# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	plete this form.	1 Filer ID (Ethics Commi 00088377		2 Total pages	filed: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Desiree M.		MI	Date Received	USE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME	LAST Venable		SUFFIX	01/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	120 Meadowood Dr.				Receipt #	Amount
Change of Address	Bastrop, TX 78602				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Stacey M.				
	NICKNAME	LAST Venable		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P 7208 High Point Dr.	O BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY	<i>(</i> ; S	TATE; ZIP CODE
(Residence or Business)	Raymondville, MO 6555	5				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (417) 217-2712	ONE NUMBER I	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer fficeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 10/27/2024		HROUGH	Month Day 12/31/20		
10 ELECTION	ELECTION DATE Month Day Year	F	rimary	ELECTION TYPE Runoff	Other	
	11/05/2024	XG	General	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGH State Represer	IT (if known) ntative Place Bas	strop District 17
		60.7	TO PAGE 2	•		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Venable, Desiree M.		<b>14</b> Filer ID 00088377	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political ten made without the candidate's or offic ort this information only if they receive n	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	<b>\$</b> 122.04		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	<b>\$</b> 1,204.37
EXPENDITURE TOTALS	ES .	\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 16,526.08
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$ 3,859.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		true and corre	firm, under penalty of perjury, that the a ect and includes all information required 5, Election Code.	
			Desiree M. Venable	_
			Signature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and	seal of office.	
Signature of office	er administering	Printed name of officer adm	ninistering Title of office	er administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH **COVER SHEET PG 3**

					3 of 22
_	ER NAN	ME Desiree M.	<b>19</b> Filer ID 00088377	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,047.04
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	157.33
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	14,181.08	
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,345.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/22	
2	FILER NAME Venable, De	siree M.			3	Filer ID (Ethics Commission 00088377	n Filers)
4	Date 11/08/2024	<ul><li>5 Full name of contributor</li><li>134 PAC LLC</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
		Mineral Wells, TX 76068					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 10/27/2024	Full name of contributor Aarvig, Cindy Contributor address; City; St Austin, TX 78744				Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 11/27/2024	_ =====================================			Amount of Contribution (\$)	\$10.00	
	Principal occu	Austin, TX 78744 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Not Employe	ed		Not Employed			
	Date 12/27/2024	Date Full name of contributor out-of-state PAC (III 12/27/2024 Aarvig, Cindy				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	Austin, TX 78744  pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 10/28/2024	Full name of contributor Allen, Linda D Contributor address; City; St Smithville, TX 78957	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/22	
2	FILER NAME Venable, De			3	Filer ID (Ethics Commission 00088377	ı Filers)
4	Date 11/28/2024	5 Full name of contributor out-of-state PAC (ID#:_Allen, Linda D  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
0	Dringing oggu	Smithville, TX 78957	Employer (See Instructions)			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)  11/13/2024 Elliott, Deborah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Giddings, TX 78942  pation / Job title (See Instructions)	Employer (See Instructions			
	RN	pation / Job title (See Instituctions)	Hospital	,		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5.00
		Bridgeport, CT 06604				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions  Not Employed	)		
Date 10/27/2024		Full name of contributor out-of-state PAC (ID#:_ Grayson, Katarina Contributor address; City; State; Zip Code Chicago, IL 60634		Amount of Contribution (\$)	\$10.00	
	Principal occu Flight Attend	pation / Job title (See Instructions)	Employer (See Instructions American Airlines	)		
	Date 11/02/2024	Full name of contributor out-of-state PAC (ID#:_Mattern, Linda L  Contributor address; City; State; Zip Code  Smithville, TX 78957			Amount of Contribution (\$)	\$25.00
	Principal occu agriculture	pation / Job title (See Instructions)	Employer (See Instructions self	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/22		
2	FILER NAME Venable, De	siree M.			3	Filer ID (Ethics Commission 00088377	n Filers)	
4	Date 10/27/2024	<ul><li>5 Full name of contributor</li><li>Oritz, Jose</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:atte; Zip Code	)	7	Amount of Contribution (\$)	\$50.00	
	Dringing agg	Irving, TX 75038	10	Employer (See Instructions	<u>,,</u>			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Ortiz Law Firm	s)			
	Date 10/29/2024	Full name of contributor Pollan, Cindy Contributor address; City; Sta		)		Amount of Contribution (\$)	\$10.00	
	Dringing age	Cedar Creek, TX 78612		Employer (Co.) Instructions	<u></u>			
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
	Date 11/13/2024			)		Amount of Contribution (\$)	\$10.00	
		Del Valle, TX 78617						
	Principal occu not employed	pation / Job title (See Instructions)		Employer (See Instructions none	5)			
Date 12/13/2024		Full name of contributor out-of-state PAC (ID#:)  3/2024 Sinclair, Caroline  Contributor address; City; State; Zip Code  Del Valle, TX 78617				Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions none	ctions)			
	Date 10/29/2024					Amount of Contribution (\$)	\$100.00	
	Principal occu software dev	pation / Job title (See Instructions)		Employer (See Instructions great point capital IIc	5)			
				<u> </u>				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS SCHEDULE					
	The Instru	ction Guide explains how	to complete this for	m.	1	L Total pages Schedule A1: Sch: 4/6 Rpt: 7/22			
2	FILER NAME Venable, De	siree M			3	Filer ID (Ethics Commission 00088377	Filers)		
4	Date	5 Full name of contributor Γ	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)			
	10/29/2024	custer, susanne				, ,	\$10.00		
		6 Contributor address; City; Sta							
_	B	boston, MA 02114			<u></u>				
8	not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions not employed	5)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	11/09/2024	graham, glynn				\$10.00			
		Contributor address; City; Sta	te; Zip Code						
		cedar creek, TX 78612							
		pation / Job title (See Instructions)		Employer (See Instructions	5)				
	campground	ground manager self		Self					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#10.00</b>		
	12/09/2024	graham, glynn	to: Zin Codo				\$10.00		
		Contributor address; City; Sta	te; zip Code						
		cedar creek, TX 78612							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	campground	manager		self					
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)			
	10/28/2024	lopez, julio					\$5.00		
		Contributor address; City; Sta							
		sacramento, CA 95833							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L 5)				
	system opera	ator		calwater					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)			
	12/09/2024	lopez, julio					\$5.00		
		Contributor address; City; Sta							
		sacramento, CA 95833							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	system opera	ator		calwater					

	MONET	SCHED				SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/22	
2	FILER NAME Venable, De	siree M.			3	Filer ID (Ethics Commission 00088377	Filers)
4	Date 12/28/2024	lopez, julio	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
_	District	sacramento, CA 95833	To-	Fundament (Construction			
8	system opera	pation / Job title (See Instructions) ator	9	Employer (See Instructions calwater	5)	Amount of Contribution (\$)  Amount of Contribution (\$)	
	Date 10/27/2024	Full name of contributor ramachandran, sunder  Contributor address; City; State;				Amount of Contribution (\$)	\$25.00
	Dringing agg	Sugar Land, TX 77479	Employer (See Instructions	_			
Principal occupation / Job title (See Instructions)  Chemical Engineer				Employer (See Instructions Baker Hughes	5)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$30.00	
		cedar creek, TX 78612					
	Principal occu bookkeeper	pation / Job title (See Instructions)		Employer (See Instructions texas lightsmith inc	i)		
Date 11/24/2024		Full name of contributor out-of-state PAC (ID#:) rodriguez, sandra  Contributor address; City; State; Zip Code  fresno, CA 93728				Amount of Contribution (\$)	\$5.00
	Principal occu care provide	pation / Job title (See Instructions) r		Employer (See Instructions ihss	5)		
	Date 11/24/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$5.00	
	Principal occu care provide	pation / Job title (See Instructions) r		Employer (See Instructions ihss	i)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/22	
2	FILER NAME Venable, Desiree M.	3	Filer ID (Ethics Commission 00088377	n Filers)
4	Date 12/24/2024  5 Full name of contributor out-of-state PAC (ID#:) rodriguez, sandra  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$5.00
	fresno, CA 93728	:>		
8	Principal occupation / Job title (See Instructions)  care provider  9 Employer (See Instructions)  ihss	ions)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/24/2024 rodriguez, sandra  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5.00
	fresno, CA 93728			
	Principal occupation / Job title (See Instructions)  care provider  Employer (See Instructions)  ihss	ions)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/06/2024 yancy, max  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	austin, TX 78765			
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  owner  plum creek records a		pes	

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/22 FILER NAME 3 Filer ID (Ethics Commission Filers) Venable, Desiree M. 00088377 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/02/2024 Venable Jr., Danny \$100.00 Office Supplies donation 7 Contributor address; City; State; Zip Code (auto stapler and cutter) Raymondville, MO 65555 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Owner/Operator Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 11/05/2024 Venable Jr., Danny \$57.33 I campaign literature from Contributor address; City; State; Zip Code UPS Raymondville, MO 65555 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Owner/Operator Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	,
	Sch: 1/11 Rpt: 11/22	Venable, Desiree M. 00088377	
4	Date	5 Payee name	
	11/07/2024	BANTHA, NATHAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,323.00	169 Kaanapali Ln	
		BASTROP, TX 78602	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Field Manager Fee	
		Tiola manager i ce	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Date	Davido namo	
	11/07/2024	Payee name Bartee, Shiloh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$256.50	308 Linden St.	
		Bastrop, TX 78602	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Field Manager Fee	
		Tiota manager 1 33	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
<b>—</b>	Date	Payee name	
	11/08/2024	Collective Campaigns	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,368.19	3607 Greystone Drive	
	Ψ3,300.19	Coor Croystone Drive	
		Austin, TX 78731	
_	DUDDOCE	l	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense	
		Coordinator Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 12/22	Venable, Desiree M. 00088377
4	Date	5 Payee name
	11/22/2024	Collective Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,278.20	3607 Greystone Drive
		Austin, TX 78731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Coordinator Fee
		Campaigh Coordinator (Co
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	10/31/2024	Curtis, Richard
	Amount (\$)	Payee address; City; State; Zip Code
	\$232.38	202 Childers Dr. Apt. 1223
		Bastrop, TX 78602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Field Manager Fee
		i iola manago. i oo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	11/07/2024	Curtis, Richard
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.54	202 Childers Dr. Apt. 1223
L		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Field Manager Fee
	Commission ONE V. C. P.	Constitute (Office helder norms
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala	_	ges/C	Contract Labor		OTHER (enter a	strict a category not listed al	oove)
	oroun oura r aymone			The Instruction Gu	ide explains how	to com	plet	e this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/11 Rpt: 13/22		Venable, De	siree M.						00088377		
4	Date	5	Payee name									
	11/04/2024		Gannett Med	dia Co.								
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code	9					
	\$15.97		7950 Jones	Branch Dr. Suit	100							
			McLean, VA	22107								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(k	) [	Description				
	OF			paper Subscripti			[	_	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		•				[	Check if Austin,	TX,	officeholder livin	g expense	
							(	Subscription t	to I	ocal news		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Office	sough	nt			Office h	eld	
	experialitare to beliefit C/O											
	Date		Payee name									
	12/03/2024		Gannett Med	dia Co.								
	Amount (\$)		Payee addres	s; City;	State; Zip	Code	9					
	\$15.98		7950 Jones	Branch Dr. Suit	100							
			McLean, VA	22107								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e ton of this schedule)	(k	) [	Description				
	OF EXPENDITURE		Newspaper					Check if travel o	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE			·				_	TX,	officeholder livin	g expense	
							L	ocal News				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Office	sough	nt			Office h	eld	
	Date		Payee name									
	11/21/2024		Garcia, Grad	ce								
	Amount (\$)		Payee addres	s; City;	State; Zip	Code	Э					
	\$43.80		11500 Jollyv	ville Rd. Apt. 612	2							
			Austin, TX 7	8759								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(k	) [	Description				
	OF EXPENDITURE		Loan Repay	ment/Reimburse	ement			<b>_</b>			nplete Schedule T.	
	EXI ENDITORE						Ļ			officeholder livin	g expense	
							ŀ	Reimburseme	ent	ior stamps		
	Commission ON 11 V 11 11	L_	Daniel - t. (Off	a balale : :	o					Ott	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolaer name	Office	sough	ΙŢ			Office h	eid	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/11 Rpt: 14/22	Venable, Desiree M. 00088377	
4	Date	5 Payee name	
	11/06/2024	HEB (Bastrop)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$145.58	104 Hasler Blvd	
		Bastrop, TX 78602	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Watch Party Supplies	
		Campaign water any Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	=
	10/28/2024	Hotcards Ink On Anything	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$449.80	2400 Superior Ave.	
		Cleveland, OH 44114	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Campaign Literature	
		Campaign Installate	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	_
	11/06/2024	Lightnin' Bar	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$322.48	109 Central Ave. Unit B	
		Elgin, TX 78621	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Event Location for Campaign Watch Party	
		Event Location for Campaign watch Farty	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
$\vdash$			_
ı			

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 5/11 Rpt: 15/22	Venable, Desiree M. 00088377
4	Date	5 Payee name
	11/21/2024	MORGAN Jr., Timothy
L		-
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.76	120 Meadowood Dr.
		Bastrop, TX 78602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement for Sign Materials and Labels
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	12/27/2024	MORGAN Jr., Timothy
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.35	120 Meadowood Dr.
	Ψ110.00	
		Destruit TV 70000
		Bastrop, TX 78602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		reimbursement for watch party and sign materials
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	•
L		
	Date	Payee name
	11/04/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.79	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service Provider
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

### SCHEDULE F1

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

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

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

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)

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 6/11 Rpt: 16/22	Venable, Desiree M.		00088377
4	Date	5 Payee name		<u> </u>
	11/12/2024	Mailchimp		
6	Amount (\$) \$6.93	7 Payee address; City; State; Zip C	ode	
l	\$0.93	405 N Angier Ave. NE		
		Atlanta, GA 30308		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Email Application
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ught	Office held
F	Date	Payee name		
	11/12/2024	McCoy's Building Supply		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$97.41	801 SH 71		
		Bastrop, TX 78602		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Sign Supplies		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Supplies To Remove TPosts/Signs
				Cappined to themote it compagne
┝	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
l	expenditure to benefit C/O	1		
F	Date	Payee name		
	11/07/2024	McKeand, Sidney		
Г	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$2,205.00	19531 Red Copper Ln.		
l				
l		Cypress, TX 77433		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Field Manager Fee
				- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O			
T				

