

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088377	2 Total pages filed: 78				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Desiree M.	MI	OFFICE USE ONLY			
	NICKNAME	LAST Venable	SUFFIX		Date Received ELECTRONICALLY FILED 10/28/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 120 Meadowood Dr. Bastrop, TX 78602			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mrs. Stacey M.	MI				
	NICKNAME	LAST Venable	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7208 High Point Dr. Raymondville, MO 65555						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(417)	217-2712					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	09	27	2024		10	26	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
				State Representative District 17			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 78

13 C / OH NAME Venable, Desiree M. **14** Filer ID (Ethics Commission Filers)
00088377

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	61.24
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	25,221.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	29,705.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,564.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,257.99

17 AFFIDAVIT

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

Desiree M. Venable

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 78

18 FILER NAME Venable, Desiree M.		19 Filer ID 00088377	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	25,221.14
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	27,080.64
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	2,624.99
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/52 Rpt: 4/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 134 PAC LLC <hr/> 6 Contributor address; City; State; Zip Code Mineral Wells, TX 76068	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) committee		9 Employer (See Instructions) Committee
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Maricela Guerrero, Guerrero <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abby, Manley <hr/> Contributor address; City; State; Zip Code Puyallup, WA 98371	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) X-ray technologist		Employer (See Instructions) Nope
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam, Kuta <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Bob's Discount Furniture
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Welty <hr/> Contributor address; City; State; Zip Code Averill Park, NY 12018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) engineering technician		Employer (See Instructions) US Army

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/52 Rpt: 5/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy, Dempsey <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Speech language pathologist		9 Employer (See Instructions) Frisco ISD
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy, Flores <hr/> Contributor address; City; State; Zip Code Clearfield, UT 84015	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Property manager		Employer (See Instructions) Amcllc
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy, Mautz <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea, Smith <hr/> Contributor address; City; State; Zip Code BRISTOL, TN 37620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) self
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann, Thomas <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/52 Rpt: 6/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annie, Marrs	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) April, McCool	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Granbury, TX 76049		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Ferguson	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Weatherford, TX 76088-5001		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Weatherford ISD
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B, Lee	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Jasper, IN 47546		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becket, Feierbach	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Belmont, CA 94002		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Gilead

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/52 Rpt: 7/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky, Nichols <hr/> 6 Contributor address; City; State; Zip Code Paige, TX 78659	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty, Klemme <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty, Stephens <hr/> Contributor address; City; State; Zip Code Columbia, MO 65203	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly, Griffith <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Dir of Operations		Employer (See Instructions) SBMF
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie, Garcia <hr/> Contributor address; City; State; Zip Code Laguna Hills, CA 92653	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BG Specialty

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/52 Rpt: 8/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie, Garcia	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Laguna Hills, CA 92653		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) BG Specialty
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brendan, Boerner	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Great Point Capital LLC
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caitlin, Froseth	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Minot, ND 58701		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Caitlin Froseth
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla, Schoonover-Porter	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Palo Pinto, TX 76484		
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) SMH
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline, Sinclair	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Del Valle, TX 78617		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/52 Rpt: 9/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn, Taylor	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Sandy Springs, GA 30328		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) High school
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn, Taylor	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sandy Springs, GA 30328		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) School
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carri, Davis	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Quality management		Employer (See Instructions) Grifols
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine, Powers-James	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) MD Anderson
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine, Powers-James	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) MD Anderson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/52 Rpt: 10/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia, Vazquez	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code El Paso, TX 79938		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celia, Merrick	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charity, Kuchin	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eugene, OR 97405		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) self employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Benavides	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hondo, TX 78861		
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions) DOD
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Gibson	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fairbanks, AK 99701		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/52 Rpt: 11/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris, Patrick	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Cameron, TX 76520		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Chandler	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code RICHMOND, CA 94805		
Principal occupation / Job title (See Instructions) Full Stack Application Developer		Employer (See Instructions) TCS
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina, Rippen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Basehor, KS 66007		
Principal occupation / Job title (See Instructions) Pricing Analyst		Employer (See Instructions) Staples Promotional Products
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Dickey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code san diego, CA 92109		
Principal occupation / Job title (See Instructions) software		Employer (See Instructions) self
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy, Aarvig	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78744		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/52 Rpt: 12/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy, Pollan <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire, Robberson <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Compass/Eurest
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarissa, King <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34685	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie, Miller <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Mason <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Training Coordinator		Employer (See Instructions) Marathon Petroleum

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/52 Rpt: 13/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Berger	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damien, Shulock	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Francisco, CA 94107		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ZKR Orthopedics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana, Wells	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Sparks, NV 89434		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Avenues World School
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Galindo	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Longview, TX 75602		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Havencare
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle, Lewandowski	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code ELKTON, MD 21921		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/52 Rpt: 14/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dannielle, Bush <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Sub		9 Employer (See Instructions) Pfsid
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darlene, James <hr/> Contributor address; City; State; Zip Code Jamaica, NY 11436	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered dental hygienist		Employer (See Instructions) Nbdc
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darlene, James <hr/> Contributor address; City; State; Zip Code Jamaica, NY 11436	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered dental hygienist		Employer (See Instructions) Nbdc
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Tarvin <hr/> Contributor address; City; State; Zip Code Fresno, CA 93705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Analyst		Employer (See Instructions) HdL Companies
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Ware <hr/> Contributor address; City; State; Zip Code Santo Domingo, TX 10014	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) self employees

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/52 Rpt: 15/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Elliott <hr/> 6 Contributor address; City; State; Zip Code Giddings, TX 78942	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Hospital
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra, Lucke <hr/> Contributor address; City; State; Zip Code Burnsville, MN 55337	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra, Wiggins <hr/> Contributor address; City; State; Zip Code Ocean Gate, NJ 08740	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane, torres <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy, Moller <hr/> Contributor address; City; State; Zip Code Austin, TX 22207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) DMoller and Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/52 Rpt: 16/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dotty, Freeman	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Troy, TX 76579		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin, Hamner	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) MIH Holdings
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Dougherty	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saugerties, NY 12477		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Spence	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Crowley, TX 76036		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consilio Services LLC
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Garrett	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Auburn, AL 36830		
Principal occupation / Job title (See Instructions) Real estate sales		Employer (See Instructions) Three Sixty

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/52 Rpt: 17/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Hooper <hr/> 6 Contributor address; City; State; Zip Code Sherman Oaks, CA 91401	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Publisher		9 Employer (See Instructions) Self
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Hulett <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92054	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Customer service		Employer (See Instructions) Wine.com
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth, Jauregui <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) EEA Consulting Engineers
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth M, Wysocki <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Manferd <hr/> Contributor address; City; State; Zip Code Luling, TX 78648	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Disabled		Employer (See Instructions) Disabled

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/52 Rpt: 18/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvis, Isaac	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code crosby, TX 77532		
8 Principal occupation / Job title (See Instructions) GE Proj Mgr		9 Employer (See Instructions) GE
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Rodriguez	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Lockhart, TX 78644		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Carlson	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Software Analyst		Employer (See Instructions) Bentley Systems Inc.
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Maples	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60625		
Principal occupation / Job title (See Instructions) Barista		Employer (See Instructions) City Coffee
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Morales	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Diego, CA 92120		
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Eric Morales

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/52 Rpt: 19/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ericka, Novinson <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85215	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Regional manager		9 Employer (See Instructions) Nordstr
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Estrada <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Cherny <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardo, Fernandez <hr/> Contributor address; City; State; Zip Code Huntington Park, CA 90255	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Pacific Lighting And Standards
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gil, Zilberstein <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94132	Amount of Contribution (\$) \$56.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/52 Rpt: 20/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina, OHara	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Anco
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glynn, Graham	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) campground manager		Employer (See Instructions) self
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Drake	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Lubbock, TX 79407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lubbock ISD
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Garcia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Law Office
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg, Dean	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redmond, WA 98053		
Principal occupation / Job title (See Instructions) Engineering Mgr		Employer (See Instructions) Tableau

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/52 Rpt: 21/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Bowman	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Sonoma, CA 95476		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannah, Wilson	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) Technical writer		Employer (See Instructions) Exeter
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather, Erwin	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Diego, CA 92115		
Principal occupation / Job title (See Instructions) Program manager		Employer (See Instructions) UC San Diego Health
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather, Heiting	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Buyer		Employer (See Instructions) Siemens
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Torres	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/52 Rpt: 22/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie, Charley	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Allen, TX 75002		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie, Charley	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jairo, Hernandez	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Abilene, TX 79602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jared, McAllister	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77018		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) CVX
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Brodsky	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Rio Rancho, NM 87144		
Principal occupation / Job title (See Instructions) Medical Billing		Employer (See Instructions) Christus St Vincent Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/52 Rpt: 23/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Rivas	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) Project Planner		9 Employer (See Instructions) TxDOT
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier, Hernandez	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Chase
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Murrell	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Systems Analyst		Employer (See Instructions) Buckeye Partners
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette, Tzyen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Portland, OR 97232		
Principal occupation / Job title (See Instructions) Office		Employer (See Instructions) Providence
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer, Pease	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code EUGENE, OR 97404		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/52 Rpt: 24/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny, Hutchinson <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48235	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy, Labbe <hr/> Contributor address; City; State; Zip Code Pensacola, FL 32514	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retail Associate		Employer (See Instructions) Publix Supermarkets
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Butler <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JoAnn, Seymour <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24014	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Fidelity Notary
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan, Atchley <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/52 Rpt: 25/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Sexton	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76177		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel, Styron	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Eden, NC 27288		
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Wolfspeed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Dean	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code King Of Prussia, PA 19406		
Principal occupation / Job title (See Instructions) Acme		Employer (See Instructions) Clerk
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Ornelas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Rochester, NY 14615		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Read	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wolfville NS B4P2R1 Canada		
Principal occupation / Job title (See Instructions) software		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/52 Rpt: 26/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Read	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Wolfville NS B4P2R1 Canada	
8 Principal occupation / Job title (See Instructions) software		9 Employer (See Instructions) self
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Read	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wolfville NS B4P2R1 Canada	
Principal occupation / Job title (See Instructions) software		Employer (See Instructions) self
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Read	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Wolfville NS B4P2R1 Canada	
Principal occupation / Job title (See Instructions) software		Employer (See Instructions) self
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Torstrick	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions) Self
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jola, Morris	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Chugiak, AK 99567	
Principal occupation / Job title (See Instructions) eligibility technician II		Employer (See Instructions) state of alaska dhss

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/52 Rpt: 27/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Carmel <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21044	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh, Francek <hr/> Contributor address; City; State; Zip Code Harrison Township, MI 48045	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Ford
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua, Tutt <hr/> Contributor address; City; State; Zip Code Snook, TX 77878	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Texas A&M University
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joslyn, Campbell <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan, Martinez <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Game Designer		Employer (See Instructions) Discord Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/52 Rpt: 28/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia, New	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Wimberley, TX 78676		
8 Principal occupation / Job title (See Instructions) Social work admin		9 Employer (See Instructions) GSMYC Inc.
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie, Hottenstein	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Six Lakes, MI 48886		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie, Seeling	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Terre Haute, IN 47803		
Principal occupation / Job title (See Instructions) Insurance agent		Employer (See Instructions) Julie Seeling
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin, Mabry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10019		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Mount Sinai Hospital
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Baldwin	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Escondido, CA 92026		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/52 Rpt: 29/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Mason	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code East Palo Alto, CA 94070-2399		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Google
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn, Kohl	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Salem, OR 97317		
Principal occupation / Job title (See Instructions) Assembly/Manufacturing		Employer (See Instructions) Garmin
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy, Tudor	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Yankton, SD 57078		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie, Eilers	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Gig Harbor, WA 98335		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Doh
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay, Shearer	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Pattison, TX 77466		
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Katy ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/52 Rpt: 30/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerrick, Johnson	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Dorchester, MA 02121		
8 Principal occupation / Job title (See Instructions) Security		9 Employer (See Instructions) Northeast Security
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly McGee, Kimberly McGee	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clarksville, TN 37042		
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) US Army
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Strong	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Salem, OR 97306		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura, Street	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fayetteville, AR 72703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Frances, Zelenka	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Laredo, TX 78041		
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/52 Rpt: 31/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Avelar	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code SAN Antonio, TX 78216-6132		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, VINCENT	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Crescent City, CA 95531		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Williams	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78754		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lea, Emery	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bellingham, WA 98226		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Non-GMO Project
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leean, O'Connell	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Stoneham, MA 02180		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/52 Rpt: 32/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo, Laroco	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Lansdowne, PA 19150		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Proscia Inc.
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo, Rodriguez	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Colorado Springs, CO 80917		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Cos
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Yankee	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orlando, FL 32817		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) usa
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda D, Allen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Smithville, TX 78957		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda L, Mattern	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Smithville, TX 78957		
Principal occupation / Job title (See Instructions) agriculture		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/52 Rpt: 33/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda L, Mattern <hr/> 6 Contributor address; City; State; Zip Code Smithville, TX 78957	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) agriculture		9 Employer (See Instructions) self
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Spradlin <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Systems Admin		Employer (See Instructions) Farm Credit Bank of Texas
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lissa, Johnston <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis, Garza <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78242	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louise, Mealer <hr/> Contributor address; City; State; Zip Code Albany, NY 12209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/52 Rpt: 34/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lulu, Flores	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78704	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hendler Flores Law PLLC
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE, YAKOVAC	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Marketing Research		Employer (See Instructions) Hansa GCR
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc, Montrose	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78702	
Principal occupation / Job title (See Instructions) Data analyst		Employer (See Instructions) GenPrex
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Marusak	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Crowley, TX 76036	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions) Baylor Scott & White
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn, Vitiello	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Temecula, CA 92592	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/52 Rpt: 35/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Fitt	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Costa Mesa, CA 92627		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Fitt	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Costa Mesa, CA 92627		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Maddox	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Saginaw, TX 76131		
Principal occupation / Job title (See Instructions) Metrology technician		Employer (See Instructions) Texas Instruments
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha, Koop	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richland, WA 99352		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Cunningham	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Broomfield, CO 80020		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/52 Rpt: 36/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Eisenberg <hr/> 6 Contributor address; City; State; Zip Code Lockhart, TX 78644	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Gode <hr/> Contributor address; City; State; Zip Code Sainte Genevieve, MO 63670	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Lowery Nelson <hr/> Contributor address; City; State; Zip Code Columbus, OH 43203	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Professional		Employer (See Instructions) State of Ohio
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maryellen, Rowley <hr/> Contributor address; City; State; Zip Code Camden, DE 19934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Bayhealth medical center
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max, Yancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/52 Rpt: 37/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan, Hull	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Washington, DC 20007		
8 Principal occupation / Job title (See Instructions) Activist		9 Employer (See Instructions) Self
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie, Artim	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sarasota, FL 34238		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie, Webb	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mereida, Cardenas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Crowley, TX 76036		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) NA
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Burton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Valasske Mezirici 75701 Czech Republic		
Principal occupation / Job title (See Instructions) sales/marketing		Employer (See Instructions) ValCzech Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/52 Rpt: 38/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Hoffmann <hr/> 6 Contributor address; City; State; Zip Code Wethersfield, CT 06109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Barnett <hr/> Contributor address; City; State; Zip Code Anthony, KS 67003	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel, Mora <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike, Leghorn <hr/> Contributor address; City; State; Zip Code Evanston, IL 60202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Wolters Kluwer
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milo, Wadlin <hr/> Contributor address; City; State; Zip Code Portland, OR 97229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/52 Rpt: 39/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitzi, Walser <hr/> 6 Contributor address; City; State; Zip Code Comfort, TX 78013	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moneta, Jones <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) UHG
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Goeller <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Elastic
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Peshette <hr/> Contributor address; City; State; Zip Code AUBURN, CA 95604	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie, House <hr/> Contributor address; City; State; Zip Code Clarkston, MI 48346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Waterford Schools

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/52 Rpt: 40/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neva, Gallegos	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78254		
8 Principal occupation / Job title (See Instructions) LMT		9 Employer (See Instructions) Neva
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nigel, Gusdorf	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lockhart, TX 78644		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nigel, Gusdorf	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lockhart, TX 78644		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Hicks	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Heltonville, IN 47436		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunzio, Izzo	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Hoboken, NJ 07030		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/52 Rpt: 41/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Manfredi	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richardson, TX 75082		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Schelling	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orlando, FL 32826		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Central Florida
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Garner	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennie, Maples	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Worth, TX 76140-7632		
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Bimbo Bakeries
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Rae, Powell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sacramento, CA 95814		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/52 Rpt: 42/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Young <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramona, Walker <hr/> Contributor address; City; State; Zip Code Glassboro, NJ 08028-2637	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Home health aide		Employer (See Instructions) Preferred health
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal, Salazar <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Superintendent		Employer (See Instructions) Apex consulting
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Hosler <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95050	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Dimock <hr/> Contributor address; City; State; Zip Code North Mankato, MN 56003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Ibm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/52 Rpt: 43/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca, Malcolm <hr/> 6 Contributor address; City; State; Zip Code Cameron, TX 76520	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina, Hooten <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina, Hooten <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Fitzpatrick <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales Associate		Employer (See Instructions) Home Depot
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Dmitrick <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85250	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/52 Rpt: 44/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Erman	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Bridgeport, CT 06604		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Tamble	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Smithville, TX 78957		
Principal occupation / Job title (See Instructions) City Manager		Employer (See Instructions) City of Smithville
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald, Williams	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Winterville, NC 28590		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronika, Williams	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Kingsville, TX 78363		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CBC
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Dean, Campbell	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Aledo, TX 76008		
Principal occupation / Job title (See Instructions) IT Project Manager		Employer (See Instructions) TTI Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/52 Rpt: 45/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby, Gonzalez	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78247		
8 Principal occupation / Job title (See Instructions) Cook		9 Employer (See Instructions) SouthWest Food Service
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Todd	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Chilton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Florence, KY 41042		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Hospital
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Rodriquez	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code fresno, CA 93728		
Principal occupation / Job title (See Instructions) Health care		Employer (See Instructions) IHSS
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra, Rodriquez	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code fresno, CA 93728		
Principal occupation / Job title (See Instructions) Care provider		Employer (See Instructions) IHSS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/52 Rpt: 46/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanjeev, Kaushal <hr/> 6 Contributor address; City; State; Zip Code Bossier City, LA 71112	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Kiran of Monroe Llc
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara, Khan <hr/> Contributor address; City; State; Zip Code CHRISTIANSBURG, VA 24073	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Anthem
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaun, Samuels <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn, Fricker <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Rowan <hr/> Contributor address; City; State; Zip Code North Vancouver V7K1K3 Canada	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) 1st AD		Employer (See Instructions) Entertainment Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/52 Rpt: 47/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila, Oliver	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Belton, TX 76513		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheril, Smith	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Smithville, TX 78957		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherilyn, Allyn-Wright	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Soemrville, TX 77879		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonda, Miller	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) DAS Simplified
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sierra Club Political Committee of Texas	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78765		
Principal occupation / Job title (See Instructions) committee		Employer (See Instructions) Committee

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/52 Rpt: 48/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy, Solis <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Instructor		9 Employer (See Instructions) UTRGV
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie, Walters <hr/> Contributor address; City; State; Zip Code Ben Wheeler, TX 75754	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lab Tech		Employer (See Instructions) CPL labs
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, McCoy <hr/> Contributor address; City; State; Zip Code Somerville, TX 77879	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Beaty <hr/> Contributor address; City; State; Zip Code Ridley Park, PA 19078	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Eng. Tech		Employer (See Instructions) Marriott international
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Walker <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89141	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Switchgear quotations		Employer (See Instructions) Codale electric

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/52 Rpt: 49/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue Ann, Zimmerman <hr/> 6 Contributor address; City; State; Zip Code Chestertown, MD 21620	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunder, Ramachandran <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Baker Hughes
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Beaubian <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89131	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Parker <hr/> Contributor address; City; State; Zip Code Braidwood, IL 60408	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Parker <hr/> Contributor address; City; State; Zip Code Braidwood, IL 60408	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/52 Rpt: 50/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan, Zulkowski	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Costner	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Orlando, FL 32807		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Leslie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamrah, Gutierrez	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Prunedale, CA 93907		
Principal occupation / Job title (See Instructions) VP Sales		Employer (See Instructions) Coastline Family Farms
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa, Rasti	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Antonio, TX 78250		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/52 Rpt: 51/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Yamada <hr/> 6 Contributor address; City; State; Zip Code Rancho Palos Verdes, CA 90275	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO STATE COPE FUND <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) committee		Employer (See Instructions) Committee
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Moll <hr/> Contributor address; City; State; Zip Code Bothell, WA 98011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Starbucks
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany, Twomey <hr/> Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Landscaping		Employer (See Instructions) HSB contracting
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Rabroker <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Killeen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/52 Rpt: 52/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom, Wheeler	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Corinth, TX 76208		
8 Principal occupation / Job title (See Instructions) ALJ		9 Employer (See Instructions) SSA
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomas, Torres	Amount of Contribution (\$) \$15,000.00
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Andrew	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricia, Lenington	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Elgin, TX 78621		
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Ascension Seton
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia, Reyes	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Wheeler Appraisal LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/52 Rpt: 53/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley, Henry	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Philadelphia, PA 19148		
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) Big 4 accounting firm
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Dreisbach	Amount of Contribution (\$) \$6.66
Contributor address; City; State; Zip Code Medford, NJ 08055		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Farmer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Samsung Austin semiconductor
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zetta, Hackleman	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) ASMCA
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) adrian, rueda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Police officer		Employer (See Instructions) Dallas independent school district

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/52 Rpt: 54/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gilberto, garcia	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Monterey, CA 93940		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) helaine, todaro	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Westbury, NY 11590-6407		
Principal occupation / Job title (See Instructions) operations		Employer (See Instructions) OTFS
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) james, movido	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Canoga Park, CA 91304		
Principal occupation / Job title (See Instructions) Systems Analyst		Employer (See Instructions) Centene
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) julio, lopez	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Sacramento, CA 95833		
Principal occupation / Job title (See Instructions) system operator		Employer (See Instructions) calwater
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) les, ruthven	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Shell

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/52 Rpt: 55/78
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) margaret, wysatta <hr/> 6 Contributor address; City; State; Zip Code kingwood, TX 77345	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sandy, lester <hr/> Contributor address; City; State; Zip Code Lennon, MI 48449	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dog walker		Employer (See Instructions) Me
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shawna, burris <hr/> Contributor address; City; State; Zip Code Lake Isabella, CA 93240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Food Director		Employer (See Instructions) School
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shawna, burris <hr/> Contributor address; City; State; Zip Code Lake Isabella, CA 93240	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Food Director		Employer (See Instructions) School
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) steven, yohe <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17602	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) support specialist		Employer (See Instructions) Donnelley Financial Solutions

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/18 Rpt: 56/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/23/2024	5 Payee name 3268 MCD PUR AMAZON MKTPL C27SP1H83	
6 Amount (\$) \$151.54	7 Payee address; City; State; Zip Code 325 9thAve. N SEATTLE, WA 98109-5210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name 3268 MCD PUR BASTROP COPIER	
Amount (\$) \$64.20	Payee address; City; State; Zip Code 1002 N MAIN ST BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLLING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name 3268 MCD PUR HOTCARDS PRINT	
Amount (\$) \$170.08	Payee address; City; State; Zip Code 080 US-290 CHAGRIN FALLS, OH 44022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/18 Rpt: 57/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/21/2024	5 Payee name 3268 MCD PUR SQ TOUGH COOKIE BAKER
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6 Amount (\$) \$22.13	7 Payee address; City; State; Zip Code 1003 Main St BASTROP, TX 78602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name 3268 PUR FRESH N UP
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Amount (\$) \$9.99	Payee address; City; State; Zip Code HWY 95 BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name 3268 PUR HWY 95 BREAD BA
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Amount (\$) \$114.84	Payee address; City; State; Zip Code HWY 95 BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/18 Rpt: 58/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/22/2024	5 Payee name 3268 PUR USPS PO 4815450612	
6 Amount (\$) \$1,288.00	7 Payee address; City; State; Zip Code STATE HWY 71W US-183 CEDAR CREEK, TX 78612	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name 3268 PUR USPS PO 4852400644	
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 1711 S COLORADO ST LOCKHART, TX 78644	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLLING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name 3268 PUR USPS	
Amount (\$) \$4,424.00	Payee address; City; State; Zip Code 1106 MAIN ST BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/18 Rpt: 59/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/17/2024	5 Payee name 3268 PUR WAL-MART
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6 Amount (\$) \$59.41	7 Payee address; City; State; Zip Code 488 State Hwy 71 BASTROP, TX 78602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name 3269 MCD PUR SQ TOUGH COOKIE BAKER
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Amount (\$) \$15.43	Payee address; City; State; Zip Code 1003 Main St BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name 3270 MCD PUR SQ TOUGH COOKIE BAKER
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Amount (\$) \$9.39	Payee address; City; State; Zip Code 1003 Main St BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/18 Rpt: 60/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/26/2024	5 Payee name ACT BLUE FEE
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6 Amount (\$) \$996.23	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULT
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/27/2024	Payee name BANTHA, NATHAN
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Amount (\$) \$747.00	Payee address; City; State; Zip Code 169 Kaanapali Ln BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name BANTHA, NATHAN
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Amount (\$) \$990.00	Payee address; City; State; Zip Code 169 Kaanapali Ln BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/18 Rpt: 61/78	2	FILER NAME Venable, Desiree M.	3	Filer ID (Ethics Commission Filers) 00088377
4	Date 10/08/2024	5	Payee name COLLECTIVE CAMPA SALE		
6	Amount (\$) \$1,511.72	7	Payee address; City; State; Zip Code 3607 Greystone Drive AUSTIN, TX 78731		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/17/2024		Payee name COLLECTIVE CAMPA SALE		
	Amount (\$) \$3,451.84		Payee address; City; State; Zip Code 3607 Greystone Drive AUSTIN, TX 78731		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARIES		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/16/2024		Payee name CURTIS, RICHARD		
	Amount (\$) \$369.00		Payee address; City; State; Zip Code 200 N GAINES RD CEDAR CREEK, TX 78612		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARIES		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/18 Rpt: 62/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/23/2024	5 Payee name CURTIS, RICHARD
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6 Amount (\$) \$342.00	7 Payee address; City; State; Zip Code 200 N GAINES RD CEDAR CREEK, TX 78612
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2024	Payee name LASER SIGN
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Amount (\$) \$420.00	Payee address; City; State; Zip Code 1109 S MAIN LOCKHART, TX 78644
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/22/2024	Payee name LASER SIGN
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 1109 S MAIN LOCKHART, TX 78644
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/18 Rpt: 63/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/01/2024	5 Payee name MCD PUR ACME PARTNERSHIP LP
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6 Amount (\$) \$3,686.00	7 Payee address; City; State; Zip Code 3701 Bee Caves Rd STE 101 WEST LAKE HIL, TX 78746
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name MCD PUR ACME PARTNERSHIP LP
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Amount (\$) \$1,375.00	Payee address; City; State; Zip Code 3701 Bee Caves Rd WEST LAKE HIL, TX 78746
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OVERHEAD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name MCD PUR CAMPAIGN VERIFY
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Amount (\$) \$95.00	Payee address; City; State; Zip Code 1215 31st Street NW PO BOX 354 WASHINGTON, DC 20001
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/18 Rpt: 64/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/03/2024	5 Payee name MCD PUR DOLLAR GENERAL
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6 Amount (\$) \$3.79	7 Payee address; City; State; Zip Code 410 S Magnolia Ave LULING, TX 78648
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OVERHEAD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name MCD PUR FEDEX OFFICE
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Amount (\$) \$34.94	Payee address; City; State; Zip Code 9500 I-35 L550 AUSTIN, TX 78748
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name MCD PUR GANNETT MEDIA CO
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Amount (\$) \$15.98	Payee address; City; State; Zip Code 7950 Jones Branch Dr FL 8 MCLEAN, VA 22043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/18 Rpt: 65/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 09/27/2024	5 Payee name MCD PUR HOTCARDS PRINT
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6 Amount (\$) \$449.80	7 Payee address; City; State; Zip Code 080 US-290 CHAGRIN FALLS, OH 44022
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2024	Payee name MCD PUR JALISCO RESTAURANT
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 495 State Hwy 71 W BASTROP, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name MCD PUR MAILCHIMP
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Amount (\$) \$20.55	Payee address; City; State; Zip Code 405 N Angier Ave. NE ATLANTA, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/18 Rpt: 66/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/02/2024	5 Payee name MCD PUR NGP VAN INC MOTO	
6 Amount (\$) \$133.25	7 Payee address; City; State; Zip Code 655 15th St. NW WASHINGTON, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name MCD PUR P. TERRY S BURGER STAN	
Amount (\$) \$21.76	Payee address; City; State; Zip Code 484 State Hwy 71 BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name MCD PUR PAYPAL ASHADE TECH	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1000 MAIN ST HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OVERHEAD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/18 Rpt: 67/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/15/2024	5 Payee name MCD PUR SQ CHEMN CAFE
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6 Amount (\$) \$6.89	7 Payee address; City; State; Zip Code 114 N Main St ELGIN, TX 78621
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name MCD PUR SQ CHEMN CAFE
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Amount (\$) \$25.89	Payee address; City; State; Zip Code 114 N Main St ELGIN, TX 78621
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2024	Payee name MCD PUR SQ REBA S DELI PIZZE
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Amount (\$) \$14.83	Payee address; City; State; Zip Code 185 W Austin St, GIDDINGS, TX 78942
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/18 Rpt: 68/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/01/2024	5 Payee name MCD PUR SQ TORTILLERIA MI TIE
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6 Amount (\$) \$77.79	7 Payee address; City; State; Zip Code 525 TX-36 CALDWELL, TX 77896
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARIES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2024	Payee name MCD PUR TELLO US
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Amount (\$) \$9.83	Payee address; City; State; Zip Code 4780 ASHFORD DUNWOODY RD ATLANTA, GA 30338
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name MCD PUR TST
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Amount (\$) \$59.52	Payee address; City; State; Zip Code 4060 S INTERSTATE SAN MARCOS, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/18 Rpt: 69/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/15/2024	5 Payee name MCD PUR WHATABURGER	
6 Amount (\$) \$21.90	7 Payee address; City; State; Zip Code 1392 W HWY 290 ELGIN, TX 78621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name MCD PUR WHATABURGER	
Amount (\$) \$24.82	Payee address; City; State; Zip Code 1393 W HWY 290 ELGIN, TX 78621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2024	Payee name PAYPAL HQREXPRESS	
Amount (\$) \$189.44	Payee address; City; State; Zip Code 2211 n 1st st. Sanjose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt: 70/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/02/2024	5 Payee name PUR DOLLAR GE DG 126021470	
6 Amount (\$) \$104.95	7 Payee address; City; State; Zip Code 707 Old Austin Hwy BASTROP, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name PUR DOLLARTRE	
Amount (\$) \$8.66	Payee address; City; State; Zip Code 439 State Hwy 71 BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name PUR HWY 95 BREAD BA	
Amount (\$) \$5.72	Payee address; City; State; Zip Code HWY 95 BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/18 Rpt: 71/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/15/2024	5 Payee name PUR NTI	
6 Amount (\$) \$13.19	7 Payee address; City; State; Zip Code 410 HWY 290 E. ELGIN, TX 78621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name PUR SHELL SERVICE S	
Amount (\$) \$11.86	Payee address; City; State; Zip Code 212 HWY 71 WEST ELGIN, TX 78621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLLING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name PUR USPS PO	
Amount (\$) \$1,176.00	Payee address; City; State; Zip Code 823 CONGRESS AVE AUSTIN, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/18 Rpt: 72/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 10/15/2024	5 Payee name PUR WALMART	
6 Amount (\$) \$28.98	7 Payee address; City; State; Zip Code 1320 Hwy 290 Frontage Rd ELGIN, TX 78621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name PUR WM SUPERCENTER	
Amount (\$) \$29.70	Payee address; City; State; Zip Code 488 State Hwy 71 BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name RETURN TO SENDER PAC DONATION	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 695 Private Road 4035 Soemrville, TX 77879	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACCOUNT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/18 Rpt: 73/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 Date 10/26/2024	5 Payee name TST CAFFE
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6 Amount (\$) \$10.39	7 Payee address; City; State; Zip Code 710 chestnut st Bastrop, TX 78602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/26/2024	Payee name WHATABURGER
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Amount (\$) \$17.41	Payee address; City; State; Zip Code 401 State hwy 71 Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/5 Rpt: 74/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/04/2024	6 Payee name BANTHAN, NATHAN
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7 Amount (\$) \$990.00	8 Payee address; City; State; Zip Code 169 Kaanapali Lane Bastrop, TX 78602
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2024	Payee name CURTIS, RICHARD
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Amount (\$) \$369.00	Payee address; City; State; Zip Code 202 Childers Dr. Apt. 1223 Bastrop, TX 78602
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 2/5 Rpt: 75/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/17/2024	6 Payee name GARCIA, GRACIE
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7 Amount (\$) \$43.80	8 Payee address; City; State; Zip Code 104 Kimberly Dr. Stephenville, TX 76401
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARIES
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2024	Payee name MORGAN, TJ
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Amount (\$) \$43.00	Payee address; City; State; Zip Code 121 Meadowood Dr. Bastrop, TX 78602
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 3/5 Rpt: 76/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/16/2024	6 Payee name MORGAN, TJ
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7 Amount (\$) \$43.00	8 Payee address; City; State; Zip Code 121 Meadowood Dr. Bastrop, TX 78602
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/24/2024	Payee name MORGAN, TJ
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Amount (\$) \$17.90	Payee address; City; State; Zip Code 121 Meadowood Dr. Bastrop, TX 78602
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLLING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 4/5 Rpt: 77/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/23/2024	6 Payee name MORGAN
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7 Amount (\$) \$53.76	8 Payee address; City; State; Zip Code 121 Meadowood Dr. Bastrop, TX 78602
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/12/2024	Payee name VENABLE, DESIREE
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Amount (\$) \$59.53	Payee address; City; State; Zip Code 121 Meadowood Dr. Bastrop, TX 78602
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 5/5 Rpt: 78/78	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/26/2024	6 Payee name VENABLE, DESIREE
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7 Amount (\$) \$1,005.00	8 Payee address; City; State; Zip Code 121 Meadowood Dr. Bastrop, TX 78602
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVELIN
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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