ue				
	Ψ10.00	1417 Spring Cypress Nu					
		Spring, TX 77373					
	DUDDOOF	· · ·	(1-)				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel out	tsic	de of Texas, Com	plete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, T			
				Toll Fees			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight			Office he	eld
	expenditure to benefit C/OI	1					
	Date	Payee name					
	01/29/2025	HCTRA EZ TAG					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$10.00	1417 Spring Cypress Rd					
		Spring, TX 77373					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of District		Check if travel out			•
	LAI LINDITORE			Check if Austin, T	Χ,	officeholder living	expense
				Toll Fees			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	lah+			Office he	nld
	Complete ONLY if direct expenditure to benefit C/OI		ıyıll			Office he	tiu

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/41 Rpt: 36/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/27/2025	HCTRA EZ TAG
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		Toll 1 ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	01/24/2025	HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toll Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	01/21/2025	Payee name HCTRA EZ TAG
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1417 Spring Cypress Rd
		Spring, TX 77373
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toll Fees
		10111 000
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 24/41 Rpt: 37/54	Swanson, Valoree H. (The Honorable) 00080325					
4	Date	5 Payee name					
	01/21/2025	HCTRA EZ TAG					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$10.00	1417 Spring Cypress Rd					
L		Spring, TX 77373					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Toll Fees					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
L	experialture to benefit C/O						
	Date	Payee name					
	01/15/2025	HCTRA EZ TAG					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.00	1417 Spring Cypress Rd					
L		Spring, TX 77373					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Toll Fees					
L							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
┡							
	Date 01/14/2025	Payee name HCTRA EZ TAG					
L							
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1417 Spring Cypress Rd					
	Ψ10.00	Titl Opining Oyproco Na					
		Spring, TX 77373					
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Toll Fees					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
1							

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┝	Total marca Cabadula F1.	<u> </u>	_
ľ	, -	2 FILER NAME  3 Filer ID (Ethics Commission Filers)	
L	Sch: 25/41 Rpt: 38/54	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	01/13/2025	HCTRA EZ TAG	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$10.00		
	Φ10.00	1417 Spring Cypress Rd	
		Spring, TX 77373	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Toll Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
┕			_
	Date	Payee name	
	01/09/2025	HCTRA EZ TAG	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1417 Spring Cypress Rd	
		-	
		0. 1. 7. 77.70	
		Spring, TX 77373	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Toll Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	7	
	Date	Payee name	=
	01/08/2025	HCTRA EZ TAG	
			_
	Amount (\$)		
	\$10.44	1417 Spring Cypress Rd	
		Spring, TX 77373	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Toll Fees	
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
$\vdash$			_

#### SCHEDULE F1

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

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

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

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 27/41 Rpt: 40/54	Swanson, Valoree H. (The Honorable)	00080325					
4	Date	Payee name						
	01/15/2025	HEB						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$127.39	1000 E 41st Street						
		Austin, TX 78751						
8	PURPOSE	(b) Category (See Categories listed at the top of this schedule)	cription					
	OF EXPENDITURE	Event Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense					
			nt food					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	•						
_	Date	Payee name						
	01/14/2025	HEB						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$85.09	1000 E 41st Street						
		Austin, TX 78751						
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)	•					
	EXPENDITURE	1 000/Develage Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense					
			nt food					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
	06/18/2025	Harris County GOP						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	8588 Katy Fwy						
		Suite 445						
		Spring Valley Village, TX 77024						
	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	cription					
	OF EXPENDITURE	Event Expense	heck if travel outside of Texas. Complete Schedule T.					
			heck if Austin, TX, officeholder living expense a ticket					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	<del>-</del>						
ı								

### SCHEDULE F1

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

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

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

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

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal	Services		iges/Contract Labor		OTHER (enter a	category not listed above)
			Instruction Guide explains he	ow to com	plete this form.			
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 29/41 Rpt: 42/54	Swanson, Valor	ee H. (The Honorable)				00080325	
4	Date	5 Payee name						
	01/09/2025	Home Depot						
6	Amount (\$)	7 Payee address;	City; State;	Zip Cod	е			
	\$51.75	1200 Barbara J	ordan Blvd					
		Austin, TX 7872	3					
8	PURPOSE		egories listed at the top of this sched	dula) (	<b>b)</b> Description			
	OF		d/Rental Expense	uule)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overriead	i/Nental Expense				officeholder living	
					Office equipn			
9	Complete ONLY if direct	Candidate/Officeho	lder name Of	ffice soug	ht		Office he	eld
	expenditure to benefit C/O	I						
	Date	Payee name						
	01/11/2025	Home Depot						
	Amount (\$)	Payee address;	City; State;	Zip Cod	P			
	\$153.05	1200 Barbara J		2.p 000				
	Φ133.03	1200 Baibaia Ji	ordan bivu					
		Austin, TX 7872	3					
	PURPOSE	(a) Category (See Cat	egories listed at the top of this sched	dule) (	<b>b)</b> Description			
	OF EXPENDITURE	Office Overhead	l/Rental Expense		<b>=</b>		de of Texas. Com	
	LXI LINDITORL					ı, TX,	officeholder living	expense
					Supplies			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeho	lder name Of	ffice soug	ht		Office he	eld
	experioritire to berieff C/O							
	Date	Payee name						
	06/25/2025	Honey Farms C	onv. Store, Gas Station					
	Amount (\$)	Payee address;	City; State;	Zip Cod	e			
	\$58.49	4502 Kingwood	Drive					
		Kingwood, TX 7	7345					
	PURPOSE	(a) Category (see Cat	egories listed at the top of this sched	dule) (	<b>b)</b> Description			
	OF	Travel Out of Di		uuic)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin	ı, TX,	officeholder living	expense
					Fuel			
	Complete ONLY if direct	Candidate/Officeho	lder name Of	ffice soug	ht		Office he	eld
	expenditure to benefit C/O	I						
I								

### SCHEDULE F1

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

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

1 Total pages Schedule F1:	Credit Card Payment  The Instruction Guide explains how to complete this form.							
C-l- 20/44 D-+ 40/54	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sch: 30/41 Rpt: 43/54	Swanson, Valoree H. (The Honorable)		00080325					
4 Date	5 Payee name		•					
02/13/2025	Houston Livestock Show							
6 Amount (\$)	7 Payee address; City; State; Zip Co	de						
\$15.00	NRG Stadium							
	Houston, TX 77054							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.					
LAPENDITORE			Check if Austin, TX, officeholder living expense					
			Shipping fee					
O Consulate ONE Vitalian et	Open distants (Office In all Incompany)	1-4	Office held					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	gnt	Office held					
Date	Payee name							
02/04/2025	Jeter, Norma							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$750.00	23618 Willow Switch Rd.							
	Spring, TX 77389							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin TX officeholder living evenes					
			Check if Austin, TX, officeholder living expense  Labor through 1/25					
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
experialture to benefit C/Oi								
	Pavee name							
Date	Payee name Jimmy John's 491 Moto							
Date 02/05/2025	Jimmy John's 491 Moto	de						
Date 02/05/2025 Amount (\$)	Jimmy John's 491 Moto  Payee address; City; State; Zip Co	de						
Date 02/05/2025	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue	de						
Date 02/05/2025 Amount (\$)	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200	de						
Date 02/05/2025 Amount (\$) \$327.61	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701							
Date 02/05/2025 Amount (\$)	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule)		Description  ☐ Check if travel outside of Texas. Complete Schedule T.					
Date 02/05/2025 Amount (\$) \$327.61	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Date 02/05/2025 Amount (\$) \$327.61 PURPOSE OF	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule)	(b)	Check if travel outside of Texas. Complete Schedule T.					
Date 02/05/2025 Amount (\$) \$327.61 PURPOSE OF	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule)	(b)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Date 02/05/2025  Amount (\$) \$327.61  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office sour	(b)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Date 02/05/2025  Amount (\$) \$327.61  PURPOSE OF EXPENDITURE	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office sour	(b)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event food					
Date 02/05/2025  Amount (\$) \$327.61  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Jimmy John's 491 Moto  Payee address; City; State; Zip Co 515 Congress Avenue Suite 1200 Austin, TX 78701  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office sour	(b)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event food					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services Frinding Expense Salaries/Wages/Con	ntract Labor		OTHER (enter a	category not listed above)	
	Credit Card Fayment		The Instruction Guide explains how to complete t	this form.				
1	Total pages Schedule F1:	2	FILER NAME	3	3	Filer ID	(Ethics Commission File	ers)
	Sch: 31/41 Rpt: 44/54		Swanson, Valoree H. (The Honorable)			00080325		
4	Date	5	Payee name					
01/15/2025			Jimmy John's					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$258.47		515 Congress					
			Suite 1200					
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) De	escription				
	OF	``	Food/Beverage Expense	Check if travel ou	ıtsio	le of Texas. Com	plete Schedule T.	
	EXPENDITURE		, i	Check if Austin, T	Χ,	officeholder living	expense	
			Ev	ent food				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought			Office he	eld	
	experiorare to benefit C/O	<u>''</u>						
	Date		Payee name					
	01/27/2025		Kingwood Tea Party					
	Amount (\$)		Payee address; City; State; Zip Code					
\$100.00			2261 Northpark Drive					
			Suite 109					
			Kingwood, TX 77339					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) De	escription				
	OF	``	Contributions/Donations Made By	Check if travel ou	itsio	le of Texas. Com	plete Schedule T.	
EXPENDITURE			Candidate/Officeholder/Political Committee	Check if Austin, T	Χ,	officeholder living	expense	
			Do	onation				
		L						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought			Office he	eld	
	<u>'</u>	_						
	Date		Payee name					
	01/13/2025		Kingwood Tea Party					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$500.00		2261 Northpark Drive					
			Suite 109					
			Kingwood, TX 77339					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) De	escription				
	OF EXPENDITURE		Contributions/Donations Made By	Check if travel ou				
			Candidate/Officeholder/Political Committee	] Check if Austin, T Onation	Χ,	officeholder living	expense	
				σπαιίθη				
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sought			Office he	ald	
	expenditure to benefit C/OI		and action of the sought			Onice He	Ju	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	<u> </u>						
	Sch: 32/41 Rpt: 45/54	Swanson, Valoree H. (The Honorable) 00080325						
4	Date	Payee name						
	06/18/2025	Los Cucos Mexican Cafe						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$25.00	23730 Highway 59 North						
		Kingwood, TX 77339						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Meal Kingwood Tea Party meeting						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/09/2025	Los Reyes Mexican Restaurant						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$11.73	5050 FM 1960						
		Houston, TX 77069						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		TTPRW Meeting meal						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experiditure to beliefit C/O	'						
	Date	Payee name						
	02/13/2025	Next Level Valet						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3.65	701 Brazos Street Ste 500						
		Austin, TX 78701						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Parking						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 33/41 Rpt: 46/54	Swanson, Valoree H. (The Honorable)		00080325
4	Date	5 Payee name		-
	04/22/2025	Northwest Forest Republican Women		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$30.00	5816 Spanish Oaks Drive		
		•		
		Houston, TX 77066		
8	PURPOSE		(h)	Description
٠	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 665		Check if Austin, TX, officeholder living expense
				2026 Membership
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/18/2025	Northwest Forest Republican Women		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$125.00	5816 Spanish Oaks Drive		
		·		
		Houston, TX 77066		
	PURPOSE	T	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				Directory Ad
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/06/2025	Omni Austin Downtown		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$27.06	700 San Jacinto		
		Austin, TX 78701		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oou/beverage Expense		Check if Austin, TX, officeholder living expense
				Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/O	1		
_				

### SCHEDULE F1

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

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

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

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

### SCHEDULE F1

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

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

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

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

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/41 Rpt: 49/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	04/23/2025	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.43	P.O. Box 99
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Donation gifts
		Donation gits
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/18/2025	Target
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.12	5300 South Mopac Expwy
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Сарыос
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/06/2025	Target
L	Amount (\$)	Payee address; City; State; Zip Code
	\$42.72	2025 Guadalupe
	Ψ42.72	
		Suite 01-100
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/41 Rpt: 50/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	01/09/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.36	5300 South Mopac Expwy
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Cappines
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	04/07/2025	Texas Conservative Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	919 Congress Ave
		#450
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	a de la companya de
	Date	Payee name
	03/03/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1100 Congress Avenue
	, —, · · · · ·	
		Austin, TX 78701
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Caucus meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/41 Rpt: 51/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	02/03/2025	Texas Lobby Guide
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	PO Box 461753
		San Antonio, TX 78246
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		resources
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	06/17/2025	Texas Right to Life Committee
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	4500 Bissonnet Street
		#305
		Bellaire, TX 77401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to beliefit C/OI	
	Date	Payee name
	03/20/2025	TexasFRW PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.06	13740 US 183
		J4
		Austin, TX 78750
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TFRW Lege Banquet ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH		

### SCHEDULE F1

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

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

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

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

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

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/41 Rpt: 53/54	Swanson, Valoree H. (The Honorable) 00080325
4	Date	5 Payee name
	06/27/2025	Verizon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	25044 I-45 North
		#113
		Spring, TX 77386
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Date	Payee name
	01/15/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.06	1030 Norwood Park Blvd
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Office supplies, equipment
		Office Supplies, equipment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/10/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	1030 Norwood Park Blvd
		Austin, TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		1	
1	Total pages Schedule F1:		
	Sch: 41/41 Rpt: 54/54	Swanson, Valoree H. (The Honorable) 00080325	
4	Date	5 Payee name	
	01/13/2025	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.49	5017 West Hwy 290	
		Austin, TX 78735	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Or	1	
	Date	Payee name	
	02/18/2025	Walmart Super Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.18	21150 Kuykendahl	
		Spring, TX 77379	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	1	
	Date	Payee name	
	06/30/2025	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.12	1776 Wilson Blvd	
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Banking fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		