#### SCHEDULE F1

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

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

Printing Expense

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 17/22	Venable, Desiree M. 00088377
4	Date	5 Payee name
	11/04/2024	NGP VAN
6	Amount (\$) \$133.25	7 Payee address; City; State; Zip Code 655 15th St. NW #650
_		Washington, DC 20005
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Campaign Data Software  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Canvassing Data
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2024	NGP VAN
	Amount (\$) \$139.92	Payee address; City; State; Zip Code 655 15th St. NW #650
		Washington, DC 20005
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Campaign Data  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Canvassing Data and more
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2024	Perry, Theresa
	Amount (\$) \$297.00	Payee address; City; State; Zip Code PO Box 2193
		Bastrop, TX 78602
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Field Manager Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 18/22	Venable, Desiree M. 00088377
4	Date	5 Payee name
	11/04/2024	Pic N Pac
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.97	835 S Colorado St.
		Lockhart, TX 78644
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Canvassing Supplies
		S and S and S
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	10/29/2024	Scale To Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$422.48	13742 Harper St
		Santa Ana, CA 92703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Phone Banking App/Service Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Auto Dialer for phone banking
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	11/07/2024	Scale To Win
H	Amount (\$)	Payee address; City; State; Zip Code
	\$944.55	13742 Harper St
		Santa Ana, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Phone Banking Service Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Application to Phone Bank
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff(Alwards/Me)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	t/Awards/Memorials I gal Services	·		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict ı category not listed al	oove)
_		_		e Instruction Gu	iue expiditis fi	TOW TO COL	npie	te una iviili.	_			
1	1 3	2							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 9/11 Rpt: 19/22		Venable, Desi	ree M.						00088377		
4	Date	5	Payee name									
L	11/04/2024		Shell Oil Co.									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$17.68		7809 Camino	Real								
			Maxwell, TX 7	8656								
8	PURPOSE	(a)	Category (See (	Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverag					<u> </u>			plete Schedule T.	
	LAI LINDITORL							_		officeholder living	g expense	
		1						Canvasser Su	upp	olies		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	nolder name	0	office sou	ght			Office h	eld	
L	experiorare to benefit C/OI	п										
	Date		Payee name									
	11/06/2024		Sonic Drive In									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$6.48		1134 US 290									
			Elgin, TX 7862	21		_						
	PURPOSE OF	(a)	Category (See (	Categories listed at th	e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverag	e Expense				$\Box$			nplete Schedule T.	
								Canvasser Su		officeholder living	g expense	
								Carrasser St	սԻի	nic3		
_	Complete ONLY if direct	<u> </u>	Candidate/Office	nolder name	0	office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janaidate/Onice	ISINGI HUITIE	O	moc sou(	9111			Onice III	oid.	
-	Date	l	Payee name									
	10/30/2024		Stokes Sign C	o. Inc.								
_		$\vdash$	Payee address;		Ctoto	Zin Co	do					
	Amount (\$)		,	<b>3</b> .	State;	Zip Co	ue					
	\$713.91		2814 Bee Cav	e Ku.								
			austin, TX 787	<sup>7</sup> 46		-						
	PURPOSE OF		Category (See (		e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising Ex	pense				ш		de of Texas. Com officeholder living	nplete Schedule T.	
								Yard Signs	, т.А.,	omcenoider iivin(	a evhering	
								. a.a oigiio				
	Complete ONLY if direct		Candidate/Office	nolder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI						J					

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/11 Rpt: 20/22	2 FILER NAME Venable, Desiree M.  3 Filer ID (Ethics Commission Filers) 00088377
4	Date 11/06/2024	5 Payee name Tello
6	Amount (\$) \$9.83	7 Payee address; City; State; Zip Code 4780 Ashford Dunwoody Rd. Suite A 236 Atlanta, GA 30338
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Campaign Phone Line  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Line
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/05/2024	Payee name UPS
	Amount (\$) \$128.77	Payee address; City; State; Zip Code 489 Agnes St. Suite 112 Bastrop, TX 78602
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Supplies/Literature
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/06/2024	Payee name UPS
	Amount (\$) \$86.55	Payee address; City; State; Zip Code 489 Agnes St. Suite 112 Bastrop, TX 78602
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Supplies/Literature
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/11 Rpt: 21/22	Venable, Desiree M.	00088377
4	Date	5 Payee name	
	11/04/2024	WHATABURGER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.03	100 State Park Rd.	
		Lockhart, TX 78644	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 dod/Beverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Canvasser St	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense 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: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 22/22 Venable, Desiree M. 00088377 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/31/2024 Venable, Desiree Amount (\$) Payee address; City; State; Zip Code \$2,345.00 120 Meadowood Drive Bastrop, TX 78602 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense 3,500 miles put on car in this reporting period 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH