#### CORRECTION/AMENDMENT AFFIDAVIT FORM JCOR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) Total pages filed: **OFFICE USE ONLY** 00083980 28 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Vincenzo J. 01/15/2025 NAME **NICKNAME** LAST **SUFFIX** Vince Santini Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff X January 15 Other (specify) REPORT TYPE July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 07/01/2024 12/31/2024 **EXPLANATION OF CORRECTION** This is not an amended late filing. This is a timely supplement including three additional expenses from late December, not included in the original **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Vincenzo J. Santini Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete		Filer ID (Ethics Commission 00083980		2 Total pages file	
3 CANDIDATE /	MS/MRS/MR FI	IRST		MI	OFFICE U	SE ONI V
OFFICEHOLDER	The Honorable Vi	incenzo J.				JE ONE I
NAME					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME LA	AST		SUFFIX	01/15/2025	
	Vince Sa	antini				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	UITE #: CITY	·:	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	2257 N. Loop 336 W. Suite 14		•			
MAILING ADDRESS	2201 W. 200p 000 W. Oako 1	10 122			Receipt #	Amount
	- TV 77004					
Change of Address	Conroe, TX 77304				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIF	RST			MI	
TREASURER NAME	Mrs. Kr	isti N.				
	NICKNAME LA	\ST			SUFFIX	
	Nicole Cz	zajkoski				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE);	APT/S	UITE#; CITY;	STA	TE; ZIP CODE
TREASURER	236 N. Main St., Ste. C	,				
ADDRESS	,					
(Residence or Business)	Conroe, TX 77301					
	Collide, 1X 11301					
7 CAMPAIGN	AREA CODE PHONE N	NUMBER EX	XTENSION			
TREASURER PHONE	(936) 242-8521					
FHONE						
8 REPORT	_				_	
TYPE	X January 15	30th day before	election Run	off	15th day after cam appointment (office	
	July 15	8th day before el	ection	eeded modified	Final Report (Attac	
		our day solore of		orting limit	i iiidi report (rillad	6/6
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	THE	ROUGH	12/31/2024		
	01/02/2021					
10 ELECTION	ELECTION DATE			LECTION TYPE		
	Month Day Year	│	mary [	Runoff	Other	
			<u></u>			
		Ge	neral	Special		
11 OFFICE	OFFICE HELD (if any)		12	OFFICE SOUGHT	(if known)	
	District Judge District 457 Mo	ontgomery				
		ദവ സ	O PAGE 2			
		55 1				

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

3 of 28

13 C / OH NAME	Santini, Vincenzo J. (	The Honorable)	<b>14</b> Filer ID 00083980	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or polit These expenditures may have been not officeholders are required to report the	nade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Edililo			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(( ES OF LOANS, OR CONTRIBUTION:		\$ 0.00
		ICAL CONTRIBUTIONS	TO OF LOANS)	\$ 5,650.00
EXPENDITURE	· ·	PLEDGES, LOANS, OR GUARANTEI IZED POLITICAL EXPENDITURES	ES OF LOANS)	\$ 0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		
	10171210211			\$ 25,984.39
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY OF THE	\$ 55,531.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			under penalty of perjury, that the ac nd includes all information required t ection Code.	
			The Honorable Vincenzo J. Sar	ntini
			Signature of Candidate or Officeho	lder
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal	of office.	
<del></del>				
Signature of office	er administering oath	Printed name of officer administ	ering oath Title of office	r administering oath

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

				JV LIK O	4 of 28		
l	8 FILER NAME Santini, Vincenzo J. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00083980						
I	HEDULI ME OF	SUBT	OTAL AMOUNT				
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	5,650.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	14,983.46		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$			
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	11,000.93			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/28
2	FILER NAME Santini, Vinc	R NAME tini, Vincenzo J. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00083980	
4	Date 10/29/2024				7	Amount of Contribution (\$) \$2,000.00
		Houston, TX 77074				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10		employer/law firm f David A Fettner, PC		11 Law firm of contributor's sp	ous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/28/2024	Contributor address; City; S				\$300.00
	Contributorio [	Montgomery, TX 77356		Contributor's Job Title		
	Continuator S F	Principal Occupation		Continuator 5 Job Title		
Contributor's employer/law firm				Law firm of contributor's sp	ous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/28/2024	Liberty Belles Republica	n Women			\$250.00
		Contributor address; City; S Conroe, TX 77305	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
Contributor's employer/law firm			Law firm of contributor's sp	ous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ne Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/28
2	FILER NAME Santini, Vinc	NAME , Vincenzo J. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083980	
4	Date 11/06/2024	5 Full name of contributor out-of-state PAC (ID#:) Maher, Michael  6 Contributor address; City; State; Zip Code		7		
		Montgomery, TX 77356				
8		Principal Occupation		9 Contributor's Job Title		
	Property Ma			Property Manager		
10		employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12		ement Company s a child, law firm of parent(s) (if	· anul			
12	i Contributor is	s a criliu, iaw iiriri oi parerii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	11/05/2024	Medina, David  Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77030				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Nelson Mulli					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	11/06/2024	Mokarow, Gigi	_			\$50.00
		Contributor address; City;  Montgomery, TX 77356	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired Retired					
Г	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.					ages Schedule A(J) /3 Rpt: 7/28	<u> </u>
2	FILER NAME Santini, Vinc	LER NAME antini, Vincenzo J. (The Honorable)			3		(Ethics Commiss	ion Filers)
4	Date 08/28/2024  5 Full name of contributor out-of-state PAC (ID#:) Montgomery County Republican Women  6 Contributor address; City; State; Zip Code		7	Amount	t of Contribution (\$)	\$500.00		
•	Contributor's	Conroe, TX 77305 Principal Occupation		9 Contributor's Job Title				
ľ	Continuators	-ппсіраї Оссираціоп		5 Continuator S Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pous	se (if any	)	
12	If contributor is	s a child, law firm of parent(s) (if	any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount	t of Contribution (\$)	
	10/28/2024	Winkler, Jim	_					\$2,000.00
		Contributor address; City;  Montgomery, TX 77356						
	Contributor's F	Principal Occupation		Contributor's Job Title	r			
		employer/law firm		Independent Contracto  Law firm of contributor's sp		se (if any	1	
		Independent Contractor		Law IIIII of Contributor 3 3	pou.	sc (ii ariy	,	
If contributor is a child, law firm of parent(s) (if any)								

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 1/7 Rpt: 8/28	Santini, Vincenzo J. (The Honorable) 00083980
4	Date	5 Payee name
	12/31/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.20	10821 Rosebud Court
		Baton Rouge, LA 70815
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fees charges for donations processed
		r occ sharges for definations processed
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/16/2024	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.23	PO Box 60599
		City of industry, CA 91716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		5/13 and 5/22 credit card expenses listed on previous report 1/1/24-6/30/24
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/06/2024	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.05	PO Box 60599
		City of industry, CA 91716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Payment - also includes 6/22 expense listed on previous report 1/1/24-6/30/24
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	1

## 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

	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: 2/7 Rpt: 9/28	Santini, Vincenzo J. (The Honorable)	00083980
4	Date	5 Payee name	-
	09/03/2024	Capital One	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$121.35	PO Box 60599	
		City of industry, CA 91716	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment	avel outside of Texas. Complete Schedule T.
	LAI LINDITORE		ustin, TX, officeholder living expense
		Credit Ca	u rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data		
	Date 08/19/2024	Payee name Children's Safe Harbor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	1519 Odd Fellow St	
		- TV 77004	
		Conroe, TX 77301	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations water by	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Fundraise	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/05/2024	Conroe Noon Lions Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1106 Wilson Rd	
		Conroe, TX 77301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	ustin, TX, officeholder living expense
		Communi	ty Partner Sponsorship
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 3/7 Rpt: 10/28	Santini, Vincenzo J. (The Honorable) 00083980	
4	Date	5 Payee name	
	10/31/2024	Covenant Christian School	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	4503 I45 North	
		Conroe, TX 77304	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Table Sponsor	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/16/2024	East Montgomery County Fair Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,315.63	21675A McCleskey Rd	
		New Caney, TX 77357	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		- Сропостопр	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Pavee name	
	09/27/2024	GoFundMe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$238.00	855 Jefferson Ave	
		Redwood City, CA 94063	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LAFLINDITORE	Candidate/Officeholder/Political Committee	
		Fundraiser Benefiting Randall Moore	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 11/28	Santini, Vincenzo J. (The Honorable) 00083980
4	Date	5 Payee name
	11/19/2024	Golfers Against Cancer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	14001 Walden Road
		Suite 500
		Montgomery, TX 77356
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	— Oxportations to benefit Gree	
	Date	Payee name
	10/11/2024	Harrison, Sam
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1004 Mission River Dr
		Conroe, TX 77304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Association
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	09/13/2024	Innerfaith Disciple House
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	18234 FM 2090
		Conroe, TX 77306
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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	
Ļ	Tatalana O. I. S.	
1	Total pages Schedule F1:	
	Sch: 5/7 Rpt: 12/28	Santini, Vincenzo J. (The Honorable) 00083980
4	Date	5 Payee name
	08/14/2024	Lazenby, Luke
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	1530 Memorial Drive
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Eagle Scout Project
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beriefft C/OI	
	Date	Payee name
L	11/07/2024	Magnolia Support Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 1578
		Magnolia, TX 77353
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		TTA Auditori Sporisor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
$\vdash$	Date	Payee name
	11/06/2024	Montgomery County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1648
		Conroe, TX 77305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsor for Election Results Party
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 6/7 Rpt: 13/28	Santini, Vincenzo J. (The Honorable) 00083980
4	Date	5 Payee name
	08/14/2024	Neches Federal Credit Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	2239 Nall St
		Port Neches, TX 77651
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Circle of Hope Fundraiser Benefiting Coy Farris
		Choice of Proper undialocal Deficitioning Goy Famo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/08/2024	Nelson, Madeline
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	26 Baylark Place
		The Woodlands, TX 77382
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		TTT Spenies.simp
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	08/15/2024	Team Zack and James CAF Golf c/o Richard Slaugh
	Amount (\$)	Payee address; City; State; Zip Code
	\$705.00	9591 Waples St
		San Diego, CA 92121
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Challenged Athletes Golf Tournament
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions' Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	nmittee	Food/Beverage Ex Gift/Awards/Memor Legal Services The Instruction			se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/7 Rpt: 14/28			/incenzo J. (The	e Honorable)				00083980	
4	Date		Payee nan							
L	12/10/2024	_		est Area Republ						
6	Amount (\$)	ı	Payee add			Zip Code				
	\$25.00		121 N Sa	ındbells Park La	ine					
			Montgom	ery, TX 77316						
8	PURPOSE OF	(a)	Category	(See Categories listed	at the top of this sch	edule) (b)	Description			
	EXPENDITURE		Fees						ide of Texas. Com , officeholder living	
							Membershi			Схрензе
								•		
9	Complete ONLY if direct expenditure to benefit C/O	H	Candidate/C	Officeholder name	· (	Office sought			Office he	eld

## SCHEDULE F4

#### **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

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)

CS/CONTROL EADO! OTHER (CITICI & CATEGORY NOT listed abo

	The Inst	ruction Guide explains how	to complete this	form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 1/14 Rpt: 15/28	Santini, Vincenzo J	. (The Honorable)			00083980				
4 CREDIT CARD ISSUER		ncial institution al One	5 TOTAL OF EXPENDITI CHARGED CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
	\$259.40	12/19/2024							
7 PAYEE	(a) Payee name		(b) Payee addı	ess;	City,	State,	Zip Code		
	Walmart		20310 US-59	)					
					New Caney, TX 77357				
8 PURPOSE OF	(a) Category	(b) Description							
EXPENDITURE  X Political	(See Categories listed at the top Donation	of this schedule)	Gift Cards fo Benefiting th		omery County	Senior C	enter		
Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ffice sought Office held						
expenditure to benefit C/OH  PAYMENT (a) Amount Charged (b) Date of Charge									
PAYMENT	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	r Paid					
	\$423.80	12/17/2024							
PAYEE	(a) Payee name		(b) Payee addı	ess;	City,	State,	Zip Code		
	HEB		3601 FM 148	38					
			The Woodlar	nds, TX 7738	4				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gift Cards for Margaret's Mission Benefiting Foster Care						
X Political	Donations		The Woodlar	nds Bar Asso	ciation				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid				
	\$38.23	12/22/2024							
PAYEE	(a) Payee name	ı	(b) Payee addı	ess;	City,	State,	Zip Code		
			225 Varick S	treet					
	Squarespace Inc		12th Floor						
			New York, N	Y 10014					
PURPOSE OF	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
EXPENDITURE 	Advertising Expense	of this schedule)	Website Fee						
X Political	<u> </u>								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	nedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	<u> </u>								

## SCHEDULE F4

#### **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

l		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)			
l	Sch: 2/14 Rpt: 16/28	Santini, Vincenzo J	. (The Honorable)			00083980					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$172.61	(b) Date of Charge 07/11/2024	(c) Date(s) C 08/30/2024	Credit Card Issuer 4	r Paid					
7	PAYEE	(a) Payee name  Enterprise Rent-A-0	Car	(b) Payee at	azier	City,	State,	Zip Code			
Ļ		(a) Oatawari		Conroe, TX							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descripti For out of t	on town Judicial Ed	ducation					
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$13.81	(b) Date of Charge 07/18/2024	(c) Date(s) 0 08/30/2024	Credit Card Issuer 4	r Paid					
	PAYEE	(a) Payee name  Enterprise Rent-A-0	Car ERAC Toll	(b) Payee at 1208 N Fra Conroe, TX	azier	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	*	(b) Descripti		ıdicial Educatio	n				
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense							
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$35.05	(b) Date of Charge 07/22/2024	(c) Date(s) 0 08/30/2024	Credit Card Issuer 4	Paid					
	PAYEE (a) Payee name  Squarespace Inc			(b) Payee address; City, State, Zip Co 225 Varick Street 12th Floor New York, NY 10014				Zip Code			
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Descripti Website Fe							
L	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
_ E	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

#### SCHEDULE F4

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Carididate/Officeriolder/Folitica		ruction Guide explains how	-	THER (eliter a category not listed	above)
1 Total pages Schedule F4:		·	3 Filer ID (Ethics Commi	ssion Filers)	
Sch: 3/14 Rpt: 17/28	Santini, Vincenzo J	00083980	,		
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$2.18	(b) Date of Charge 07/23/2024	(c) Date(s) Credit Card Issuer 08/30/2024	r Paid	
7 PAYEE	(a) Payee name  Enterprise Rent-A-0	Car ERAC Toll	(b) Payee address; 1208 N Frazier Conroe, TX 77301	City, State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Toll Fe				
Non-Political	(c) Check if travel outside	·		officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$29.50	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issuer 08/30/2024	r Paid	
PAYEE	(a) Payee name  Montgomery Count	y Bakehouse	(b) Payee address; 240 Longmire Rd Conroe, TX 77304	City, State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Intern Julia going away ca	ıke	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged \$47.14	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issuer 08/30/2024	r Paid	
PAYEE	(a) Payee name  Donut Wheel		(b) Payee address; 706 W Davis St Conroe, TX 77301	City, State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Expense, Breal		(b) Description Breakfast for Jury		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	

## SCHEDULE F4

#### **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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Sch: 4/14 Rpt: 18/28	Santini, Vincenzo J	. (The Honorable)		00083980						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issue 08/30/2024	er Paid						
7 PAYEE	(a) Payee name Squarespace Inc		(b) Payee address; 225 Varick Street 12th Floor New York, NY 10014	City,	State,	Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Website Maintenance							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			, officeholder living expe	ense					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit C/OH			Office held						
PAYMENT	(a) Amount Charged \$1,041.44	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issue 08/30/2024	er Paid						
PAYEE	(a) Payee name  Montgomery Count	y Republican	(b) Payee address; PO Box 1648 Conroe, TX 77305	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Lincoln Reagan Dinner Fundraiser							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$35.05	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issue 08/31/2024	er Paid						
PAYEE (a) Payee name  Squarespace Inc		(b) Payee address; 225 Varick Street 12th Floor New York, NY 10014	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description Website Expense							
Non-Political	`	of Texas. Complete Schedule T.	<b>_</b>							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

#### SCHEDULE F4

#### **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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 5/14 Rpt: 19/28	Santini, Vincenzo J	. (The Honorable)			00083980		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$103.50	(b) Date of Charge 08/23/2024	(c) Date(s) 08/31/20	) Credit Card Issue 124	r Paid		
7 PAYEE	(a) Payee name  East Montgomery C	County Fair		address; McCleskey Rd ney, TX 77357	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE  X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	1 ' '	Dinner Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$25.30	(b) Date of Charge 08/27/2024	(c) Date(s 08/31/20	) Credit Card Issue 124	r Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Donut Wheel		706 W D	avis St			
				TX 77301			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense, Jury		(b) Descri				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$833.94	(b) Date of Charge 08/30/2024	(c) Date(s 08/30/20	) Credit Card Issue 124	r Paid		
PAYEE	(a) Payee name  Margaritaville Lake	Resort		address; garitaville Park W nery , TX 77356	City, 'ay	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense, Hotel		(b) Descri Certificat	ption iion of Court Man	agement		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	•						

## SCHEDULE F4

#### **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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)	
Sch: 6/14 Rpt: 20/28	Santini, Vincenzo J	I. (The Honorable)		00083980			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$			
6 PAYMENT	(a) Amount Charged \$144.64	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card 08/31/2024	Issuer Paid			
7 PAYEE	(a) Payee name  Margaritaville Lake	Resort	(b) Payee address; 600 Margaritaville Pa Montgomery , TX 77:	•	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense Certif		(b) Description Expenses related to Certification for Court Managemen				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living exp	pense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	·			Office held			
PAYMENT	(a) Amount Charged \$107.80	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card 10/21/2024	Issuer Paid			
PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Avenue No Seattle, WA 98108	City, orth	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Books for Staff				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card 10/21/2024	Issuer Paid			
PAYEE	(a) Payee name  Montgomery Count	ty Republican	(b) Payee address; PO Box 1648 Conroe, TX 77305	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political  Non-Political	(See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committ			itin TV officeholder living and			
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. r name Office	e sought	tin, TX, officeholder living exp	pense		

## SCHEDULE F4

#### **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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 7/14 Rpt: 21/28	Santini, Vincenzo J	. (The Honorable)			00083980					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$47.50	09/19/2024	10/21/202	24						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
		Donut Wheel		706 W Da	avis St						
L				Conroe, T							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
	_	Office Expense, Jury		Jury Breakfast							
	X Political  Non-Political  (c) Check if travel outside of Texas Complete Schedu										
	Non-Political (c) Check if travel outside of Texas. Complete Schedul			]	Check if Austin, TX,	officeholder living exp	ense				
	5			e sought		Office held					
Ľ	expenditure to benefit C/OH  PAYMENT (a) Amount Charged (b) Date of Charge			145545							
	PAYMENT	(a) Amount Charged	(c) Date(s) 10/21/202	Credit Card Issuer	Paid						
		\$200.00	09/21/2024	10/21/202							
Г	PAYEE	(a) Payee name	l .	(b) Payee a	address;	City,	State,	Zip Code			
		Dealer to Oak E	ackewing Colf Events		Camelback Rd						
		Backswing Golf Eve	ents	ste 105							
L				Phoenix,							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Fundraiser for Challenged Athletes Foundation							
	X Political	Contributions/Donatio	ns Made By	Fundraise	er for Challenged	i Atnietes Four	idation				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [	Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
		\$38.23	09/22/2024	10/21/202	24						
H	PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code			
				225 Varic	k Street						
		Squarespace Inc		12th Floor	r						
				New York	, NY 10014						
Г	PURPOSE OF	(a) Category	-f.db:bd-d-\	(b) Descrip							
	EXPENDITURE (See Categories listed at the top of this schedule)  Advertising Expense		or triis schedule)	Website E	Expense						
	X Political										
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Sched			Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
€	expenditure to benefit C/OH										

## SCHEDULE F4

#### **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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 8/14 Rpt: 22/28	Santini, Vincenzo J	. (The Honorable)			00083980					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITI CHARGED CARD		\$					
6 PAYMENT	(a) Amount Charged \$60.08	(b) Date of Charge 09/24/2024	(c) Date(s) Cre 10/21/2024	edit Card Issuer	Paid					
7 PAYEE	(a) Payee name  Taqueria		(b) Payee add	ue G	City,	State,	Zip Code			
0. PURPOSE OF	(a) Catagony		Conroe, TX							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Lunch	of this schedule)	(b) Description Lunch for Of							
Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct					Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$16.52	(b) Date of Charge 09/26/2024	(c) Date(s) Cre 10/21/2024	edit Card Issuer	Paid					
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code			
	Amazon		410 Terry Av	enue North						
			Seattle, WA							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Books for Sta							
Non-Political	(a) Charle if the soul and side	of Towns Committee Colombia		Observation TV	-#fle-lala-ulb-de-s					
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX, (	officeholder living exp	ense				
expenditure to benefit C/OH			. Jought		Office field					
PAYMENT	(a) Amount Charged \$287.50	(b) Date of Charge 09/30/2024	(c) Date(s) Cre 10/21/2024	edit Card Issuer	Paid					
PAYEE (a) Payee name  Broadcasting Texas			(b) Payee add 8111 Ashwa Spring, TX 7	y Ln	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule)  Contributions/Donations Made By			ı ves Movie Pre	emier					
Non-Political					officeholder living exp	ense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name				Office held					

## SCHEDULE F4

#### **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

		The Insti	ruction Guide explains how	to complete th	nis form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 9/14 Rpt: 23/28	Santini, Vincenzo J	. (The Honorable)			00083980			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
		\$141.73	10/10/2024	10/22/202	24				
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Mckenzie's Barbeqı	ue	1501 N Fr	azier St				
				Conroe, TX 77301					
8	PURPOSE OF	(a) Category	-£41-1	(b) Description					
	EXPENDITURE  X Political	(See Categories listed at the top Office Expense, Food		Food for Leo Club					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
9				e sought		Office held			
e	expenditure to benefit C/OH								
					Credit Card Issuer	Paid			
		\$2,572.50	10/11/2024	10/22/202	24				
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Coverant Christian	Cabaal	4503 I45 North					
		Covenant Christian	SCHOOL						
				Conroe, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
		Contributions/Donatio		Sponser F	-undraiser				
	X Political	Candidate/Officeholde	er/Political Committee						
	Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e:	xpenditure to benefit C/OH	( ) 1	L (1) D (1 (1)	1()5 ()	0 17 0 11	5			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (11/19/202	Credit Card Issuer	Paid			
		\$38.23	10/22/2024	11/10/202					
$\vdash$	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code	
		(a) r a) se mame		225 Variel		J.13,	Otato,	p	
		Squarespace Inc		12th Floor					
					, NY 10014				
	PURPOSE OF	(a) Category		(b) Descript					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Website E	xpense				
	X Political	Advertising Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								

#### SCHEDULE F4

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	to complete		TTIEN (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		3 Filer ID (Ethio	cs Commiss	sion Filers)			
	Sch: 10/14 Rpt: 24/28					00083980		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$48.01	(b) Date of Charge 10/23/2024	(c) Date(s) 11/19/20	Credit Card Issuer 24	r Paid		
7	PAYEE	(a) Payee name  Joe's Italian		(b) Payee 1604 N F	razier St	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense, Food		(b) Description				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$50.86	(b) Date of Charge 10/29/2024	(c) Date(s) 11/19/20	Credit Card Issuer 24	r Paid		
	PAYEE	(a) Payee name Chick-Fil-A		(b) Payee 6543 FM	1488	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense, Food		(b) Descrip	, TX 77354 otion Poll Workers			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$102.27	(b) Date of Charge 10/30/2024	(c) Date(s) 11/19/20	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name  Margaritaville Lake	Resort		address; garitaville Park W nery , TX 77356	City, ay	State,	Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Expense, Food				(b) Descrip Certificat	otion ion for Court Mar	nagement Grac	luation D	inner
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held			
l								

## SCHEDULE F4

#### **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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 11/14 Rpt: 25/28	Santini, Vincenzo J	. (The Honorable)			00083980		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	. OF UNITEMIZED NDITURES GED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$58.74	(b) Date of Charge 10/31/2024	(c) Date(s 11/19/20	) Credit Card Issu )24	er Paid		
7	PAYEE	(a) Payee name Marini's Pizza		#5	address; /alden Rd nery, TX 77356	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Expense, Food	· 	(b) Descri Dinner fo	ption or Court Manage	ement Particip	ants	
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense		
				e sought		Office held		
H	expenditure to benefit C/OH  PAYMENT (a) Amount Charged (b) Date of Charge			(c) Data(s	) Credit Card Issu	or Paid		
	PATMENT	\$64.68	11/03/2024	11/19/20		ei Faiu		
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Five Below			oop 336 W			
				+	TX 77304			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Box of Joy	of this schedule)	(b) Descri Items for	ption r Box of Joy Chr	istmas Presen	nts	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-1	Check if Austin, T	X, officeholder living	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$142.58	(b) Date of Charge 11/13/2024	(c) Date(s 12/30/20	) Credit Card Issu )24	er Paid		
	PAYEE	(a) Payee name Honor Cafe		ste 101	address; nompson St TX 77301	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Office Expense, Food				ption or Staff			
	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

## SCHEDULE F4

#### **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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 12/14 Rpt: 26/28	Santini, Vincenzo J	. (The Honorable)		00083980		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$38.23	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issuel 12/30/2024	r Paid		
7 PAYEE	(a) Payee name  Squarespace Inc		(b) Payee address; 225 Varick Street 12th Floor New York, NY 10014	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Website Expense			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$204.00	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer 12/30/2024	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Boyd Elementary School		500 E Morton Ave			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Boyd, TX 76023 (b) Description Fundraiser			
Non-Political			officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$2,680.05	(b) Date of Charge 12/07/2024	(c) Date(s) Credit Card Issuel 12/30/2024	r Paid		
PAYEE	(a) Payee name  Kirby's Steakhouse		(b) Payee address; 1111 Timberlock Place The Woodlands, TX 7738	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Office Expense		(b) Description Christmas Office Dinner			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

#### **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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)		
Sch: 13/14 Rpt: 27/28	Santini, Vincenzo J	. (The Honorable)	00083980				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD	<b> \$</b>	\$		
6 PAYMENT	(a) Amount Charged \$161.24	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card 08/05/2024	Issuer Paid			
7 PAYEE	(a) Payee name Pacific Yard House		(b) Payee address; 101 Metcalf St Conroe, TX 77301	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Expense, Food		(b) Description Intern Lunch				
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T.		stin, TX, officeholder living e	expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$272.72	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card 08/05/2024	Issuer Paid			
PAYEE	(a) Payee name  Expedia/ The Loren at Lady Bird		(b) Payee address; 1211 West Riverside Austin, TX 78704	City, e Drive	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Expense, Hotel Stay		(b) Description Hotel for Judicial Ed	lucation			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$41.29	(b) Date of Charge 07/10/2024	(c) Date(s) Credit Card 08/05/2024	Issuer Paid			
PAYEE	(a) Payee name HEB		(b) Payee address; 3601 FM 1488 The Woodlands, TX	City, 77384	State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Travel Expense		(b) Description Gas				
Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.		stin, TX, officeholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

#### SCHEDULE F4

#### **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 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/Officeholder/Politica				THER (enter a category no	ot listed abo	ove)	
		ruction Guide explains how	to complete this form.	T			
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers) 00083980			
Sch: 14/14 Rpt: 28/28		Santini, Vincenzo J. (The Honorable)					
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	œ.			
ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CREDIT	<del> </del>			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$12.58	07/10/2024	08/05/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			2325 E Austin St				
	Starbucks						
			Giddings, TX 78942				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Travel Expense, Food				
X Political	Food/Beverage Exper	150					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se		
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$288.00	08/13/2024	08/31/2024				
	Ψ200.00	00/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			10005 TX-75			·	
Willis High School							
			Willis, TX 77378				
PURPOSE OF	(a) Category	(a) Category					
EXPENDITURE	(See Categories listed at the top of this schedule)  Contributions/Donations Made By		Girls Volleyball Fundraiser				
X Political	Candidate/Officeholde						
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.			officeholder living expens	se		
Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH							