

**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 Desiree M.			MI		
	NICKNAME Venable		LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7208 High Point Drive			ZIP CODE		
	Raymondville, MO 65555			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Stacey M.			MI		
	NICKNAME Venable		LAST	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 7208 High Point Dr.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	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 09/05/2025	Day	Year	Month 01/13/2026	Day	Year
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)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 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	19 Filer ID (Ethics Commission Filers) 00088377
Venable, Desiree M.	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
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	
SUBTOTAL AMOUNT	
\$ 6,497.60	
\$	
\$	
\$	
\$ 1,940.03	
\$ 0.00	
\$	
\$	
\$	
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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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Sacramento, CA 95833	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Sacramento, CA 95833	
Principal occupation / Job title (See Instructions) System Operator		Employer (See Instructions) Calwater
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS

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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Fresno, CA 93728	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fresno, CA 93728	
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) IHSS

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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Del Valle, TX 78617	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Valle, TX 78617	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Valle, TX 78617	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Del Valle, TX 78617	
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	Amount of Contribution (\$) \$6,407.60
	Contributor address; City; State; Zip Code Raymondville, MO 65555	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name VENABLE, DESIREE	Office sought Office held
Date 12/31/2025	Payee name VENABLE, DESIREE	
Amount (\$) \$1,936.43	Payee address; City; Raymondville, MO 65555	State; Zip Code REDACTED PER 254.0401, ELEC. CODE
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 reimbursement for mileage/travel expenses
Complete ONLY 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	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
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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