

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>14</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>Shane</u> MI: <u>P</u> NICKNAME: _____ LAST: <u>Hodynjak</u> SUFFIX: <u>II</u>	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <p style="color: red; font-weight: bold; font-size: 1.1em;">APR 03 2024</p> <p style="color: blue; font-weight: bold; font-size: 0.9em;">ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS</p> <p style="color: blue; font-weight: bold; font-size: 0.9em;">By: <u>W. Padden</u></p>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ _____			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ _____			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MRS</u> FIRST: <u>Ashleigh</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>Hodynjak</u> SUFFIX: _____			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ _____			
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ _____			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 01 / 2024</u> THROUGH <u>03 / 25 / 2024</u>			
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <u>05 / 04 / 2024</u> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Harker Heights City Council PL 2.</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

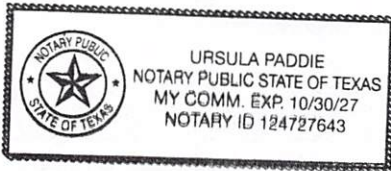
15 C/OH NAME Shane Hodyniak **16 Filer ID (Ethics Commission Filers)**

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,830</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,006</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shane Hodyniak
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Shane Hodyniak this the 3rd day of April,

2024, to certify which, witness my hand and seal of office.

Ursula Paddie

Ursula Paddie

Assistant City Secretary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Shane Hodyniak</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,830
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,006
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <u>Shane Hodyniak</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/30/23</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Laurence Robison</u>	7 Amount of contribution (\$) <u>200</u>
6 Contributor address; City; State; Zip Code <u>410 Robison Dr H.H TX 76548</u>		
8 Principal occupation / Job title (See Instructions) <u>Self Employed</u>		9 Employer (See Instructions)
Date <u>10/30/23</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Jeff Howard</u>	Amount of contribution (\$) <u>125</u>
Contributor address; City; State; Zip Code <u>5613 Hamlet Dr Belton TX 76513</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>10/30/23</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Judy Glennon</u>	Amount of contribution (\$) <u>100</u>
Contributor address; City; State; Zip Code <u>621 Gazelle Trl H.H. TX 76548</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>10/30/23</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Janet Brown</u>	Amount of contribution (\$) <u>40</u>
Contributor address; City; State; Zip Code <u>5 Branding Iron Dr Belton TX 76513</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Shane Hodynick		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) Neal Trent	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code 10450 Rocking H Rd Salado TX 76571		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Shane Hodynick Sr	Amount of contribution (\$) 900
Contributor address; City; State; Zip Code 10751 Rocking H Rd Salado TX 76571		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Mike Wilbanks	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 4305 Mildred Ave. Killeen TX 76549		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) John Footman	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 306 Grizzley Trl H.H. TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Shane Hodynjak		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) Dennis Faulkner	7 Amount of contribution (\$) 300
	6 Contributor address; City; State; Zip Code 114 W Iowa Dr H.H. TX 76548	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Judith Van Riper	Amount of contribution (\$) 450
	Contributor address; City; State; Zip Code 3906 Broken Arrow Dr H.H. TX 76548	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Tyler Reynard	Amount of contribution (\$) 200
	Contributor address; City; State; Zip Code 5258 Denmans Cp Belton TX 76513	
Principal occupation / Job title (See Instructions) CAM		Employer (See Instructions) State of Texas
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Shane Hodynjak II	Amount of contribution (\$) 1815
	Contributor address; City; State; Zip Code 1909 Wolverine Trl H.H. TX 76548	
Principal occupation / Job title (See Instructions) CAM		Employer (See Instructions) State of Texas
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Shane Hodynick		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) Spencer Smith	7 Amount of contribution (\$) 50
	6 Contributor address; City; State; Zip Code 1805 Meagan Ct Harker Heights TX 76548	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Anthony Scott	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 200 Caribou Trl H.H. TX 76548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Debra Hurt	Amount of contribution (\$) 450
	Contributor address; City; State; Zip Code 2405 Antelope Trl H.H. TX 76548	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Natalie Austin	Amount of contribution (\$) 150
	Contributor address; City; State; Zip Code 501 Cattail Cir H.H. TX 76548	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Tri City Pm
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Douglas Folkerson	7 Amount of contribution (\$) 5000
	6 Contributor address; City; State; Zip Code 802 Wolf Trl H.H. TX 76548	
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Folkerson PM
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Yannis Halibi	Amount of contribution (\$) 250
	Contributor address; City; State; Zip Code 3309 Eagle Trl H.H. TX 76548	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Papa's Cafe
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Kathy Ruiz	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 604 Dingo Trl H.H. TX 76548	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Rick Keagle	Amount of contribution (\$) 50
	Contributor address; City; State; Zip Code 511 Llana Trl H.H. TX 76548	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Shane Hodyniak		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/24	5 Full name of contributor out-of-state PAC (ID#: _____) Barbara Sliva	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 805 Wolf Trl H.H. TX 76544		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/7/24	Full name of contributor out-of-state PAC (ID#: _____) Lety Ford	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 2/13/24	Full name of contributor out-of-state PAC (ID#: _____) Edward Miller	Amount of contribution (\$) 200
Contributor address; City; State; Zip Code 870 Rattlesnake Rd H.H. TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/13/24	Full name of contributor out-of-state PAC (ID#: _____) Richard Chaplin	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 833 S. Roy Reynolds H.H. TX 76548		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Harry Whittaker	7 Amount of contribution (\$) 50
2/21/24	6 Contributor address; City; State; Zip Code 2906 Sierra Dr Killeen TX 76543	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Michael White	Amount of contribution (\$) 50
2/21/24	Contributor address; City; State; Zip Code 1409 Gomer Ln H.H. TX 76548	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Elizabeth McDaniel	Amount of contribution (\$) 150
2/21/24	Contributor address; City; State; Zip Code 1203 Dry Ridge Rd H.H. TX 76548	
Principal occupation / Job title (See Instructions) REACTOR		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Legacy Martial Arts	Amount of contribution (\$) 500
2/21/24	Contributor address; City; State; Zip Code 3055 Stillhouse Lake Rd H.H. TX 76548 Ste. 204	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Legacy Martial Arts.
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Rebecca Isbell</i>	7 Amount of contribution (\$) 100
<i>2/21/24</i>	6 Contributor address; City; State; Zip Code <i>1143 Juniper Cir Killeen TX 76549</i>	
8 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		9 Employer (See Instructions) <i>Isbell PMA</i>
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Danny Sheppard</i>	Amount of contribution (\$) 300
<i>2/21/24</i>	Contributor address; City; State; Zip Code <i>103 Cattail Cir H.H. TX 76548</i>	
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions) <i>Amc Roofing</i>
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Shane Hodyniak</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/30/23</i>	5 Payee name <i>Party City</i>	
6 Amount (\$) <i>200</i>	7 Payee address; <i>1500 Lomas Blvd</i>	City; State; Zip Code <i>Killeen TX 76542</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Fundraiser Items</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodyniak</i>	Office sought <i>HH CC PL 2</i>
Date <i>10/30/23</i>	Payee name <i>Shane^{SH} Acropolis</i>	
Amount (\$) <i>510</i>	Payee address; <i>360 W Cen Tex Exwy #206</i>	City; State; Zip Code <i>H.H. TX 76548</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodyniak</i>	Office sought <i>H.H CC PL 2</i>
Date <i>11/15/23</i>	Payee name <i>Papa's Cafe</i>	
Amount (\$) <i>50</i>	Payee address; <i>302 Miller's Crossing #14</i>	City; State; Zip Code <i>H.H. TX 76548</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Meet the Candidate</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodyniak</i>	Office sought <i>H.H CC PL 2</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Shane Hodyniak</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/27/23</i>	5 Payee name <i>EHLJ Manger LLC</i>	
6 Amount (\$) <i>3,420</i>	7 Payee address; <i>652 W Levee St</i>	City; State; Zip Code <i>Brownsville TX 78520</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Roadway Signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodyniak</i>	Office sought Office held <i>HH CC PLZ</i>
Date <i>11/27/23</i>	Payee name <i>Shane Hodyniak</i>	
Amount (\$) <i>570</i>	Payee address; <i>1609 Wolverine Trl</i>	City; State; Zip Code <i>H.H. TX 76548</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Reimbursement</i>	Description <i>Yard Signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodyniak</i>	Office sought Office held <i>HH CC PLZ</i>
Date <i>12/18/23</i>	Payee name <i>Central Texas Home & Lawn Transitions</i>	
Amount (\$) <i>1,350</i>	Payee address; <i>410 Robison Dr</i>	City; State; Zip Code <i>H.H. TX 76548</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Roadway Sign Placement</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodyniak</i>	Office sought Office held <i>HH CC PLZ</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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:	2 FILER NAME <i>Shane Hodynick</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/19/23</i>	5 Payee name <i>EHLJ manage. LLC</i>	
6 Amount (\$) <i>1,406</i>	7 Payee address; <i>652 W Levee St</i>	City; State; Zip Code <i>Brownsville TX 78520</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Additional Yard Signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodynick</i>	Office sought <i>HH CC PLZ</i>
Date <i>1/16/24</i>	Payee name <i>Bell County GOP</i>	
Amount (\$) <i>100</i>	Payee address; <i>204 N. East St Suite A-1</i>	City; State; Zip Code <i>Belton TX 76513</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Networking Luncheon</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shane Hodynick</i>	Office sought <i>HH CC PLZ</i>
Date <i>1/16/24</i>	Payee name <i>Chyenne Minick for Judge</i>	
Amount (\$) <i>100</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Contribution</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED