

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: 9 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST Desiree M. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 | |
| | NICKNAME LAST Venable | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 7208 High Point Drive Raymondville, MO 65555 | | 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 checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 09/05/2025 01/13/2026 | | | |
| 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 | |

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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) | \$ | 6,497.60 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 1,940.03 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
| 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 | \$ 6,497.60 |
| 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 | \$ 1,940.03 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 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: 1/3 Rpt: 4/9 |
| 2 FILER NAME Venable, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00088377 |
| 4 Date 09/28/2025 | 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 10/28/2025 | 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 09/24/2025 | 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 09/24/2025 | 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 10/24/2025 | 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: 2/3 Rpt: 5/9 |
| 2 FILER NAME Venable, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00088377 |
| 4 Date 10/24/2025 | 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 11/24/2025 | 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 11/24/2025 | 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 12/24/2025 | 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 12/24/2025 | 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: 3/3 Rpt: 6/9 |
| 2 FILER NAME Venable, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00088377 |
| 4 Date 09/13/2025 | 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 10/13/2025 | 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 11/13/2025 | 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 12/13/2025 | 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 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venable, Desiree <hr/> Contributor address; City; State; Zip Code Raymondville, MO 65555 | Amount of Contribution (\$) \$6,407.60 |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Self |

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: 1/1 Rpt: 7/9 | 2 FILER NAME Venable, Desiree M. | 3 Filer ID (Ethics Commission Filers) 00088377 |
| 4 Date 12/24/2025 | 5 Payee name ACT BLUE FEE | |
| 6 Amount (\$) \$3.60 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 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 Actblue processing fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/31/2025 | Payee name VENABLE, DESIREE | |
| Amount (\$) \$1,936.43 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Raymondville, MO 65555 | |
| 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 reimburstment for mileage/travel expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Venable, Desiree | Office sought Office held State Representative District 17 |

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: 8/9 | 2 FILER NAME Venable, Desiree M. | 3 Filer ID (Ethics Commission Filers) 00088377 |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date 12/31/2025 | 6 Payee name Venable, Desiree | |
| 7 Amount (\$) \$0.00 <input type="checkbox"/> Expenditure from corporate funds | 8 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Raymondville, MO 65555 | |
| 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) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Forgiveness of remaining unpaid mileage and other obligations owed to candidate (\$6,407.60 forgiven) |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

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1 C/OH NAME

Venable, Desiree M.

2 Filer ID

(Ethics Commission Filers)

00088377

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Desiree M. Venable

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder ****

A CAMPAIGN FUNDS

Check only one:

☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

B ASSETS

Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

Desiree M. Venable

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder