

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: **14**

RECEIVED
OFFICE USE ONLY

Date Received

APR 03 2024

ADMINISTRATION DEPARTMENT
CITY OF HARKER HEIGHTS, TEXAS

By: W. Padden

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

MR Shane P

NICKNAME LAST SUFFIX

Hodynjak II

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1909 Wolverine Trl Harker Heights TX 76548

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(254) 247-7410

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

MRS Ashleigh L

NICKNAME LAST SUFFIX

Hodynjak

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1909 Wolverine Trl Harker Heights TX 76548

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(254) 291-4071

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

01 / 01 / 2024 THROUGH 03 / 25 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

05 / 04 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Harker Heights City Council PL 2.

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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	\$ <i>12,830</i>
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	\$ <i>5,006</i>
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: 7
2 FILER NAME Shane Hodyniak		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) Laurence Robison	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 410 Robison Dr H.H TX 76548		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Jeff Howard	Amount of contribution (\$) 125
Contributor address; City; State; Zip Code 5613 Hamlet Dr Belton TX 76513		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Judy Glennon	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 621 Gazelle 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#: _____) Janet Brown	Amount of contribution (\$) 40
Contributor address; City; State; Zip Code 5 Branding Iron Dr Belton TX 76513		
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

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 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

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 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

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 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

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> 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

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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 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 | 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 Shane Hodyniak	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/23	5 Payee name EHLS Manger LLC	
6 Amount (\$) 3,420	7 Payee address; 652 W Levee St Brownsville TX 78520	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Roadway Signs
	(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 Shane Hodyniak	Office sought HH CC PLZ
Date 11/27/23	Payee name Shane Hodyniak	
Amount (\$) 570	Payee address; 1609 Wolverine Trl H.H. TX 76548	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Yard Signs
	(c) 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 Shane Hodyniak	Office sought HH CC PLZ
Date 12/18/23	Payee name Central Texas Home & Lawn Transitions	
Amount (\$) 1,350	Payee address; 410 Robison Dr H.H. TX 76548	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Roadway Sign Placement
	(c) 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 Shane Hodyniak	Office sought HH CC PLZ

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