CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comp | olete this form. | 1 Filer ID (Ethics Commis 00080325 | sion Filers) | 2 Total pages filed: 47 |
|-------------------------------|----------------------------|------------------|--|------------------------|--|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Valoree H. | | | Date Received |
| | | | | | ELECTRONICALLY FILED |
| | AUCI/ALAME | | | CUEELY | 01/17/2017 |
| | NICKNAME | LAST Swanson | | SUFFIX | 01/11/2011 |
| | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; AP | T / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| MAILING | 23020 Ammick Ct. | | | | Receipt # Amount |
| ADDRESS | | | | | , and an |
| Change of Address | Spring, TX 77389 | | | | Date Processed |
| | | | | | |
| | | | | | Date Imaged |
| | | | | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | | MI | |
| NAME | Mrs. | Norma B. | | | |
| | | | | | |
| | NICKNAME | LAST | | SUFFIX | |
| | | Jeter | | | |
| | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO | | APT | / SUITE #; CITY; | STATE; ZIP CODE |
| ADDRESS | 23618 Willow Switch Rd. | | | | |
| (Residence or Business) | | | | | |
| , | Spring, TX 77389 | | | | |
| | | | | | |
| 7 CAMPAIGN | AREA CODE PHO | NE NUMBER E | EXTENSION | | |
| TREASURER | (281) 414-4243 | INE NOWBER E | ATENSION | | |
| PHONE | (201) 414-4243 | | | | |
| 8 REPORT | | | | | |
| TYPE | X January 15 | 30th day before | election | Runoff | 15th day after campaign treasurer |
| | | | | | appointment (officeholder only) |
| | July 15 | 8th day before | election | Exceeded \$500 limit | Final Report (Attach C/OH-FR) |
| 0 DEDIOD | Month Day Year | | | Month Day | Voor |
| 9 PERIOD COVERED | Month Day Year 10/30/2016 | TH | IROUGH | Month Day 12/31/201 | Year 6 |
| | 10/30/2010 | | | 12/31/201 | 0 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| 10 LLLOTION | Month Day Year | | rimary | Runoff | Other |
| | 11/08/2016 | | | | |
| | | | eneral | Special | |
| 44 055105 | OFFICE LIEUS (% | | | 40 055105 001101 | () f |
| 11 OFFICE | OFFICE HELD (if any) | triot 150 | | 12 OFFICE SOUGHT | |
| | State Representative Dis | THE 150 | | State Represent | alive District 150 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | GO T | O PAGE 2 | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 47

| 13 C / OH NAME | Swanson, Valoree H. | (The Honorable) | | 14 Filer ID 00080325 | (Ethics Com | ımission Filers) |
|--|----------------------------------|--------------------------------------|---|-----------------------------|----------------|------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditure | ns accepted or political expendi is may have been made withou required to report this informati | t the candidate's or offi | iceholder's kn | owledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAI | ME | | | |
| ш° | GENERAL | | | | | |
| | | COMMITTEE ADI | DRESS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAI | MPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAI | MPAIGN TREASURER ADDRE | ESS | | |
| 16 CONTRIBUTION TOTALS | | | NS OF \$50 OR LESS (OTHER ANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ | 0.00 |
| | | AL CONTRIBUTIO PLEDGES, LOANS | DNS , OR GUARANTEES OF LOAN | IS) | \$ | 26,379.21 |
| EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS | | | | | \$ | 37.09 |
| 4. TOTAL POLITICAL EXPENDITURES | | | | | | 37,583.37 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THE | LAST DAY OF THE | \$ | 34,036.88 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | | ALL OUTSTANDING LOANS A | S OF THE LAST DAY | \$ | 9,050.00 |
| 17 AFFADAVIT | | | | | | |
| | | | I swear, or affirm, under pena true and correct and includes under Title 15, Election Code. | all information required | | |
| | | | The Honor | able Valoree H. Swa | anson | |
| | | | Signature of | of Candidate or Officeh | older | |
| AFFIX NO | TARY STAMP / SEAL ABO | OVE | | | | |
| Sworn to and subs | cribed before me, by the s | aid | | , this the | | day |
| of | , 20, to ce | ertify which, witnes | s my hand and seal of office. | | | |
| Signature of office | cer administering | Printed name | e of officer administering | Title of offic | cer administer | ing oath |

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

| | | | | 3 of 47 |
|------------------------------------|---|-----------------------------|--------------|----------------|
| 18 FILER NAME Swanson, V | /aloree H. (The Honorable) | 19 Filer ID 00080325 | (Ethics Comm | ission Filers) |
| 20 SCHEDULE NAME OF SC | | | SUBTOT | AL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 25,460.00 |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 919.21 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 30,145.24 |
| 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. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 7,438.13 |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 120.50 |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 | |
|----------------|---------------------------|---|---------------------------------|---|-----|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00080325 | |
| 4 | Date 12/10/2016 | 5 Full name of contributor out-of-state PAC (ID#:_Allen, Dawn 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$25 | .00 |
| _ | Deinsinal | Houston, TX 77068 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | S) | |
| | Date 12/02/2016 | Full name of contributor out-of-state PAC (ID#:_ Becker, Randy Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | .00 |
| | Principal occu | Bulverde, TX 78163 pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| Lab Consultant | | | Applied Becker Consulti | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500 | .00 |
| | | Austin, TX 78701 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | is) | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#:_ Benitez, Sandra Contributor address; City; State; Zip Code Brownsville, TX 78520 | | Amount of Contribution (\$) | .00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | I s) | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#:_Berg, Pam Contributor address; City; State; Zip Code Spring, TX 77391-1934 | | Amount of Contribution (\$) | .00 |
| | Principal occu self | pation / Job title (See Instructions) | Employer (See Instructions self | s) | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---|----------------|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/13 Rpt: 5/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commissio 00080325 | n Filers) |
| 4 | Date 12/06/2016 | 5 Full name of contributor out-of-state PAC (ID#:_Black, Bill 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | Spring, TX 77389 | I | | | |
| 8 | Principal occu retired | ipation / Job title (See Instructions) | Employer (See Instructions retired | 5) | | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#:_ Boylan, Michael Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$750.00 |
| | Principal occu | Houston, TX 77056-3667 upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | Property ma | | The Houston Property N | /lan | agement Corporation | |
| | Date 11/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Brady, Kevin Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$2,500.00 |
| | | The Woodlands, TX 77387 | | | | |
| | Principal occu U.S. Congre | upation / Job title (See Instructions) ussman | Employer (See Instructions United States of America | • | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_Burrows, Alan Contributor address; City; State; Zip Code Austin, TX 78768 | | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | Employer (See Instructions Self | 5) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Carr, Deborah Contributor address; City; State; Zip Code Houston, TX 77014 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULI | E A1 |
|---|----------------------------|--|---|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 Filer ID (Ethics Commission 00080325 | n Filers) |
| 4 | Date 11/02/2016 | 5 Full name of contributor out-of-state PAC (ID#:_ Davis, Mark K. 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) | \$200.00 |
| _ | | Spring, TX 77379 | | | |
| 8 | Principal occu OD | pation / Job title (See Instructions) | 9 Employer (See Instructions) Spring Klein Vision Cent | | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#:_ Desmond, Chironne Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Houston, TX 77040 pation / Job title (See Instructions) | Employer (See Instructions) | | |
| | Date 12/07/2016 | Full name of contributor out-of-state PAC (ID#: Dunwoody, Grant Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) | \$100.00 |
| | | Houston, TX 77079 | | | |
| | Atty | pation / Job title (See Instructions) | Employer (See Instructions) The Dunwoody Law Firn | | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#:_ Eckels, Robert Contributor address; City; State; Zip Code Spring, TX 77379 |) | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions) Gray Reed & McCraw |) | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#:_Falk, Sarah Contributor address; City; State; Zip Code Conroe, TX 77303 | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-----------------------------|---|--|----------|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/13 Rpt: 7/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | n Filers) |
| 4 | Date 12/10/2016 | 5 Full name of contributor out-of-state PAC (ID#:_ Flower, Linda (Dr.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | | Tomball, TX 77377 | | | | |
| 8 | Principal occu Physician | pation / Job title (See Instructions) | 9 Employer (See Instructions TOMAGWA |) | | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#:_Fulton, Kevin Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | Drincinal occu | Houston, TX 77069 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | attorney | pation / 300 title (See Instructions) | The Fulton Law Group | <i>,</i> | | |
| | Date 12/08/2016 | Full name of contributor out-of-state PAC (ID#:_ Gardner, Alison Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | | Houston, TX 77042 | | | | |
| | Principal occu Nurse | pation / Job title (See Instructions) | Employer (See Instructions MD Anderson |) | | |
| | Date 11/17/2016 | Full name of contributor out-of-state PAC (ID#:_ Gourley, Genevieve Contributor address; City; State; Zip Code Spring, TX 77379 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions retired |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Hanson, Pat Contributor address; City; State; Zip Code Spring, TX 77389 | | | Amount of Contribution (\$) | \$35.00 |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions retired |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUL | E A1 |
|---|---------------------------------|--|--|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/13 Rpt: 8/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | n Filers) |
| 4 | Date 12/10/2016 | 5 Full name of contributor out-of-state PAC (ID#:_Kingston, Elvie 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | Spring, TX 77379 | I | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions retired |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Korkmas, Thomas Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Houston, TX 77042 Ipation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#:_ Kulasa, John R Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | | Spring, TX 77389 | | | | |
| | Principal occu President | ipation / Job title (See Instructions) | Employer (See Instructions Providence Title |) | | |
| | Date 12/07/2016 | Full name of contributor out-of-state PAC (ID#:_ Kvinta, Tom Contributor address; City; State; Zip Code Houston, TX 77057 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions) Appraiser | Employer (See Instructions Kvinta & Co |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_Lassalle, Paul Contributor address; City; State; Zip Code Spring, TX 77389 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Police Office | ipation / Job title (See Instructions) | Employer (See Instructions City of Houston PD |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE | ■ A1 |
|---|-------------------------------|--|--|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 Filer ID (Ethics Commission 00080325 | ı Filers) |
| 4 | Date 12/03/2016 | 5 Full name of contributor out-of-state PAC (ID#:_ Lupher, Trigg 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) | \$250.00 |
| _ | <u> </u> | Tomball, TX 77375 | | | |
| 8 | Surveyor | pation / Job title (See Instructions) | 9 Employer (See Instructions) American-Lupher Land S | | |
| | Date 12/09/2016 | Full name of contributor | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Fort Worth, TX 76179 upation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#: Martin, Paul Contributor address; City; State; Zip Code Montgomery, TX 77356 |) | Amount of Contribution (\$) | \$500.00 |
| | Principal occuretired | pation / Job title (See Instructions) | Employer (See Instructions) retired | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_Mason, David Contributor address; City; State; Zip Code Carrollton, TX 75006 | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Telecom Eng | upation / Job title (See Instructions) gineer | Employer (See Instructions) Verizon Wireless | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ McCoy , Alex and Molly Contributor address; City; State; Zip Code Spring, TX 77379 | | Amount of Contribution (\$) | \$400.00 |
| | Principal occu Engineer | pation / Job title (See Instructions) | Employer (See Instructions) Occidental | | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-----------------------------|--|---|----------|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/13 Rpt: 10/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | on Filers) |
| 4 | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_McDougal, James Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | <u> </u> | Spring, TX 77389 | | | | |
| 8 | retired | pation / Job title (See Instructions) | 9 Employer (See Instructions) retired |) | | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#:_Middleton, D Mayes Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Dringinal occu | Wallisville, TX 77597 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Attorney | pation / 300 title (3ee instructions) | Middleton Oil Company | , | | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#:_ Miller, Joan Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Spring, TX 77379 | | | | |
| | Principal occu Self | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_Moore, Clint Contributor address; City; State; Zip Code Spring, TX 77373 |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Executive | pation / Job title (See Instructions) | Employer (See Instructions Gulf Slope Energy |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ O'Briant, Cathy Contributor address; City; State; Zip Code Cypress, TX 77429 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULI | E A1 |
|---|-----------------|---|------------------------------------|----------|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 8/13 Rpt: 11/47 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | r Filers) |
| | Swanson, Va | aloree H. (The Honorable) | | | 00080325 | |
| 4 | Date 12/10/2016 | 5 Full name of contributor out-of-state PAC (ID#:_ Page, Brenda | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code Houston, TX 77008 | | | | |
| 8 | Dringinal occu | Houston, TX 77008 pation / Job title (See Instructions) | 9 Employer (See Instructions | ,, | | |
| • | attorney | | Page Law, PC | •) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/10/2016 | Renteria, Martin | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Spring, TX 77389 | | | | |
| | retired | pation / Job title (See Instructions) | Employer (See Instructions retired | 5) | | |
| | Date | Full name of contributor uut-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 12/02/2016 | Rodney, Paul | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code Spring, TX 77389 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | retired | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 12/02/2016 | | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Houston, TX 77041 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Insurance | | Wortham Insurance | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 11/10/2016 | Sampson, Jeffrey | | | | \$30.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | McKinney, TX 75071 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUI | E A1 |
|---|-----------------------------|--|--|--|----------------|--|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 9/13 Rpt: 12/47 | |
| 2 | FILER NAME | plored II (The Henerable) | | | 3 | Filer ID (Ethics Commission | on Filers) |
| _ | | aloree H. (The Honorable) | | | L | 00080325 | |
| 4 | Date 12/06/2016 | 5 Full name of contributor Saulsbury, Dick6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$2,500.00 |
| Ω | Principal occu | Odessa, TX 79768 pation / Job title (See Instructions | | Employer (See Instructions | | | |
| o | | Public Affairs | '' ` | Saulsbury Industries | >) | | |
| | Date 12/10/2016 | Full name of contributor Scott, T.J. Contributor address; City; Si | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Delegalent | Austin, TX 78749 | <u>, </u> | Franks of October 19 and 19 an | <u> </u> | | |
| | VP Technolo | pation / Job title (See Instructions | 5) | Employer (See Instructions IBAT | 5) | | |
| | | | | IDA I | _ | | |
| | Date 12/06/2016 | Full name of contributor Sessions, Dennis Contributor address; City; St | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$250.00 |
| | | Spring, TX 77389 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u> </u> s) | | |
| | | & Construction | , | Principal | , | | |
| | Date 12/10/2016 | Full name of contributor Smitherman, Barry Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | Employer (See Instructions Vinson and Elkins | s) | | |
| | Date 12/06/2016 | Full name of contributor Streusand, Ben and Kath Contributor address; City; Si Spring, TX 77389 | | | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu President | pation / Job title (See Instructions | s) | Employer (See Instructions Home Loan Corp | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|----------------------------|---|--|--------------------------------------|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/13 Rpt: 13/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | on Filers) |
| 4 | | | 7 | Amount of Contribution (\$) | \$50.00 | |
| _ | | Spring, TX 77388 | I | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions) | 9 Employer (See Instructions retired |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Swirsky, Alexie Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$150.00 |
| | Houston, TX 77064 Principal occupation / Job title (See Instructions) OT Employer (See Instructions) Self | | |) | | |
| 12/10/2016 Swirsky, Alexie | | Full name of contributor out-of-state PAC (ID#:_ Swirsky, Alexie Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | | Houston, TX 77064 | 1 | | | |
| | OT OT | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 12/01/2016 | Full name of contributor out-of-state PAC (ID#:_ Tarr, Linda Contributor address; City; State; Zip Code Spring, TX 77381 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu homemaker | pation / Job title (See Instructions) | Employer (See Instructions homemaker |) | | |
| | Date 11/22/2016 | Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC 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 |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | | |
|---|----------------------------|---|---|-------------|---|-----------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 11/13 Rpt: 14/47 | | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | n Filers) | |
| 4 | Date 10/31/2016 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$500.00 | |
| _ | | Austin, TX 78703 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | | |
| | Date 11/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | Austin, TX 78735 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 11/01/2016 | Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu | Austin, TX 78701 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | · | | . , , | | | | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#: Tucker, James Contributor address; City; State; Zip Code Houston, TX 77023 | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions Live Nation |) | | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Van Fleet, Deborah Contributor address; City; State; Zip Code Spring, TX 77389 |) | | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|-----------------------|---|---|--|---|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/13 Rpt: 15/47 | |
| 2 | FILER NAME Swanson, Va | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | on Filers) |
| 4 | Date 12/10/2016 | 5 Full name of contributor out-of-state PAC (ID#:_ Vandermark, Mary Ann 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | Driverinal | Spring, TX 77379-9308 | O Franks or (Cas Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/08/2016 Wall, Kathaleen Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | Houston, TX 77001 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | married retired | | | | | |
| 11/01/2016 Way, David | | Full name of contributor out-of-state PAC (ID#: Way, David Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | | Spring, TX 77379 | | | | |
| | Principal occu OD | pation / Job title (See Instructions) | Employer (See Instructions Spring Klein Vision Cent | | | |
| | Date 12/09/2016 | Full name of contributor out-of-state PAC (ID#:_Welling, Frederick Contributor address; City; State; Zip Code Houston, TX 77007 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 12/10/2016 | Full name of contributor out-of-state PAC (ID#:_ Wheeless, Sylvia Contributor address; City; State; Zip Code Farmers Branch, TX 75234 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu homemaker | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | TARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | | |
|---|--|---|---|----------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 13/13 Rpt: 16/47 | | |
| 2 | FILER NAME Swanson, V | aloree H. (The Honorable) | | 3 | Filer ID (Ethics Commission 00080325 | on Filers) | |
| 4 | Date 11/10/2016 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$1,250.00 | |
| | | Cisco, TX 76437 | | | | | |
| 8 | Principal occu Principal | upation / Job title (See Instructions) | 9 Employer (See Instructions Wilks Bros LLC | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 11/10/2016 Wilks, Farris C and Jo Ann Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$1,250.00 | |
| | Principal occu | Cisco, TX 76437 upation / Job title (See Instructions) | Employer (See Instructions Wilks Bros LLC | <u> </u> S) | | | |
| | Date 11/17/2016 | Full name of contributor out-of-state PAC (ID#: Wilson, William Contributor address; City; State; Zip Code |) | • | Amount of Contribution (\$) | \$100.00 | |
| | | Cypress, TX 77433 | | | | | |
| | Principal occu retired | upation / Job title (See Instructions) | Employer (See Instructions retired | s) | | | |
| | Date 12/06/2016 | Full name of contributor out-of-state PAC (ID#:_Wilson, William C and Beth Contributor address; City; State; Zip Code Cypress, TX 77433 |) | • | Amount of Contribution (\$) | \$260.00 | |
| | Principal occuretired | upation / Job title (See Instructions) | Employer (See Instructions retired | 5) | | | |
| | | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/47 | | | | | |
|-------------------------|---|---|--|--|--|--|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | aloree H. (The Honorable) | 00080325 | | | | | |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | | | |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution contribution (\$) description | | | | |
| 11/07/2016 | | | \$142.71 Austin Club fundraising | | | | |
| | 7 Contributor address; City; State; Zip Code | | expense | | | | |
| | | | | | | | |
| | Austin, TX 78701 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | | | | | |
| | nt Consultant | Clint Hackney & Co | | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| | (a) (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of In-kind contribution | | | | |
| 12/06/2016 | Streusand, Ben and Kathy | | contribution (\$) description | | | | |
| | Contributor address; City; State; Zip Code | | \$250.00 Fundraiser food | | | | |
| | | | | | | | |
| | Coving TV 77200 | | | | | | |
| Dringing con | Spring, TX 77389 upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions) | | | | |
| President | apation / 300 title (FOR NON-30DICIAL) | Home Loan corp. | N-JODICIAL) (See Instructions) | | | | |
| | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | |
| | | | • | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | L | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | ١ | Amount of ! In-kind contribution | | | | |
| 12/06/2016 | Texas Lawsuit Reform PAC | | contribution (\$) description | | | | |
| | Contributor address; City; State; Zip Code | | \$526.50 Fundraiser expenses | | | | |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | Austin, TX 78701 | 1 | Check if travel outside of Texas. Complete Schedule T. | | | | |
| Principal occu | Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) | | | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | (FOR JUDICIAL) (See instructions) | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | | |
| 25/16/15/4(0) 3 | | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | 1 | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 | · | | /ages | /Contract Labor | | OTHER (enter | a category not listed | above) |
|---|---|-----|-----------------|------------------------|-----------------------|-----------|-------|-----------------|-------|-------------------|-----------------------|---------------|
| | | | | The Instruction G | uide explains h | ow to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commis | ssion Filers) |
| | Sch: 1/24 Rpt: 18/47 | | Swanson, V | aloree H. (The | Honorable) | | | | | 00080325 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 11/08/2016 | | ABC Voter | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$744.72 | | 7941 Katy F | reeway | | | | | | | | |
| | | | Suite 300 | | | | | | | | | |
| | | | Houston, TX | 77024 | | | | | | | | |
| 8 | PURPOSE | (2) | | | | | (h) | Description | | | | |
| ľ | OF | (۳) | Advertising | e Categories listed at | the top of this sche | dule) | (5) | _ ` | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | Auvertising | Lxperise | | | | 브 | | officeholder livi | • | |
| | | | | | | | | Voter data | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | Of | ffice sou | ght | | | Office h | neld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 12/05/2016 | | ABM Parkin | g | | | | | | | | |
| | Amount (\$) | Г | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$20.00 | | 5th and Cold | orado | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the ton of this sche | dule) | (b) | Description | | | | |
| | OF | | Travel Out of | | and top or time conte | aa.o, | | _ · | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | | | | | | — | , TX, | officeholder livi | ng expense | |
| | | | | | | | | Parking | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | eholder name | Of | ffice sou | ght | | | Office I | neld | |
| | experialitate to beliefit of of | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 12/15/2016 | | Avenida sou | ith Garage | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$18.00 | | 1806 Polk S | t | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX | 77003 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Travel Out o | | | | | = | | | mplete Schedule T. | |
| | LXI LINDITORL | | | | | | | ш | , TX, | officeholder livi | ng expense | |
| | | | | | | | | Parking | | | | |
| _ | Complete ONLY if allowed | Ļ | Condidate /Off | acholder re | | ffice s = | ماد، | | | O#:! | ald | |
| | Complete ONLY if direct expenditure to benefit C/OI | | zandidate/Offic | ceholder name | Ot | ffice sou | gnt | | | Office I | ieia | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 | : | | ages | /Contract Labor | | OTHER (enter | a category not listed | above) |
|---|---|-----|-----------------|------------------------|-----------------------|-----------|------|------------------|-------|--------------------|-----------------------|---------------|
| | | | | The Instruction G | uide explains ho | ow to cor | nple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commis | ssion Filers) |
| | Sch: 2/24 Rpt: 19/47 | | Swanson, V | aloree H. (The | Honorable) | | | | | 00080325 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 12/14/2016 | | Campaign N | low, LLC | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$250.00 | | 200 S Exec | utive Dr Ste 10 | 1 | | | | | | | |
| | | | | | | | | | | | | |
| | | | Brookfield, \ | NI 53005 | | | | | | | | |
| 8 | PURPOSE | (a) | | e Categories listed at | 414 | 11-1 | (b) | Description | | | | |
| ľ | OF | | Advertising | | the top of this sched | lule) | (~) | | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | Advertising | Схрепас | | | | Check if Austin, | , TX, | officeholder livir | ng expense | |
| | | | | | | | | Calling | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | Off | fice sou | ght | | | Office h | neld | |
| | expenditure to benefit C/OH | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/21/2016 | | Campaign N | low, LLC | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$588.20 | | 200 S Exec | utive Dr Ste 10 | 1 | | | | | | | |
| | | | | | | | | | | | | |
| | | | Brookfield, \ | NI 53005 | | | | | | | | |
| | PURPOSE | (a) | | e Categories listed at | | [| (h) | Description | | | | |
| | OF | | Advertising | | the top of this sched | lule) | () | | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | navertioning | Expense | | | | Check if Austin, | , TX, | officeholder livir | ng expense | |
| | | | | | | | | Callls | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Off | fice sou | ght | | | Office h | neld | |
| | expenditure to benefit C/O | П | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/16/2016 | | Capitol Visit | ors Parking Ga | ırage | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$8.00 | | 13th St | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| | PURPOSE | (a) | Category (Sr | e Categories listed at | the top of this sched | lule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Travel Out of | | | , | | | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITORE | | | | | | | ш | , TX, | officeholder livir | ng expense | |
| | | | | | | | | parking | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offic | ceholder name | Off | fice sou | ght | | | Office h | neld | |
| | Superioritation to belieff 6/01 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/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: 3/24 Rpt: 20/47 | Swanson, Valoree H. (The Honorable) 00080325 | |
| 4 | Date | 5 Payee name | |
| | 12/14/2016 | Cherry Tree Republicans PAC | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$50.00 | 10202 Rippling Fields | |
| | | | |
| | | Houston, TX 77064 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense | |
| | | Check if Austin, TX, officeholder living expense Christmas Party | |
| | | Christinas Party | |
| _ | Operation ONLY if allowed | On all data (Office health and a second seco | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H | |
| | | | _ |
| | Date | Payee name | |
| | 12/13/2016 | Cherry Tree Republicans PAC | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$25.00 | 10202 Rippling Fields Dr | |
| | | | |
| | | Houston, TX 77064 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Membership | |
| | | monitorial p | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/O | | |
| _ | | | = |
| | Date | Payee name | |
| | 12/19/2016 | Chic Fil A | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$3.02 | 2222 Shearn St | |
| | | | |
| | | Houston, TX 77007 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | | meal meal | |
| | | | _ |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | experience to benefit eye. | | |
| | | | |
| | | | |

SCHEDULE F1

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/24 Rpt: 21/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/07/2016 | Chic Fil A |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$10.98 | 5905 FM 2920 |
| | | |
| | | Spring, TX 77388 |
| 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 |
| | | Wedi |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | | |
| | Date | Payee name |
| | 11/04/2016 | Chic Fil A |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.59 | 5905 FM 2920 |
| | | |
| | | Spring, TX 77388 |
| | 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 |
| | | Medi |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | _ | |
| | Date | Payee name |
| | 11/18/2016 | Colon and Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | 3311 Richmond Avenue |
| | | Suite 319 |
| | | Houston, TX 77098 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense |
| | | Consulting |
| | | Consulting |
| _ | 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 Commi

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: | <u> </u> |
| | Sch: 5/24 Rpt: 22/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/01/2016 | DMR (Data Mailing) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,256.72 | 4929 Blaylock |
| | | |
| | | Houston, TX 77041 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EX. ENDITORE | Check if Austin, TX, officeholder living expense Mailer |
| | | Mailer |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| • | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 10/31/2016 | DMR (Data Mailing) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3,000.00 | 4929 Blaylock |
| | 40,000.00 | 16_6 _ 16_J 16_6 |
| | | Houston, TX 77041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Mailer |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 10/31/2016 | DMR (Data Mailing) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | 4929 Blaylock |
| | | |
| | | Houston, TX 77041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Mailer |
| | | ivialiei |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 | The Instruction Guide explains how to complete this form. |
|---|---------------------------------|--|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 6/24 Rpt: 23/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/21/2016 | Denny's |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$22.04 | 6504 FM 2920 |
| | | |
| | | Spring, TX 77379 |
| 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 | 4 |
| | Date | Payee name |
| | 11/25/2016 | Empower Texans |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,250.00 | PO Box 49730 |
| | | |
| | | Austin, TX 78765 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Gala sponsor |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 12/01/2016 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$507.77 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Advertising |
| | | Advertising |
| | 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 Committe

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

| | Candidate/Officeholder/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: 7/24 Rpt: 24/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 12/01/2016 | Facebook |
| 6 | Amount (\$) \$158.24 | 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) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook advertising |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/04/2016 | Facebook Inc |
| | Amount (\$) \$561.54 | Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook ads |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/04/2016 | Facebook Inc |
| | Amount (\$) \$188.88 | 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) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook ads |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/24 Rpt: 25/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/01/2016 | Facebook Inc |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$365.16 | 1601 Willow Road |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Facebook ads |
| | | T decision das |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 11/01/2016 | Facebook Inc |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$308.61 | 1601 Willow Road |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Facebook ads |
| | | T adossosit aud |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/01/2016 | Facebook Inc |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$145.66 | 1601 Willow Road |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Facebook ads |
| | | racebook aus |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | OTHER (enter a category not listed above) | | | | |
|---|---|----------|--|---|--------------------------|---------|----------|---|-------|---------------------|--------------------|---------------|
| | | _ | | | uide explains now | to com | ipie | te this form. | _ | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commis | ssion Filers) |
| | Sch: 9/24 Rpt: 26/47 | | Swanson, V | aloree H. (The | Honorable) | | | | | 00080325 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/31/2016 | | Facebook Ir | nc | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zi | n Cod | <u> </u> | | | | | |
| ľ | • • • | ľ | | | State, Zi | p Cou | ıe | | | | | |
| | \$751.97 | | 1601 Willow | Ruau | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Menlo Park, | CA 94025 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at | the top of this schedule |) (| (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising | | | ´ | | Check if travel | outsi | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | J | · | | | | Check if Austin | , TX, | officeholder livir | ig expense | |
| | | | | | | | | Facebook ad | S | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | <u> </u> | Candidate/Offic | ceholder name | Office | e sougl | ht | | | Office h | ield | |
| | expenditure to benefit C/O | Н | | | | | | | | | | |
| - | Date | Т | Davis a name | | | | | | | | | |
| | | | Payee name | | | | | | | | | |
| | 12/01/2016 | ┖ | Facebook, I | | | | | | | | | |
| | Amount (\$) | | Payee addres | | State; Zi | p Cod | le | | | | | |
| | \$8.44 | | 1601 Willow | / Road | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Menlo Park, | CA 94025 | | | | | | | | |
| | PURPOSE | (2) | | | | . [| h) | Description | | | | |
| | OF | (۳) | | | the top of this schedule | | , | _ ` | outsi | de of Texas, Cor | nplete Schedule T. | |
| | EXPENDITURE | | Advertising | Expense | | | | - | | officeholder livir | | |
| | | | | | | | | Facebook ad | ver | atising | | |
| | | | | | | | | | | | | |
| _ | Complete ONLY if direct | | | ceholder name | Office | e sougl | ht | | | Office h | eld | |
| | expenditure to benefit C/O | | , a a. a | | 2 | o ooug. | | | | CC . | .0.0 | |
| _ | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/17/2016 | | Facebook, I | nc. | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zi | p Cod | le | | | | | |
| | \$750.05 | | 1601 Willow | / Road | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Menlo Park, | CA 94025 | | | | | | | | |
| | D. IDD005 | ļ., | | | | 1, | | | | | | |
| | PURPOSE OF | (a) | | | the top of this schedule |) (| b) | Description | | df.T O | | |
| | EXPENDITURE | | Advertising | Expense | | | | | | officeholder livir | nplete Schedule T. | |
| | | | | | | | | Facebook ad | | Officeriolaer livii | ig experise | |
| | | | | | | | | . according du | _ | | | |
| _ | Complete ONU V Station | Ц | Damalide to 10 °° | | 0// | | la t | | | Otti I | alal | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | | |
| | The stranger of the stranger of the | • | | | | | | | | | | |
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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

| | 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: 10/24 Rpt: 27/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/22/2016 | Glass, Dylan |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$165.00 | 10427 Harnwell Crossing Drive |
| | | |
| | | Spring, TX 77379 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign support |
| | | Sampaig. Foupport |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 12/15/2016 | GoDaddy.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.52 | 14455 N. Hayden Rd. |
| | | |
| | | Scottsdale, AZ 85260 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Internet Expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payros namo |
| | 12/15/2016 | Payee name GoDaddy.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.52 | 14455 N. Hayden Rd. |
| | 40.02 | |
| | | Scottsdale, AZ 85260 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Internet expense |
| | | |
| | 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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/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: 11/24 Rpt: 28/47 | Swanson, Valoree H. (The Honorable) 00080325 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 12/08/2016 | Google Apps for Work | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$100.00 | 1600 Amphitheate Pkwy | | | | |
| | | | | | | |
| | | Mountain View, CA 94042 | | | | |
| 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. | | | | |
| | | Coogle Appe for work reimburgement to Norma | | | | |
| | | Google Apps for work, reimbursement to Norma Jeter | | | | |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office sought Office hold | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H | | | | |
| | | | | | | |
| | Date | Payee name | | | | |
| | 12/14/2016 | Graber, Rosemary | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$236.00 | 800 W 38th | | | | |
| | | Apt 2304 | | | | |
| | | Austin, TX 78705 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | | | |
| | ZXI ZXIDITORZ | Check if Austin, TX, officeholder living expense | | | | |
| | | Staff training | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | | | | | |
| | Data | | | | | |
| | Date | Payee name | | | | |
| | 12/14/2016 | Green, Trey | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$369.10 | PO Box 900 | | | | |
| | | | | | | |
| | | Dripping Springs, TX 78620 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Staff training | | | | |
| | | Jan Baning | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/Ol | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
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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 | | | Legal Services | is Expense | Salaries/M | | se s/Contract Labor | | OTHER (enter a | a category not listed at | oove) |
|----------|---|----------|-----------------------------|--|---------------------|------------|------|------------------------|------|--|--------------------------|--------------|
| | orean out a tyment | | | The Instruction C | Suide explains | how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commiss | sion Filers) |
| | Sch: 12/24 Rpt: 29/47 | | Swanson, V | aloree H. (The | Honorable) |) | | | | 00080325 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 12/14/2016 | | Griesinger, | Austin | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Co | de | | | | | |
| | \$357.10 | | PO Box 900 | • | | , _, _ | | | | | | |
| | 40020 | | | | | | | | | | | |
| | | | Drinning Cn | rings TV 7060 | 10 | | | | | | | |
| | | L. | | rings, TX 7862 | | | | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at | | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/Wa | ges/Contract L | ₋abor | | | | | officeholder livin | nplete Schedule T. | |
| | | | | | | | | Staff training | ,, | omoorioladi iiviii | genpense | |
| | | | | | | | | 3 | | | | |
| 9 | Complete ONLY if direct | | | ceholder name | | Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | | | 9 | | | | | |
| \vdash | Date | Г | Doves non- | | | | | | | | | |
| | 11/07/2016 | | Payee name Harris Coun | ty Clark | | | | | | | | |
| | | L | | <u>* </u> | | | | | | | | |
| | Amount (\$) | | Payee addres | | State | ; Zip Co | ae | | | | | |
| | \$50.00 | | P.O. Box 15 | 25 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, TX | 77251 | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | e Categories listed at | the top of this sch | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising I | Expense | | | | _ | | | nplete Schedule T. | |
| | | | | | | | | Voter data | , 1, | officeholder livin | y expense | |
| | | | | | | | | votor data | | | | |
| _ | Complete ONLY if direct | | Candidate/Offic | eholder name | | Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | 24.14.44.67 | | · | J00 000 | 9 | | | 000 | 0.0 | |
| - | Data | _ | | | | | | | | | | |
| | Date 11/21/2016 | | Payee name Heart 4 Chile | dron | | | | | | | | |
| | | | | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | ; Zip Co | ae | | | | | |
| | \$75.00 | | PO Box 47 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Tomball, TX | 77377 | | | | | | | | |
| | PURPOSE OF | (a) | | e Categories listed at | | nedule) | (b) | Description | | | | |
| | EXPENDITURE | | | s/Donations M | | .: | | | | de of Texas. Con officeholder livin | nplete Schedule T. | |
| | | | Candidate/C | Officeholder/Po | illicai Comm | illee | | Charitable Do | | | y expense | |
| | | | | | | | | 3IUDIO DI | | | | |
| \vdash | Complete ONLY if direct | <u> </u> | | ceholder name | (| Office sou | aht | | | Office h | eld | |
| | expenditure to benefit C/OI | | za. iaidato/OIII | Jones Halle | ` | C/1100 500 | a | | | J.1100 11 | J.J | |
| - | | | | | | | | | | | | |
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| l | | | | | | | | | | | | |

