

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: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Desiree M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025	
	NICKNAME LAST Venable	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 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.	MI Stacey M.		
	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 checked="" type="checkbox"/> July 15 <input 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 01/01/2025 06/30/2025			
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <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

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

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,861.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,787.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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**

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18 FILER NAME Venable, Desiree M.		19 Filer ID (Ethics Commission Filers) 00088377
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150.00
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	\$ 2,559.77
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 301.50
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 451.72

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/13
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Julio <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95833	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) System Operator		9 Employer (See Instructions) Calwater
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Julio <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) System Operator		Employer (See Instructions) Calwater
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Julio <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) System Operator		Employer (See Instructions) Calwater
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Julio <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) System Operator		Employer (See Instructions) Calwater
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Julio <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) System Operator		Employer (See Instructions) Calwater

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/13
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Julio <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95833	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) System Operator		9 Employer (See Instructions) Calwater
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/13
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 03/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> 6 Contributor address; City; State; Zip Code Fresno, CA 93728	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Health Care		9 Employer (See Instructions) IHSS
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/13
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 05/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> 6 Contributor address; City; State; Zip Code Fresno, CA 93728	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Health Care		9 Employer (See Instructions) IHSS
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra <hr/> Contributor address; City; State; Zip Code Fresno, CA 93728	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Caroline <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Caroline <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/13
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Caroline <hr/> 6 Contributor address; City; State; Zip Code Del Valle, TX 78617	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Caroline <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Caroline <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Caroline <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/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 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: 1/3 Rpt: 9/13	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 06/18/2025	5 Payee name ACT BLUE	
6 Amount (\$) \$20.41	7 Payee address; City; State; Zip Code 366 Summer Street Somerville Sommerville, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue fee's
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to contracted canvasser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/28/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee to put stop payment on lost check
Complete <u>ONLY</u> 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: 2/3 Rpt: 10/13	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 01/03/2025	5 Payee name Gannett Media Co.	
6 Amount (\$) \$15.98	7 Payee address; City; State; Zip Code 7950 Jones Branch Dr. Suit 100 McLean, VA 22107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Local Newspaper Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local Newspaper Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name 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 Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing Data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2025	Payee name 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) Canvassing Data Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cavassing Data
Complete <u>ONLY</u> 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: 3/3 Rpt: 11/13	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 Date 03/28/2025	5 Payee name Venable, Desiree	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 120 Meadowood Drive Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement of political expenses (see previous report-mileage/travel)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of political expenses (see previous report-mileage/travel)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 1/1 Rpt: 12/13	2 FILER NAME Venable, Desiree M.	3 Filer ID (Ethics Commission Filers) 00088377
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 06/30/2025	6 Payee name VENABLE, DESIREE	
7 Amount (\$) \$301.50	8 Payee address; City; State; Zip Code 120 Meadowood Dr. Bastrop, TX 78602	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Use of personal car during reporting period. 450 miles @ \$0.67 per mile
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 13/13
2 FILER NAME Venable, Desiree M.		3 Filer ID (Ethics Commission Filers) 00088377
4 Date 02/03/2025	5 Name of person from whom amount is received Gannett Media Co.	8 Amount (\$) \$31.96
	6 Address of person from whom amount is received; City; State; Zip Code McLean, VA 22107	
	7 Purpose for which amount is received Refund for canceled newspaper subscription <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/18/2025	Name of person from whom amount is received NGP VAN	Amount (\$) \$139.92
	Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005	
	Purpose for which amount is received Refund for canceled subscription to canvassing data <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/18/2025	Name of person from whom amount is received NGP VAN	Amount (\$) \$139.92
	Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005	
	Purpose for which amount is received Refund for canceled subscription to canvassing data <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/03/2025	Name of person from whom amount is received NGP VAN	Amount (\$) \$139.92
	Address of person from whom amount is received; City; State; Zip Code Washington, DC 20005	
	Purpose for which amount is received Refund for canceled subscription to canvassing data <input type="checkbox"/> Check if political contribution returned to filer	