

Official Filing Authority of Harris County
Teneshia Hudspeth
County Clerk

Campaign Finance Report



Teneshia Hudspeth
County Clerk
Harris County, TX

FileNo: 202492
Received By Clerk: 01/18/2024
File Date: January 18, 2024
Office: County Tax Assessor-Collector
Candidate: Broadnax, Desiree
Treasurer: Delgado Leija, Jean
Category: Contributions And Expenditures (COH / JCOH)
Delivered By: Personal Appearance
Type: COR

Harris County No Fee

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)	2 Total pages filed: 11					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY				
	NICKNAME	LAST	SUFFIX					
Mrs. Desiree Broadnax								
Date Received								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		P.O. Box 24393 Houston, TX 77229					
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(281)	744-8725					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked				
	NICKNAME	LAST	SUFFIX					
Mr. Jean Delgado Leija								
Receipt #								
Date Processed								
Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		18026 Ponte Vecchio Way Houston, TX 77044					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		(713)	670-6274					
9 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 type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year		
		11	15	23	THROUGH	12	31	23
11 ELECTION	ELECTION DATE		ELECTION TYPE					
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
		3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)						
		Harris County Tax Assessor-Collector						
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 340.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,840.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,700.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,140.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

18 SIGNATURE 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 Broadway
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Desiree Broadway, and my date of birth is 5-30-71

My address is 7334 Liboschy Ridge Ln., Houston, TX, 77049, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 14th day of January, 2024.
(month) (year)

Desiree Broadway
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Desiree Broadnax

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,840.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Desiree Broadnax		3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lisa Blake	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1810 Macondray Dr. Humble, TX 77396		
8 Principal occupation / Job title (See Instructions) EAP Manager		9 Employer (See Instructions) Allied Universal
Date 12/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Gaby Cruz	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 15503 Dunsmore Cliff Trc. Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Harris County District Attorney's Office
Date 12/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Jean Delgado	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 18026 Ponte Vecchio Way Houston, TX 77044		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Harris County District Attorney's Office
Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Sean Broadnax	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 14015 Inland Hill St. Houston, TX 77045		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Silver Eagle Distributors

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Desiree Broadnax		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Sean Broadnax	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 14015 Inland Hill St. Houston, TX 77045		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Silver Eagle Distributors
Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Brigitte Thomas	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 9706 Logans Ridge Dr. Converse, TX 78109		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Corintha Jeter	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4202 Cinnamon St. Baytown, TX 77521		
Principal occupation / Job title (See Instructions) Marine Coordinator		Employer (See Instructions) Odfjell Terminals
Date 12/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Veronique Connor	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1730 Wind Trace Cv. Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) L. M.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

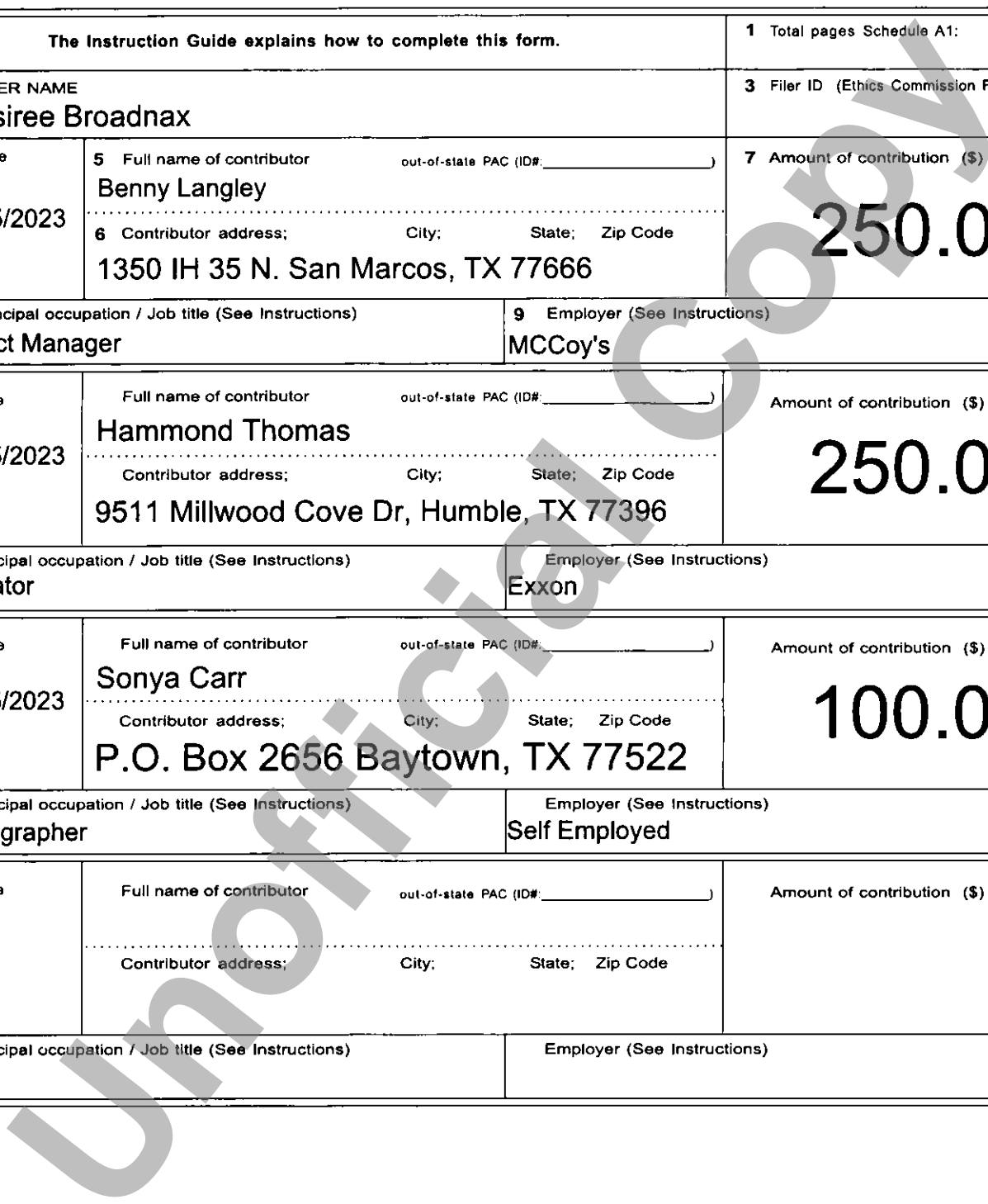
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Desiree Broadnax		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Heron Thomas	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1921 Barbers Hill Road Highlands, TX 77562		
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Barbers Hill ISD
Date 11/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Dayne Thomas	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 263 Palma Noce, San Antonio, TX 78253		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Dayne Thomas	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code 263 Palma Noce, San Antonio, TX 78253		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Enos Burton	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3506 Grand Prix, Humble, TX 77396		
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Highway Transport
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Desiree Broadnax		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Benny Langley	250.00
	6 Contributor address; City; State; Zip Code 1350 IH 35 N. San Marcos, TX 77666	
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) MCCoy's
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Hammond Thomas	250.00
	Contributor address; City; State; Zip Code 9511 Millwood Cove Dr, Humble, TX 77396	
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) Exxon
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Sonya Carr	100.00
	Contributor address; City; State; Zip Code P.O. Box 2656 Baytown, TX 77522	
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self Employed
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME DESIREE BROADNAX		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Lisa Broome 6 Contributor address; City; State; Zip Code 21311 Penshore Place Ln, Katy TX 77450	7 Amount of contribution (\$) 450.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Methodist Hospital
Date 12/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Minerva Barrera Contributor address; City; State; Zip Code 3327 Vintage View Ln, Pearland TX 77584	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Harris County
Date 12/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Harold Thomas Contributor address; City; State; Zip Code 6001 Willow Pearland, TX 77584	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) Lubrizol
Date 12/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Jim Leitner Contributor address; City; State; Zip Code 1201 Franklin St, Houston, TX 77002	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Chief		Employer (See Instructions) HCDA
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Desiree Broadnax		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/18/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Thomas 7 Contributor address; City; State; Zip Code 1921 Barbershill Rd. Highlands, TX 77562	8 Amount of Contribution \$ 500.00	9 In-kind contribution description Advertising <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
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)			
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Thomas Contributor address; City; State; Zip Code 1921 Barbershill Rd. Highlands, TX 77562	Amount of Contribution \$ 500.00	In-kind contribution description Advertising <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Desiree Broadnax		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/11/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Desiree Broadnax	9 Loan Amount (\$) 1,000.00
6 is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1900 Ontario Baytown TX 77520	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Manager		13 Employer (See Instructions) HCDA
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Desiree Broadnax	3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2023	5 Payee name Antron Johnson	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1034 Sauliner St. Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description Campaign consultant fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/28/2023	Payee name Antron Johnson	
Amount (\$) 250.00	Payee address; City; State; Zip Code 1034 Sauliner St. Houston, TX 77019	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Campaign consultant fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/2023	Payee name Harris County Democratic Party	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Candidate filing fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED