CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	his form. 1 Filer ID (Ethics Commo 0008837	mission Filers)	2 Total pages filed:13
3 CANDIDATE / OFFICEHOLDER		RST esiree M.	MI	OFFICE USE ONLY
NAME				Date Received ELECTRONICALLY FILED
	NICKNAME LA:	ST nable	SUFFIX	07/14/2025
4 04410104757	455550 / 50 50V	UTE " OIT)	710.0005	Date Hand delivered or Date Destroyled
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SU 120 Meadowood Dr.	IIIE#; CIIY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
ADDRESS Change of Address	Bastrop, TX 78602			
				Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIR	ST	MI	_
TREASURER NAME		ncey M.		
	NICKNAME LAS		SUFFIX	
	Vei	nable		
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	K PLEASE). AF	PT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	7208 High Point Dr.	, , , , , , , , , , , , , , , , , , ,	777 30112 11,	517.12, Zii GGDE
(Residence or Business)	Raymondville, MO 65555			
7 CAMPAIGN	AREA CODE PHONE N	UMBER EXTENSION		
TREASURER PHONE	(417) 217-2712	OMBER EXTENSION		
8 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	5
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	X General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
			State Representa	ative District 17
	1			
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Venable, Desiree M.		14 Filer ID 00088377	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho I officeholders are required to report this information	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,861.27
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	ELAST DAY OF THE	\$ 1,787.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pentrue and correct and includes under Title 15, Election Code	s all information required t	
		_		
			esiree M. Venable of Candidate or Officehol	lder
		Signature	of Caradate of Cincerior	idei
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	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	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 13
18 FILER Venal	NAME e, Desiree M.	19 Filer ID 00088377	(Ethic	s Commission Filers)	
	ULE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A	A1: MONETARY POLITICAL CONTRIBUTIONS		\$	150.00
2.	SCHEDULE A	A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B	3: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E	E: LOANS		\$	
5.	SCHEDULE F	1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,559.77
6.	SCHEDULE F	2: UNPAID INCURRED OBLIGATIONS		\$	301.50
7.	SCHEDULE F	3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F	-4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G	G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H	H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I:	: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K TO FILER	X: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	451.72

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this t	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/13			
2	FILER NAME Venable, De	siree M.		3	Filer ID (Ethics Commission 00088377	Filers)	
4	Date 01/28/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$5.00		
8	Principal occu	Sacramento, CA 95833 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	System Ope	rator		Calwater			
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Lopez, Julio Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Sacramento, CA 95833	_				
	Principal occu System Ope	pation / Job title (See Instructions)		Employer (See Instructions Calwater	5)		
		<u>_</u>		Caiwatei	_	Amount of Contribution (\$)	
	Date Full name of contributor out-of-state F 03/28/2025 Lopez, Julio Contributor address; City; State; Zip Code					Amount of Continuation (4)	\$5.00
		Sacramento, CA 95833					
	Principal occu System Ope	pation / Job title (See Instructions) rator		Employer (See Instructions Calwater	s)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#:_Lopez, Julio Contributor address; City; State; Zip Code Sacramento, CA 95833		Amount of Contribution (\$)	\$5.00		
	Principal occu System Ope	pation / Job title (See Instructions) rator		Employer (See Instructions Calwater	5)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_Lopez, Julio Contributor address; City; State; Zip Code Sacramento, CA 95833)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	System Ope	rator		Calwater			

