FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083980 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Vincenzo J. NAME Date Received **ELECTRONICALLY FILED** 07/10/2025 NICKNAME LAST **SUFFIX** Vince Santini CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kristi N. NAME NICKNAME LAST **SUFFIX** Nicole Czajkoski **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 242-8521 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 457 Montgomery

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Santini, Vincenzo J. (The Honorable)	14 Filer ID (00083980	(Ethics Commiss	sion Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made withood officeholders are required to report this information.	ut the candidate's or office	eholder's knowle	edge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
Ш	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS						
16 CONTRIBUTION TOTALS		IAN PLEDGES, LOANS, LECTRONICALLY)	s	0.00					
. 6 . /	011 007 11 11 11 12			Φ	0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO <i>I</i>	ANC	\$	0.00				
EXPENDITURE		0.00							
TOTALS				\$	0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	15,376.96				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$	41,763.80				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required t	companying repo to be reported by	ort is / me				
		The Hon	orable Vincenzo J. Sar	ntini					
		Signature	e of Candidate or Officehol	lder					
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	da	ay				
of	, 20, to ce	ertify which, witness my hand and seal of office.							
Signature of offi	cer administering oath	Drinted name of officer administering eath	Title of office	r administoring s					
Signature of Office	ce auministering vant	Printed name of officer administering oath	Title of office	r administering o	<i>i</i> ull				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 17
l	ER NAN ntini, V	ncenzo J. (The Honorable)	19 Filer ID 00083980	(Ethics Commission Filers)
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	\$ 10,612.72		
6.		\$		
7.		\$		
8.	X	\$ 4,764.24		
9.		\$		
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	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Candidate/Officeholder/Politica			Legal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed above)	
	Credit Card Payment			The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 1/5 Rpt: 4/17		Santini, Vinc	enzo J. (The I	Honorable)					00083980		
4	Date	5	Payee name									
	04/15/2025		40 Days for	Life								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$1,000.00		4112 East 2	9th Street								
			Bryan, TX 7	7802								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By			Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Po	litical Comm	ittee		\Box	, TX,	officeholder livin	g expense	
								Fundraiser				
_	2	L					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	(Office sou	ignt			Office h	ela	
		_										
	Date		Payee name									
	03/27/2025		Angel Reach									
	Amount (\$)		Payee addres	, ,,	State;	Zip Co	de					
	\$1,107.23		900 W Dalla	s St								
			Conroe, TX	77301								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE			s/Donations M Officeholder/Po	,	ittoo		=		de of Texas. Con officeholder livin	plete Schedule T.	
			Carididate/C	micenolaei/Pc	illicai Comm	iillee		Fundraiser	, 17,	omeenoider iiviii	у схренае	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/17/2025		Capital One									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$991.53		PO Box 605	-		•						
			City of indus	stry, CA 91716								
	PURPOSE	(a)		e Categories listed at		a dula)	(b)	Description				
	OF	(-,	Credit Card		the top of this sch	edule)	(~)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							ш		officeholder livin	•	
								Expenses in I	De	c 2024 Prev	iously Reported	
							<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
		•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 2/5 Rpt: 5/17	2 FILER NAME Santini, Vincenzo J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083980
4	Date	5 Payee name
	04/01/2025	Children's Safe Harbor
6	Amount (\$) \$1,600.00	7 Payee address; City; State; Zip Code 1519 Odd Fellow St Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	ECYD Mission Corps via St. Simon and Jude
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	26777 Glenloch Dr
		The Woodlands, TX 77381
	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
		Youth Ministry Mission sponsor for Patrick O'Donohue
_	Operation ONLY if allowed	On didde 10 ff a halden game.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2025	Friends of NRA/The NRA Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	11250 Waples Mill Rd
		Fairfax, VA 22030
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/21/01/12	Candidate/Officeholder/Political Committee
		Fundraiser
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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	
-	Total pages Cabadula Ed.	2 Files ID //Fibing Commission Files
1	Total pages Schedule F1: Sch: 3/5 Rpt: 6/17	2 FILER NAME Santini, Vincenzo J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083980
4	Date	5 Payee name
	06/09/2025	Innerfaith Disciple House
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 18234 FM 2090 Conroe, TX 77306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2025	Lake Conroe Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	PO Box 737
		Montgomery , TX 77356
	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
		Candidate/Officeholder/Political Committee
		i unutaisei
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Liberty Belles Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$624.00	29815 S Legends Chase Circle
	+ ··· 3	Ŭ
		Spring, TX 77386
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 7/17	Santini, Vincenzo J. (The Honorable)	00083980
4	Date	5 Payee name	
	05/02/2025	LifeFirst	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO Box 115	
	l		
		Magnolia, TX 77353	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	avel outside of Texas. Complete Schedule T.
