

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00088151	2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable			OFFICE USE ONLY		
	NICKNAME Vince	FIRST	MI	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; REDACTED PER 254.0313, GOVT CODE			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST	MI			
	NICKNAME	LAST Ashby	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); REDACTED PER 254.0313, GOVT CODE		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 905-6592					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) District Judge District 396 Tarrant			12 OFFICE SOUGHT (if known)		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

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13 C / OH NAME	Giardino, Vincent Reed (The Honorable)		14 Filer ID (Ethics Commission Filers) 00088151												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,349.71												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 8,111.85												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 45,415.97												
17 AFFIDAVIT															
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p>															
<p>The Honorable Vincent Reed Giardino</p> <hr/> <p>Signature of Candidate or Officeholder</p>															
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Giardino, Vincent Reed (The Honorable)	19 Filer ID (Ethics Commission Filers) 00088151
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 45,415.97	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,349.71	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/6
2 FILER NAME Giardino, Vincent Reed (The Honorable)				3 Filer ID (Ethics Commission Filers) 00088151
4 TOTAL OF UNITEMIZED LOANS				\$
5 Date of loan 12/31/2025	7 Name of lender Giardino, Vincent			9 Loan Amount (\$) \$45,415.97
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			10 Interest Rate
				11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title		
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)				
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions)		
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code			22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title		
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)		
27 If guarantor is child, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	2 FILER NAME Giardino, Vincent Reed (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088151	
4 Date 11/21/2025	5 Payee name Colleyville Lions Club		
6 Amount (\$) \$500.00	7 Payee address; City; P.O. Box 536 Colleyville, TX 76034	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BWS	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/06/2025	Payee name Go Daddy		
Amount (\$) \$600.71	Payee address; City; 14455 N Hayden Rd Scottsdale, AZ 85260	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website costs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/10/2025	Payee name Republican Women of Arlington		
Amount (\$) \$200.00	Payee address; City; P.O. Box 14317 Arlington, TX 76094	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Waiter	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/6	2 FILER NAME Giardino, Vincent Reed (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088151	
4 Date 12/01/2025	5 Payee name True Texas Project		
6 Amount (\$) \$49.00	7 Payee address; City; 2300 Valley View Lane 242 Irving, TX 75062	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DP	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held