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: 13/24 Rpt: 30/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/16/2016 | Hillyer, Wyatt |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$75.00 | 20206 Pinecreek Ridge Ln |
| | | |
| | | Spring, TX 77379 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign support |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 11/14/2016 | Hillyer, Wyatt |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$204.30 | 20206 Pinecreek Ridge Ln |
| | | |
| | | Spring, TX 77379 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign support |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 11/14/2016 | Hillyer, Wyatt |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$153.35 | 20206 Pinecreek Ridge Ln |
| | | |
| | | Spring, TX 77379 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Support |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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/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: 14/24 Rpt: 31/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 10/31/2016 | Hillyer, Wyatt |
| 6 | Amount (\$) \$65.00 | 7 Payee address; City; State; Zip Code 20206 Pinecreek Ridge Ln |
| | φ05.00 | 20200 Filletteek Muge Lif |
| | | Spring, TX 77379 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Campaign support |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 12/13/2016 | Houston Area Pastors Council |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.00 | PO Box 692207 |
| | Ψ20.00 | 1 0 80% 002201 |
| | | Houston, TX 77269 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Event |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | н |
| _ | Date | Payee name |
| | 12/16/2016 | Houston Northwest Chamber of Commerce |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 3920 FM 1960 |
| | Ψ23.00 | Suite 120 |
| | | |
| | | Houston, TX 77068 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Figure 5 years 5 years 5 years 6 years 7 ye |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Luncheon |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 4 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/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: 15/24 Rpt: 32/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/18/2016 | Jay Byrd Deliveries |
| 6 | Amount (\$) \$112.75 | 7 Payee address; City; State; Zip Code 9021-B Ruland Rd |
| | | Houston, TX 77055 |
| 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 Reimbursed Colon and Co. |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/08/2016 | Jeter, Norma |
| | Amount (\$) \$320.00 | Payee address; City; State; Zip Code 23618 Willow Switch |
| | | Spring, TX 77389 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/08/2016 | Jeter, Norma |
| | Amount (\$) \$1,880.00 | Payee address; City; State; Zip Code 23618 Willow Switch Rd |
| | | Spring, TX 77389 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign support |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | | xpens Wages | e /Contract Labor | | Travel in District Travel Out of Distri OTHER (enter a ca | ct ttegory not listed above) |
|---|---|-----------------|---|------------|----------------|----------------------|-------|---|---------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAMI | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 16/24 Rpt: 33/47 | Swanson, \ | Valoree H. (The Honorable) |) | | | | 00080325 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 11/04/2016 | Legislative | Solutions | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State | ; Zip Co | ode | | | | |
| | \$300.00 | Vaughn Bu | ilding | | | | | | |
| | | 807 Brazos | St #714 | | | | | | |
| | | Austin, TX | 78701 | | | | | | |
| 8 | PURPOSE | (a) Category (s | iee Categories listed at the top of this scl | andula) | (b) | Description | | | |
| | OF EXPENDITURE | Event Expe | | ledule) | \ | _ · | outsi | de of Texas. Comple | ete Schedule T. |
| | EXPENDITURE | · | | | | — | , TX, | officeholder living e | xpense |
| | | | | | | Fundraiser | | | |
| Ļ | | | | - " | Ļ | | | · · | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ıght | | | Office held | 1 |
| | Date | Payee name | | | | | | | |
| | 12/01/2016 | Mail Chimp | 1 | | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | | | |
| | \$150.00 | 675 Ponce | de Leon Ave NE | | | | | | |
| | | Suite 500 | | | | | | | |
| | | Atlanta, GA | 30308 | | | | | | |
| | PURPOSE | (a) Category (S | iee Categories listed at the top of this scl | nedule) | (b) | Description | | | |
| | OF EXPENDITURE | | head/Rental Expense | , | | Check if travel | | de of Texas. Comple | |
| | TVI FIADLIONE | | | | | _ | | officeholder living e | xpense |
| | | | | | | Internet expe | nse | ; | |
| _ | Complete ONLY if allower | Condidet - 10" | iooholdor nama | Office | 10 P+ | | | Office level | 4 |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ignt | | | Office held | |
| | Date | Payee name | | | | | | | |
| | 10/31/2016 | Mail Chimp | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | | | |
| | \$150.00 | 675 Ponce | de Leon Ave NE | | | | | | |
| | | Suite 500 | | | | | | | |
| | | Atlanta, GA | 30308 | | | | | | |
| | PURPOSE | (a) Category (s | see Categories listed at the top of this scl | nedule) | (b) | Description | | | |
| | OF EXPENDITURE | | head/Rental Expense | , | | Check if travel | | de of Texas. Comple | |
| | TVI FIADITORE | | | | | | | officeholder living e | xpense |
| | | | | | | Internet expe | use | , | |
| | Complete ONLY if direct | Condidate/Off | iooholdor nome | Office | ıab+ | | | Office hele | 4 |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ıyrıt | | | Office held | ı |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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: 17/24 Rpt: 34/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/02/2016 | Maniscalo, Ben |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$50.00 | 10411 Sterling Manor Dr |
| | | |
| | | Spring, TX 77379 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Support |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 3 | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | 11/19/2016 | Payee name Martinez, Richard |
| | | · · · · · · · · · · · · · · · · · · · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$30.00 | 25027 Shalford Dr |
| | | |
| | | Spring, TX 77389 |
| | 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 |
| | | Campaign support |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 11/14/2016 | Miller, Micah |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$276.96 | 10803 Laneview dr |
| | | |
| | | Houston, TX 77070 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | campaign support |
| | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

Fees Office C
Food/Beverage Expense Polling I
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 18/24 Rpt: 35/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 12/08/2016 | Office Depot |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$159.04 | 20121 I-45 North |
| | | |
| | | Spring, TX 77379 |
| 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 |
| | | Office supplies, reimb to Norma Jeter |
| | | Cinico dappines, Forma to Norma dottor |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 11/07/2016 | Peltzman, Ashton |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$36.10 | 25231 Nichol Dr |
| | | |
| | | 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign support |
| | | |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 12/10/2016 | Raise the Money |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$199.56 | PO Box 26466 |
| | | |
| | | Little Rock, AR 72221 |
| | 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 Fees |
| | | 1-663 |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| H | | |
| | | |
| | | |

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 | 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: 19/24 Rpt: 36/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/17/2016 | Sovereign Svcs of Houston |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$15.00 | 6363 Richmond Ave |
| | | #300 |
| | | Houston, TX 77057 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | | Check if Austin, TX, officeholder living expense Campaign |
| | | Campaign |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 11/14/2016 | Standfield, Clayton |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.00 | 5418 Claymore Meadows Ln |
| | | |
| | | 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 expense Campaign support |
| | | Campaign support |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 11/16/2016 | Standfield, Clayton |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$75.00 | 5418 Claymore Meadows Ln |
| | | |
| | | Spring, TX 77389 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign support |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| I | | |

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 | The Instruction Guide explains how to complete this form. | |
|---|--|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 20/24 Rpt: 37/47 | Swanson, Valoree H. (The Honorable) 00080325 | |
| 4 | Date | 5 Payee name | |
| | 10/31/2016 | Sutter House Printing | |
| 6 | Amount (\$) \$2,139.08 | 7 Payee address; City; State; Zip Code 14760 Memorial Drive Suite 303 Houston, TX 77079 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign material | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 11/16/2016 | Swanson, Erin | |
| | Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 23020 Ammick Ct Spring, TX 77389 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign support | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 11/16/2016 | Swanson, Erin | |
| | Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 2000 Main St | |
| | | Spring, TX 77389 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign support | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | | | |

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services | · | | Vages | /Contract Labor | | OTHER (enter | a category not listed al | oove) |
|----------|---|------------|---------------------|------------------------|-----------------------|-----------------|-------|-----------------|-------|--------------------|--------------------------|--------------|
| | · | | | The Instruction (| Guide explains | how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Ē | | | | | 3 | Filer ID | (Ethics Commiss | sion Filers) |
| | Sch: 21/24 Rpt: 38/47 | | Swanson, \ | /aloree H. (The | e Honorable) | | | | | 00080325 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 12/15/2016 | | Taco Bell | | | | | | | | | |
| Ļ | Amount (\$) | 7 | Payee addre | ss; City; | Ctata | ; Zip Co | do | | | | | |
| ľ | \$5.49 | ′ | | | State | , Ζιρ Cυ | ue | | | | | |
| l | ФЭ.49 | | 27550 Tom | Dali PKWy | | | | | | | | |
| | | | | | | | | | | | | |
| l | | | Tomball, T | K 77375 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories listed a | t the top of this sch | iedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | rage Expense | • | , | | Check if travel | outsi | de of Texas. Co | mplete Schedule T. | |
| | LAFLINDITORL | | | | | | | ш. | , TX, | officeholder livir | ng expense | |
| | | | | | | | | Meal | | | | |
| L | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Off | ceholder name | (| Office sou | ght | | | Office h | neld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| F | Date | | Payee name | | | | | | | | | |
| | 11/16/2016 | | Texas Righ | | | | | | | | | |
| ┝ | Amount (\$) | H | Payee addre | | State | ; Zip Co | nde | | | | | |
| | \$100.00 | | 9800 Centr | | Oldio | , <u>Lip</u> 00 | uo | | | | | |
| | Ψ100.00 | | Suite 200 | CTRVVy | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Houston, T | X 77036 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed a | t the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Event Expe | nse | | | | = | | | mplete Schedule T. | |
| | | | | | | | | Fundraiser | , IX, | officeholder livir | ig expense | |
| | | | | | | | | runuraisei | | | | |
| ┡ | On and the ONE Wife disease | <u> </u> | 2 1: -1 - + - / Off | | | D#: | | | | O#: I | 1-1 | |
| l | Complete ONLY if direct expenditure to benefit C/OI | | Jandidate/Off | iceholder name | (| Office sou | gnt | | | Office h | ieia | |
| L | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 12/10/2016 | | Texas Tea | Party Republic | an Women F | PAC | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | | |
| | \$70.00 | | 3631 Alder | wood Dr | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Spring, TX | 77388 | | | | | | | | |
| L | DUDD005 | _ | | | | | 4. | | | | | |
| | PURPOSE OF | (a) | | ee Categories listed a | t the top of this sch | iedule) | (b) | Description | outoi | do of Toyon Co | mploto Sobodulo T | |
| | EXPENDITURE | | Event Expe | nse | | | | ш | | officeholder livir | mplete Schedule T. | |
| | | | | | | | | Christmas pa | | | . д охронос | |
| 1 | | | | | | | | 2SO PO | -, | | | |
| \vdash | Complete ONLY if direct | Щ | | ceholder name | | Office sou | aht | | | Office h | neld | |
| | expenditure to benefit C/OI | | Januluale/OII | ocholaci Haille | | Jilioc 300 | giit | | | Office I | iciu | |
| \vdash | | | | | | | | | | | | |
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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: 22/24 Rpt: 39/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/08/2016 | Texas Tea Party Republican Women PAC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$75.00 | 3631 Alderwood Dr |
| | | |
| | | Spring, TX 77388 |
| 8 | 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. |
| | EXPENDITORE | Candidate/Officeholder/Political Committee |
| | | donation |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 11/14/2016 | Wallbuilders |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$28.50 | 426 Circle Drive |
| | | |
| | | Aledo, TX 76008 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | conference expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | D : | |
| | Date | Payee name |
| | 11/14/2016 | Wallbuilders LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 426 Circle De |
| | | |
| | | Aledo, TX 76008 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Conference expense |
| | | Comercine expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

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

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: 23/24 Rpt: 40/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/25/2016 | Walmart |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1.02 | 21150 Kuykendahl Rd |
| | | |
| | | Spring, TX 77379 |
| 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 |
| | | supplies |
| | | Sappros |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | " |
| | Date | Pavee name |
| | 11/07/2016 | Whaley, Hudson |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$319.15 | 6300 Bayonne |
| | | |
| | | Spring, TX 77389 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign support |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/01/2016 | Whaley, Hudson |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.00 | 6300 Bayonne |
| | | |
| | | Spring, TX 77389 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign support |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | 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: 24/24 Rpt: 41/47 | Swanson, Valoree H. (The Honorable) 00080325 |
| 4 | Date | 5 Payee name |
| | 11/01/2016 | Whaley, Hudson |
| 6 | Amount (\$) \$83.40 | 7 Payee address; City; State; Zip Code 6300 Bayonne |
| | | Spring, TX 77389 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Campaign support |
| | | Campaign support |
| | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 11/20/2016 | Wilkinson Art Works |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$48.71 | 22318 Falvel Dr |
| | | |
| | | Spring, TX 77389 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Graphic Desigin |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
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SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | • | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|---|---|------------|---|--|-----------------|-------------------------------------|---|--|--|--|
| 1 | Total pages Schedule G: | 2 = | ILER NAME | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| _ | Sch: 1/5 Rpt: 42/47 | | Swanson, Valoree H. (The Honorable) | | | 3 | 00080325 | | | |
| 4 | Date | 5 P | ayee name | | | | | | | |
| | 11/30/2016 | 3 | 01 Congress Ave Parking | | | | | | | |
| 6 | Amount (\$) | 7 P | Payee address; City; State; | Zip Co | ode | | | | | |
| | \$5.00 | 3 | 01 Congress Avenue | | | | | | | |
| | Reimbursement from political contributions intended | | Houston, TX 77002 | | | | | | | |
| 8 | PURPOSE | (a) C | Category (See Categories listed at the top of this sche | dule) | (b) Description | Ch | neck if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | т | ravel Out of District | | | Cł | neck if Austin, TX, officeholder living expense | | | |
| | EXPENDITORE | | | | Parking | | | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Cand | idate/Officeholder name | | Office sought | | Office held | | | |
| | Date | Р | Payee name | | | | | | | |
| | 10/30/2016 | c | Chick-Fil-A | | | | | | | |
| | Amount (\$) | Р | Payee address; City; State; | Zip Co | ode | | | | | |
| | \$5.73 | 5 | 905 FM 2920 | | | | | | | |
| | Reimbursement from political contributions intended | S | Spring, TX 77339 | | | | | | | |
| | PURPOSE | С | Category (See Categories listed at the top of this sche | dule) | Description | Cł | neck if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | F | Food/Beverage Expense | | Snack | Cł | neck if Austin, TX, officeholder living expense | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Cand | idate/Officeholder name | | Office sought | | Office held | | | |
| | Date | Р | Payee name | | | | | | | |
| | 11/01/2016 | ı | Chick-fil-A | | | | | | | |
| | Amount (\$) | P | Payee address; City; State; | Zip Co | ode | | | | | |
| | \$5.73 | 5 | 905 FM 2920 | | | | | | | |
| | Reimbursement from political contributions intended | S | Spring, TX 77388 | | | | | | | |
| | PURPOSE | C | Category (See Categories listed at the top of this sche | dule) | Description | = | neck if travel outside of Texas. Complete Schedule T. | | | |
| | OF EXPENDITURE | F | Food/Beverage Expense | | L | Cł | neck if Austin, TX, officeholder living expense | | | |
| | | | | | Meal | | | | | |
| | Complete ONLY if direct | Cond | idata/Officabaldar nama | | Office sought | | Office hold | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | cand | idate/Officeholder name | | Office sought | | Office held | | | |
| | | | | | | | | | | |
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SCHEDULE G

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 | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | | Expense Wages/Contract Labor | Travel in District Travel Out of Distric OTHER (enter a cat | t egory not listed above) |
|---|--|------------------------|---|----------|---------------------------------|---|--------------------------------|
| 1 | Total pages Schedule G: | 2 FILER NAM | E | | | 3 Filer ID (Ethi | cs Commission Filers) |
| | Sch: 2/5 Rpt: 43/47 | Swanson, ' | Valoree H. (The Honorable) |) | | 00080325 | |
| 4 | Date | 5 Payee name | | | | • | |
| | 11/16/2016 | Dollar Tree | Stores Inc | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; State | ; Zip Co | ode | | |
| | \$2.17 | 21330 Kuy | kendahl Rd | | | | |
| | Reimbursement from political contributions intended | Spring, TX | 77379 | | | | |
| 8 | PURPOSE | (a) Category (s | See Categories listed at the top of this sch | nedule) | (b) Description | Check if travel outside | of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Travel In D | istrict | | [| Check if Austin, TX, off | iceholder living expense |
| | | | | | sunglasses | | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Office | holder name | | Office sought | Offi | ce held |
| | Date | Payee name | | | | | |
| | 12/07/2016 | Downtown | Parking | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | |
| | \$7.00 | 1110 Travi | s St | | | | |
| | Reimbursement from political contributions intended | Houston, T | X 77004 | | | | |
| | PURPOSE OF | Category (s | See Categories listed at the top of this sch | nedule) | Description | = | of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out | of District | | L | Check if Austin, TX, off | iceholder living expense |
| | | | | | parking | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Office | holder name | | Office sought | Offic | ce held |
| | Date | Payee name | ; | | | | |
| | 10/30/2016 | Lowe's | | | | | |
| | Amount (\$) | Payee addre | ess; City; State | ; Zip Co | ode | | |
| | \$30.28 | 20902 Kuy | kendahl | | | | |
| | Reimbursement from political contributions intended | Spring, TX | 77379 | | | | |
| | PURPOSE | Category (S | See Categories listed at the top of this sch | nedule) | Description | | of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Office Ove | rhead/Rental Expense | | L | Check if Austin, TX, off | iceholder living expense |
| | | | | | Supplies | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Office | holder name | | Office sought | Offic | ce held |
| | | | | | | | |

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | ommittee | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Office Ov Polling Ex Printing E Salaries/ | Expense Wages/Contract Labor | | Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate | nent & Related Expense |
|---|---|-------------------------------------|-----------------|---|--|---------------------------------|------|--|-----------------------------|
| | | | | The Instruction Guide explains I | now to co | omplete this form. | | | |
| 1 | Total pages Schedule G: | 2 | FILER NAME | | | | 3 | Filer ID (Ethic | s Commission Filers) |
| | Sch: 3/5 Rpt: 44/47 | Swanson, Valoree H. (The Honorable) | | | | | (| 00080325 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 12/03/2016 | | McDonalds | Restaurant | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; State; | Zip Co | ode | | | |
| | \$2.17 | | 21330 Kuyk | kendahl Rd | | | | | |
| | Reimbursement from political contributions intended | | Austin, TX 7 | 78728 | | | | | |
| 8 | PURPOSE | (a | Category (Se | ee Categories listed at the top of this sch | edule) | (b) Description | Che | eck if travel outside of | Texas. Complete Schedule T. |
| | OF | | Food/Bever | age Expense | | | Che | eck if Austin, TX, office | eholder living expense |
| | EXPENDITURE | | | • | | Snack | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Ca | ndidate/Officel | holder name | | Office sought | | Office | e held |
| | Date | | Payee name | | | | | | |
| | 12/01/2016 | | Parking Ga | rage T/D #01 | | | | | |
| | Amount (\$) | T | Payee addres | ss; City; State; | Zip Co | ode | | | |
| | \$20.00 | | 3001 S Con | ngress | | | | | |
| | Reimbursement from | | | | | | | | |
| | X political contributions intended | | Austin, TX | 78704 | | - | | | |
| | PURPOSE OF | | Category (Se | ee Categories listed at the top of this sche | edule) | Description | = | | Texas. Complete Schedule T. |
| | EXPENDITURE | | Travel Out | of District | | L | Che | eck if Austin, TX, office | eholder living expense |
| | | | | | | Parking | | | |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Ca | ndidate/Officel | holder name | | Office sought | | Office | e held |
| | Date | Π | Payee name | | | | | | |
| | 12/31/2016 | | Swanson, V | /aloree | | | | | |
| _ | Amount (\$) | ⊢ | Payee addres | | Zip Co | ode. | | | |
| | \$2,755.62 | | 23020 Amm | • | ∠ıp C(| ouc | | | |
| | · | | 23020 AIIII | lick Court | | | | | |
| | X Reimbursement from political contributions intended | | Spring, TX | 77389 | | | | | |
| | PURPOSE | | Category (Se | ee Categories listed at the top of this sche | edule) | Description | _ | | Texas. Complete Schedule T. |
| | OF EXPENDITURE | | Travel In Di | strict | | | _ | | eholder living expense |
| | _,, _,,_,, | | | | | Mileage reimburs | seme | ent, 5103 miles | s @ \$.54 mile |
| | Complete ONLY if direct expenditure to benefit C/OH | Ca | ndidate/Officel | holder name | | Office sought | | Office | e held |
| | | | | | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | | | _ | Contract Labor | | OTHER (enter a category not listed above | e) |
|---|--|-------|--|------|----------------|-------|--|-------------|
| 1 | Total pages Schedule G: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Sch: 4/5 Rpt: 45/47 | l | Swanson, Valoree H. (The Honorable) | | | | 00080325 | , |
| 4 | Date | 5 | Payee name | | | • | | |
| | 12/31/2016 | I | Swanson, Valoree | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip | Code | | | | |
| | \$4,277.34 | 2 | 23020 Ammick Court | | | | | |
| | Reimbursement from | | | | | | | |
| | x political contributions intended | ; | Spring, TX 77389 | | | | | |
| 8 | PURPOSE | (a) (| Category (See Categories listed at the top of this schedule) | (b) | Description | Пс | Check if travel outside of Texas. Complete S | Schedule T. |
| | OF EXPENDITURE | l ` ′ | Fravel Out of District | () | · | | Check if Austin, TX, officeholder living expen | ise |
| | EXPENDITURE | | | Mile | eage reimbu | ırsen | ment, 7921 miles @ \$.54 | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Cano | didate/Officeholder name | (| Office sought | | Office held | |
| | expenditure to benefit C/OH | | | | | | | |
| | C/OH | | | | | | | |
| | Date | | Payee name | | | | | |
| | 12/31/2016 | - | Гех Tag | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip | Code | | | | |
| | \$89.00 |] : | 12719 Burnet Rd | | | | | |
| | Reimbursement from | | | | | | | |
| | X political contributions intended | , | Austin , TX 78727 | | | | | |
| | PURPOSE | (| Category (See Categories listed at the top of this schedule) | | Description | По | Check if travel outside of Texas. Complete S | Schedule T. |
| | OF | l | Fravel In District | | · | ۵ | Check if Austin, TX, officeholder living expen | ise |
| | EXPENDITURE | | | Toll | s | | | |
| | | | | | | | | |
| | | Cano | didate/Officeholder name | | Office sought | | Office held | |
| | expenditure to benefit C/OH | | | | | | | |
| | C/O11 | | | | | | | |
| | Date | ı | Payee name | | | | | |
| | 12/31/2016 | | Гех Tag | | | | | |
| | Amount (\$) | ı | Payee address; City; State; Zip | Code | | | | |
| | \$193.00 | : | 12719 Burnet Rd | | | | | |
| | Reimbursement from political contributions | | | | | | | |
| | x political contributions intended | / | Austin , TX 78727 | | | | | |
| | PURPOSE | 7 | Category (See Categories listed at the top of this schedule) | | Description | | Check if travel outside of Texas. Complete S | Schedule T. |
| | OF EXPENDITURE | - | Travel Out of District | | | | Check if Austin, TX, officeholder living expen | ise |
| | LAI LIIDITOILE | | | Toll | s | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Cano | lidate/Officeholder name | . (| Office sought | | Office held | |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 5/5 Rpt: 46/47 Swanson, Valoree H. (The Honorable) 00080325 Date Payee name 10/30/2016 Texas Tea Party Republican Women PAC Amount (\$) Payee address; State; Zip Code City; \$5.00 3631 Alderwood Dr Reimbursement from political contributions intended Spring, TX 77388 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/10/2016 Theater District Parking Amount (\$) Payee address; City; State; Zip Code \$3.00 511 Rusk Reimbursement from political contributions Χ Houston, TX 77702 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

| | | ST, CREDITS, GAINS, REFUNDS, AND IBUTIONS RETURNED TO FILER | | SCHEDULE K | | | |
|---|--------------------------|--|---------------------|-------------------------------------|--|--|--|
| | The Instru | ction Guide explains how to complete this form. | | pages Schedule K: 1/1 Rpt: 47/47 | | | |
| 2 | FILER NAME Swanson, V | aloree H. (The Honorable) | 3 Filer ID 00080 | (Ethics Commission Filers) 325 | | | |
| 4 | Date 12/14/2016 | Name of person from whom amount is received Capitol One Bank 360 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) | | | | |
| | | Spring, TX 77379 7 Purpose for which amount is received | litical contr | ibution returned to filer | | | |
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