	1	Candidate/Officeholder/Political Committee Gala Spor	ustin, TX, officeholder living expense
	l	Guid Opor	1361
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/03/2025	Mail Boxes N More	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$299.96	2257 N Loop 336 W	
	7-00 (1)	2201 14 2009 000 11	
	I	Conroe, TX 77304	
	PURPOSE	[42]	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if tra	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	ustin, TX, officeholder living expense
	I	Mailbox Re	enewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/15/2025	Miller, PJ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	3303 Masters Dr	
	l		
	l	Montgomery, TX 77356	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Expense	avel outside of Texas. Complete Schedule T.
			ustin, TX, officeholder living expense
	l	Office Citi	istilias Decoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				_egal Services	·		ages	/Contract Labor		OTHER (enter	a category not listed above)
				The Instruction Gu	iide explains r	10W to cor	mpie	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 8/17		Santini, Vinc	enzo J. (The H	onorable)					00083980	
4	Date	5	Payee name								
	01/14/2025			County Repub	lican Party						
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de				
	\$500.00		PO Box 1648	8							
			Conros TV	77005							
		_	Conroe, TX			+					
8	PURPOSE OF	(a)		e Categories listed at t		edule)	(b)	Description			
	EXPENDITURE			s/Donations Ma							mplete Schedule T.
			Candidate/O	fficeholder/Poli	tical Commi	ittee		Check if Austin,			
								Transportation	11 3	porisor ioi	Austin Trip
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	neld
	experioration benefit C/O	1									
	Date		Payee name								
	03/04/2025		Montgomery	County Repub	lican Wome	en					
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de				
	\$500.00		PO Box 176	6							
			Conroe, TX	77205							
		_									
	PURPOSE OF	(a)		e Categories listed at the		edule)	(b)	Description		d4.T O	oraleta Cabadula T
	EXPENDITURE			s/Donations Ma officeholder/Poli		ittoo		Check if travel of Check if Austin,			mplete Schedule T.
			Candidate/O	micenoluei/Poli	licai Commi	illee		Sponsorship 1			
								Sporisors/lip	101	-10 TCal 71	iniversary
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholdor namo		office sou	aht			Office h	aold
	expenditure to benefit C/OI		Januluale/Onic	enoluei name	O	nnce sou(grit			Office i	ieiu

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	s form.	(* ** ** ******************************	,	,
1 Total pages Schedule F	4: 2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 1/9 Rpt: 9/17	Santini, Vincenzo J	I. (The Honorable)			00083980		
4 CREDIT CARD ISSUER		ncial institution al One	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$38.23	(b) Date of Charge 01/22/2025	(c) Date(s) C 02/21/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name Squarespace Inc		(b) Payee ad 225 Varick 12th Floor New York,	Street NY 10014	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Campaign				
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		r name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$55.43	(b) Date of Charge 02/02/2025	(c) Date(s) C 03/27/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Mckenzie's Barbeq	ue	(b) Payee ad 1501 N Fra Conroe, TX	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description	on			
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/C		name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$44.47	(b) Date of Charge 02/11/2025	(c) Date(s) C 03/27/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Red Brick Tavern		(b) Payee ad 119 Simont Conroe, TX	ton St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description				
Non-Political	1 1 7 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		r 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 Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 2/9 Rpt: 10/17	Santini, Vincenzo J	. (The Honorable)			00083980				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$260.21	06/14/2025							
7 PAYEE	(a) Payee name Pacific Yard House		(b) Payee 101 Meto	State,	Zip Code				
	() 0 :			TX 77301					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Office Lunch - Intern Jack Little's Last Day						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid				
	\$404.94	06/16/2025							
PAYEE	PAYEE (a) Payee name (b) Payee a			address;	City,	State,	Zip Code		
	GuadalaHARRY's	ARRY's 219 Simonton St							
			Conroe,	TX 77301					
PURPOSE OF	(a) Category (See Categories listed at the top	of this sobodule)	(b) Description						
EXPENDITURE	Contributions/Donatio		Sponsorship for LCRW Going Away Party for Gita						
X Political	Candidate/Officeholde								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$38.23	06/23/2025							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Squarespace Inc		225 Vario	ck Street					
	Squarespace inc		12th Floor						
	() 0 :			k, NY 10014					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Website						
X Political	Fees	- cc3							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	X, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder name Office 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 Inst	ruction Guide explains hov	v to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)		
Sch: 3/9 Rpt: 11/17	Santini, Vincenzo J	. (The Honorable)			00083980				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid				
	\$270.10	01/02/2025	01/17/202	5					
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	Saltgrass		810 Interst	tate 45 N					
			Conroe, T						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Descripti						
X Political	Office Expense	of this scriedule)	Swearing	n Ceremony Of	fice Luncheon				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid				
	\$41.97	03/06/2025	03/27/202	5					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Shipley Do-Nuts		1031 N Lo	op 336 W					
			Conroe, T	X 77301					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Breakfast for Students						
X Political	Office Expense								
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) (Credit Card Issue	r Paid				
	\$113.07	05/16/2025							
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code		
			1604 N Fra	azier St					
	Joe's Italian								
			Conroe, T						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			(b) Description					
EXPENDITURE	Office Expense	of this scriedule)	Food for B	oard of Judges	Meeting				
X Political	<u>'</u>								
Non-Political	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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	<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

	The Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 4/9 Rpt: 12/17	Santini, Vincenzo J	. (The Honorable)			00083980				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$38.23	05/22/2025							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Squarespace Inc		225 Varick 12th Floor New York,	Street NY 10014					
8 PURPOSE OF	(a) Category		(b) Descripti	on					
EXPENDITURE X Political	(See Categories listed at the top Fees	of this schedule)	Website Fe	ee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct	name Office	e sought		Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$422.76	04/22/2025	05/26/202	5					
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
	Walmart		20310 US-	-59					
				y, TX 77357					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Gift Cards for Admin Day						
X Political	Office Expense								
Non-Political	(c) Check if travel outside	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				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 05/01/2025	(c) Date(s) 0 05/26/202	Credit Card Issuer 5	Paid				
PAYEE	() 5		(1) 5		0		7. 0 1		
PATEE	(a) Payee name		(b) Payee at		City,	State,	Zip Code		
	Sacred Heart Catho	olic School	615 McDa	ue Si					
			Conroe, TX	X 77301					
PURPOSE OF	(a) Category		(b) Descripti	on					
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Donation for	or Fundraiser					
X Political		er/Political Committee	ee						
Non-Political	(C) Check if travel outside	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				
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 Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
Sch: 5/9 Rpt: 13/17	Santini, Vincenzo J	. (The Honorable)			00083980				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged \$284.84	(b) Date of Charge 02/07/2025	(c) Date(s) 0 02/21/202	Credit Card Issue 5	r Paid				
7 PAYEE	(a) Payee name Condolences.com		(b) Payee at 1501 Vene		City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descripti	on	Mom, Melba Tidwell				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	name Offic	e sought		Office held					
PAYMENT	(a) Amount Charged \$504.00	(b) Date of Charge 03/17/2025	(c) Date(s) (05/02/202	Credit Card Issue 5	r Paid				
PAYEE	(a) Payee name Lake Conroe Area	Republican	(b) Payee at PO Box 73		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 Sponsor for Fiesta Fundraiser						
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 Offic	e sought	_	Office held				
PAYMENT	(a) Amount Charged \$38.23	(b) Date of Charge 03/22/2025	(c) Date(s) 0 05/02/202	Credit Card Issue 5	r Paid				
PAYEE	(a) Payee name Squarespace Inc		(b) Payee at 225 Varick 12th Floor New York,		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Website Fo						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY 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 Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 6/9 Rpt: 14/17	Santini, Vincenzo J	. (The Honorable)	00083980				
4 CREDIT CARD ISSUER	Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$			
6 PAYMENT	(a) Amount Charged \$78.24	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issue 05/02/2025	er Paid			
7 PAYEE	(a) Payee name Freebirds		(b) Payee address; 1188 W Dallas St Ste. A Conroe, TX 77301	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Expense	of this schedule)	(b) Description Office Lunch				
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 \$29.92	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Issue 05/02/2025	r Paid			
PAYEE	(a) Payee name Lins China Diner		(b) Payee address; 21968 Market Pl Dr # 600 New Caney, TX 77357	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Expense		(b) Description Dinner before Pct. 4 constable Citizen's Academy				
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 \$30.00	(b) Date of Charge 05/15/2025	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name Philip Cash for Constable		(b) Payee address; 115 Business Park Dr Willis, TX 77378	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation				
Non-Political	(*) —	of Texas. Complete Schedule T.		officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Cash, Philip		e sought stable Pct. 1	Constable Pct. 1			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officeholder/Politica	-			THER (enter a catego	ry not listed ab	oove)	
		ruction Guide explains how	to complete this form.	I:			
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
Sch: 7/9 Rpt: 15/17	Santini, Vincenzo J			00083980			
4 CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES	l _e			
ISSUER	see p	revious	CHARGED TO A CREDIT	- \$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$47.10	05/20/2025					
7 PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code	
			706 W Davis St				
	Donut Wheel						
			Conroe, TX 77301				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Breakfast for Jurors				
X Political	Office Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living exp	nense		
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH			g				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$126.76	05/21/2025					
	\$120.70	05/21/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Dosey Doe		8021 Research Forest Dr	•	Otato,	Zip Code	
			Ste F				
			The Woodlands, TX 77382				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Breakfast for Men's Prayer Group				
X Political	Office Expense			p			
Non-Political	() [
	(c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought			Check if Austin, TX, officeholder living expense Ought Office held			
Complete ONLY if direct expenditure to benefit C/OH	Carididate/Officeriolder	name Onc	e sought	Office field			
PAYMENT	(a) Amount Charged	(h) Data of Chargo	(c) Date(s) Credit Card Issue	r Doid			
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ri Palu			
	\$1,000.00	06/13/2025					
PAYEE	() 5		(1) 5	0		7: 0 1	
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	North Shore Republican Women		PO Box 1993				
	Tronur Griefe Republ						
	(a) Oatawari		Montgomery, TX 77356				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
<u></u>	Contributions/Donations Made By		Sponsor for Golf Tournament Fundraiser and Team				
X Political	Candidate/Officehold	er/Political Committee					
Non-Political	(· / L	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense		
Complete <u>ONLY</u> 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 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: 8/9 Rpt: 16/17	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 04/22/2025	(c) Date(s) Credit Card I: 05/26/2025	ssuer 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 Fees	of this schedule)	(b) Description Website Fees				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$204.96	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card I: 05/26/2025	ssuer Paid			
PAYEE	(a) Payee name Saltgrass		(b) Payee address; 810 Interstate 45 N Conroe, TX 77301	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Expense		(b) Description Office Lunch for Admin Day				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card I: 05/26/2025	ssuer Paid			
PAYEE	(a) Payee name Backswing Golf Events		(b) Payee address; 1951 W Camelback F ste 105 Phoenix, AZ 85015	City, Rd	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sacred Heart Golf Tournament Fundraiser				
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 Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 9/9 Rpt: 17/17	Santini, Vincenzo J. (The Honorable)				00083980		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED SIDITURES SED TO A CREDIT			
6 PAYMENT	(a) Amount Charged \$125.05	(b) Date of Charge 05/05/2025	(c) Date(s) 05/26/20) Credit Card Issuei 25	r Paid		
7 PAYEE	(a) Payee name GuadalaHARRY's		(b) Payee 219 Simo	onton St	City,	State,	Zip Code
A PURPOSE OF	(a) Catagony			TX 77301			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Expense		(b) Description Office Lunch - Intern Jack Little's 1st Day				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	(-) A Ob	(h) D-tt Oh	(-) D-+-(-)	0	- D-1d		
PAYMENT	(a) Amount Charged \$131.04	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card Issuei	r Pald		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	GuadalaHARRY's		219 Simo	onton St			
			Conroe,	TX 77301			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Lunch		(b) Descrip Leadersh	otion nip Meeting			
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	·	e sought		Office held		
PAYMENT	(a) Amount Charged \$38.23	(b) Date of Charge 02/22/2025	(c) Date(s) 03/27/20) Credit Card Issuer 25	r Paid		
PAYEE	(a) Payee name Squarespace Inc		(b) Payee 225 Vario 12th Floo New Yor	ck Street	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Descrip Website				
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	<u>—</u>	Office held		