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	A1
	The Instruc	tion Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/13	
2	FILER NAME Venable, Des	siree M.		3	Filer ID (Ethics Commission 00088377	Filers)	
4	Date 06/28/2025	 Full name of contributor out-of-state PA Lopez, Julio Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$5.00		
8	Principal occur	Sacramento, CA 95833 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>;)</u>		
•	System Oper			Calwater	-,		
	Date 01/24/2025	Full name of contributor out-of-state PA Rodriquez, Sandra Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Fresno, CA 93728					
	Principal occup Health Care	pation / Job title (See Instructions)		Employer (See Instructions IHSS	s)		
	Date Full name of contributor out-out-out-out-out-out-out-out-out-out-		AC (ID#:		•	Amount of Contribution (\$)	\$5.00
		Fresno, CA 93728					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions IHSS	s)		
Date 02/24/2025		Full name of contributor out-of-state PA Rodriquez, Sandra Contributor address; City; State; Zip Code Fresno, CA 93728	•	Amount of Contribution (\$)	\$5.00		
	Principal occu Health Care	oation / Job title (See Instructions)		Employer (See Instructions IHSS	5)		
	Date 02/24/2025	Full name of contributor out-of-state PA Rodriquez, Sandra Contributor address; City; State; Zip Code Fresno, CA 93728)		Amount of Contribution (\$)	\$5.00
	Principal occu Health Care	oation / Job title (See Instructions)		Employer (See Instructions IHSS	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	A1
	The Instruc	etion Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/13	
2	FILER NAME Venable, Des	siree M.	3	Filer ID (Ethics Commission 00088377	Filers)
4	Date 03/24/2025			Amount of Contribution (\$)	\$5.00
_	5	Fresno, CA 93728			
8	Health Care	pation / Job title (See Instructions) 9 Employer (See I IHSS	nstructions)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Dringing agou	Fresno, CA 93728	notructions)		
	Health Care	pation / Job title (See Instructions) Employer (See I IHSS	nstructions)		
	Date 04/24/2025	Full name of contributor)	Amount of Contribution (\$)	\$5.00
		Fresno, CA 93728			
	Principal occup Health Care	pation / Job title (See Instructions) Employer (See I IHSS	nstructions)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$5.00
	Principal occu Health Care	pation / Job title (See Instructions) Employer (See I	nstructions)		
	Date 05/24/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Principal occu Health Care	pation / Job title (See Instructions) Employer (See I	nstructions)		
		·			

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruc	etion Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/13
2	FILER NAME Venable, Des	siree M.	3 Filer ID (Ethics Commission Filers) 00088377
4	Date 05/24/2025	 Full name of contributor	7 Amount of Contribution (\$) \$5.00
_		Fresno, CA 93728	
8	Health Care	pation / Job title (See Instructions) 9 Employe IHSS	er (See Instructions)
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Rodriquez, Sandra Contributor address; City; State; Zip Code) Amount of Contribution (\$) \$5.00
	Dringing! goog	Fresno, CA 93728	or (Coo Instructions)
	Health Care	pation / Job title (See Instructions) Employe IHSS	er (See Instructions)
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Rodriquez, Sandra Contributor address; City; State; Zip Code) Amount of Contribution (\$) \$5.00
		Fresno, CA 93728	
	Principal occup	pation / Job title (See Instructions) Employee IHSS	er (See Instructions)
Date 01/13/2025		Full name of contributor out-of-state PAC (ID#: Sinclair, Caroline Contributor address; City; State; Zip Code Del Valle, TX 78617) Amount of Contribution (\$) \$10.00
	Principal occup	pation / Job title (See Instructions) Employee N/A	er (See Instructions)
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$10.00
	Principal occu N/A	pation / Job title (See Instructions) Employee N/A	er (See Instructions)
		•	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/13		
2	FILER NAME Venable, De			3	Filer ID (Ethics Commission 00088377	Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Sinclair, Caroline 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
_	5	Del Valle, TX 78617	10 5 1 10 11 11			
8	N/A	pation / Job title (See Instructions)	9 Employer (See Instructions N/A)		
	Date 04/13/2025	Full name of contributor out-of-state PAC (ID#:_ Sinclair, Caroline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Del Valle, TX 78617 pation / Job title (See Instructions)	Employer (See Instructions)		
	N/A		N/A			
	Date 05/13/2025	Full name of contributor out-of-state PAC (ID#:_ Sinclair, Caroline Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Del Valle, TX 78617				
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_ Sinclair, Caroline Contributor address; City; State; Zip Code Del Valle, TX 78617			Amount of Contribution (\$)	\$10.00
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions)		
	IV/A		IV/A			

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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 9/13	Venable, Desiree M. 00088377
4 Date	5 Payee name
06/18/2025	ACT BLUE
6 Amount (\$) \$20.41	7 Payee address; City; State; Zip Code 366 Summer Street Somerville Sommerville, ME 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue fee's
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2025	Curtis, Richard
Amount (\$) \$213.54	Payee address; City; State; Zip Code 202 Childers Dr. Apt. 1223
	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 Check to contracted canvasser
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/28/2025	Frontier Bank of Texas
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1213 Hwy 290
	Elgin, TX 78621
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee to put stop payment on lost check
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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 Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 10/13	Venable, Desiree M. 00088377
4	Date	5 Payee name
	01/03/2025	Gannett Media Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
٠	\$15.98	7950 Jones Branch Dr. Suit 100
	Ψ10.00	1330 Cones Branch Br. Care 100
		Mol con VA 20107
		McLean, VA 22107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Local Newspaper Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Local Newspaper Subscription
		200al Homopapol Galbon publi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	-	
	Date	Payee name
	01/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.92	655 15th St. NW #650
		Washington, DC 20005
	PURPOSE	
	OF	(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.
	EXPENDITURE	Campaign Data Software Check if Austin, TX, officeholder living expense
		Canvassing Data
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.92	655 15th St. NW #650
	Ψ139.92	033 13th 3t. NW #030
		W. J. J. D. 2000
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Canvassing Data Software Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cavassing Data
		Cavassing Data
	Complete ONII V if alias -t	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

st Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee L	Gift/Awards/Memori egal Services The Instruction			/ages/	Contract Labor		Travel Out of Dis OTHER (enter a		isted above)
1	Total pages Schedule F1: Sch: 3/3 Rpt: 11/13	2	FILER NAME Venable, Des	siree M.						Filer ID 00088377	(Ethics Co	mmission Filers)
4	Date 03/28/2025	5	Payee name Venable, Des	siree								
6	Amount (\$) \$2,000.00	7	Payee address 120 Meadow Bastrop, TX	ood Drive	State	e; Zip Coo	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Reimbursem previous repo	e Categories listed	al expenses			Check if Austin,	TX, ent	de of Texas. Com officeholder living of political e avel)	expense	эт. (see previous
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	eholder name		Office souç	ght			Office he	eld	

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: 12/13 Venable, Desiree M. 00088377 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/30/2025 VENABLE, DESIREE Amount (\$) Payee address; State; Zip Code \$301.50 120 Meadowood Dr. Bastrop, TX 78602 TYPE OF Non-Political Х Political **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. Transportation Equipment And Related **EXPENDITURE** Expense Check if Austin, TX, officeholder living expense Use of personal car during reporting period. 450 miles @ \$0.67 per mile Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_							
	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 1/1 Rpt: 13/13	
2	FILER NAME			3	Filer I	D (Ethics Commission F	ilers)
l	Venable, De	8377					
4	Date 02/03/2025	8 Amount (\$)	\$31.96				
		L	McLean, VA 22107				
		7	Purpose for which amount is received Check if p Refund for canceled newspaper subscription	olitio	cal con	tribution returned to filer	
Г	Date		Name of person from whom amount is received			Amount (\$)	
l	02/18/2025		NGP VAN			\$	3139.92
			Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005				
			Purpose for which amount is received Check if p	olitio	al con	tribution returned to filer	
l			Refund for canceled subscription to canvassing data				
F	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)	
l	02/18/2025		NGP VAN				S139.92
l	02/10/2023	ļ	Address of person from whom amount is received; City; State; Zip Code			.	0100.02
			Washington, DC 20005 Purpose for which amount is received Check if p	olitid	ral con	tribution returned to filer	
			Refund for canceled subscription to canvassing data	Ontic	ai con	institution retained to mer	
F	Date		Name of person from whom amount is received			Amount (\$)	
l	03/03/2025		NGP VAN				3139.92
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			Washington, DC 20005				
			Purpose for which amount is received Check if p Refund for canceled subscription to canvassing data	olitio	al con	tribution returned to filer	