CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τŀ	e C/OH Instruction	Guide explains how to comp	plete this form.	1 Filer ID (Ethics Comm 0002651		2 Total pages	filed: 18
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable	Hugh D.				USE ONL I
	NAME	The Honorable	riagit D.			Date Received	
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX		
		-	Shine				
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER MAILING	P. O. Box 793					
	ADDRESS					Receipt #	Amount
	Change of Address	Temple, TX 76503					
	Change of Address					Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
	TREASURER	Mr.	Leland Ray				
	NAME		Leiding Ruy				
		NICKNAME	LAST		SUFFIX		
			Gersbach				
6	CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AF	PT / SUITE #; CITY;	ST	TATE; ZIP CODE
	TREASURER	3520 H.K. Dodgen Loop					
	ADDRESS	bozo mila bougen Loop	0.111				
	(Residence or Business)						
		Temple, TX 76504					
Ŀ							
7	CAMPAIGN TREASURER		NE NUMBER	EXTENSION			
	PHONE	(254) 773-9907					
8	REPORT			_			
	TYPE	January 15	X 30th day befor	e election	Runoff		ampaign treasurer fficeholder only)
			Oth day hoforo	alaction 🗖		-	
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/01/2024	T	HROUGH	01/25/202	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	X	Primary	Runoff	Other	
		03/05/2024					
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative Dis	trict 55		State Represent	ative District 55	
1							
⊢							
1							
1							
1			GO '	TO PAGE 2			
	rms provided by To	exas Ethics Commission		thics.state.tx.u	19	Vor	sion V3.5.1.9000c471
ΡŪ	inis provided by Te		www.e	ແທບວ.ວເລເບ.ເX.l	J.J.	ver	3011 v 3.3.1.90000471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 18

13 C / OH NAME	Shine, Hugh D. (The	Honorable) 1	L4 Filer ID (00026513	Ethics Commission Filers)						
15 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. <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.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	X GENERAL	Texas Alliance for Life PAC								
		COMMITTEE ADDRESS								
		8000 Centre Park Drive								
		Suite 380								
		Austin, TX 78754								
		COMMITTEE CAMPAIGN TREASURER NAME								
		Shaw, James								
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5							
		4505 Corazon Cv								
		Round Rock, TX 78681								
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 162,768.11						
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	\$ 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 226,263.61						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 875,844.18						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 30,000.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.								
		The Hono	rable Hugh D. Shine	2						
			Candidate or Officehol							
		-								
AFFIX NO	TARY STAMP / SEAL ABO	DVE								
Sworn to and subso	ribed before me, by the s	aid	this the	day						
		rtify which, witness my hand and seal of office.	, and are	uuy						
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath						
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f						

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 18 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00026513 Shine, Hugh D. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 159,250.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3,518.11 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 226,263.61 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/18 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shine, Hugh D. (The Honorable) 00026513 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/03/2024 Allen Boone Humphries Robinson, LLP \$2,500.00 6 Contributor address; City; State; Zip Code Houston, TX 77027 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 \$50.00 Asbury, Jr., John Contributor address; City; State; Zip Code Temple, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/22/2024 Bell, Sharon \$100.00 Contributor address; City; State; Zip Code Temple, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/19/2024 \$50.00 Bortins, Robert Contributor address; City; State; Zip Code Southern Pines, NC 28237 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 01/03/2024 \$10,000.00 **Charles Butt Public Education PAC** Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/18	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Shine, Hugh	D. (The Honorable)		_	00026513	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/19/2024	Chevalier, Andrea				\$50.00
		6 Contributor address; City; State; Zip Code				
Ļ		Leander, TX 78641		Ļ		
8	Principal occu Teacher	ipation / Job title (See Instructions)	9 Employer (See Instructions Leander ISD	3) 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/22/2024	Connell, Dennis				\$200.00
		Contributor address; City; State; Zip Code	1			
		Belton, TX 76513				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/19/2024	Covington, Dave				\$250.00
		Contributor address; City; State; Zip Code		1		
		Dotton TV 76E19				
_	Drincinal occi	Belton, TX 76513 Ipation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Owner		Covington Real Estate	"		
=	Date	Full name of contributor Out-of-state PAC (ID#:		$\overline{}$	Amount of Contribution (\$)	
	01/19/2024	Eshbaugh, Calvin				\$500.00
	01/10/1	Contributor address; City; State; Zip Code		•		4000
		1				
		Temple, TX 76502				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		BaylorScott&White			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/08/2024	Eye-PAC of the Texas Opthalmological Assn				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701-1667				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/18		
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
		D. (The Honorable)	•	00026513		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/08/2024	HILLCO PAC				\$25,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		1				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/19/2024	Hancock, Kerry and John				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Retired					
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/16/2024	Johnson, Ken				\$100.00
		Contributor address; City; State; Zip Code				
	Contributor address, City, State, Zip Code					
		1				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Retired					
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Kirchhoff, John				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Retired	, , , , , , , , , , , , , , , , , , ,				
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Lloyd Gosselink Rochelle & Townsend, PC	/			\$500.00
	01,00,202	Contributor address; City; State; Zip Code				4000.0
		Contributor address, City, State, Zip Code				
		1				
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
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The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/18 2 FILER NAME Shine, Hugh D. (The Honorable) 3 Filer ID (Ethics Commission Filers) Shine, Hugh D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00265613 0 Date 01/19/2024 \$ Full name of contributor	The last			1 Total pages Schedule A1:
Shine, Hugh D. (The Honorable) 00026513 4 Date 5 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 01/19/2024 6 Commburor address; City; State; Zip Code 7 Employer (See Instructions) 7 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 9 Date Out07/2024 Full name of contributor out-of-state PAC (ID#	The Instru	ction Guide explains now to complete this r	Sch: 4/7 Rpt: 7/18	
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0.1/19/2024 McLane. Jr., Drayton \$\$100,000.00 6 Contributor address; City; State; Zip Code	Shine, Hugh	D. (The Honorable)		00026513
6 Contributor address; City, State; Zip Code 7 Temple, TX 76503 8 Principal occupation / Job title (See Instructions) President 9 Employer (See Instructions) McLane Group Date Full name of contributor out of state PAC (D#	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	
6 Contributor address; City; State; Zip Code 7emple, TX 76503 9 8 Principal occupation / Job title (See Instructions) President 9 Date Full name of contributor 01/07/2024 Full name of contributor Montgomery, Mark and Becky Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Baylor/Scott&White Date Full name of contributor out-of-state PAC (Db////////////////////////////////////	01/19/2024			\$100,000.00
8 Principal occupation / Job title (See Instructions) President 9 Employer (See Instructions) McLane Group Date 01/07/2024 Full name of contributor out-of-state PAC (ID#:) Montgomery, Mark and Becky Contributor address; City; State; Zip Code Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) BaylorScott&White Amount of Contribution (\$) \$500.00 Date 01/19/2024 Full name of contributor out-of-state PAC (ID#:) (Contributor address; City; State; Zip Code Amount of Contribution (\$) \$500.00 Date 01/19/2024 Full name of contributor out-of-state PAC (ID#:) (Contributor address; City; State; Zip Code Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Homemaker Employer (See Instructions) Self Amount of Contribution (\$) \$500.00 Date 01/22/2024 Full name of contributor out-of-state PAC (ID#:) Nichols, James Amount of Contribution (\$) \$500.00 Out-of-state PAC (ID#:) Amount of Contribution (\$) \$200.00 \$500.00 01/22/2024 Full name of contributor out-of-state PAC (ID#:) Normand, Tom Contributor address; City; State; Zip Code Temple, TX 76502-7652 Amount of Contribution (\$) \$200.00 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Temple, TX 76502-7652 Am				1
8 Principal occupation / Job title (See Instructions) President 9 Employer (See Instructions) McLane Group Date 01/07/2024 Full name of contributor out-of-state PAC (ID//:) Montgomery, Mark and Becky Contributor address; City State; Zip Code Amount of Contribution (S) \$250.00 Principal occupation / Job title (See Instructions) Physician Employer (See Instructions) BaylorScott&White Amount of Contribution (S) \$250.00 Date 01/19/2024 Full name of contributor out-of-state PAC (ID//:) (Meers, Shannon Contributor address; City; State; Zip Code Amount of Contribution (S) \$500.00 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Homemaker Employer (See Instructions) Self Amount of Contribution (S) \$500.00 Date 01/22/2024 Full name of contributor out-of-state PAC (ID//:) Nichols, James Amount of Contribution (S) Self Amount of Contribution (S) Self Date 01/22/2024 Full name of contributor out-of-state PAC (ID//:) Normand, Tom Contributor address; City; State; Zip Code Temploy Amount of Contribution (S) Self Amount of Contribution (S) Self Pate 01/22/2024 Full name of contributor				
President McLane Group Date Full name of contributor		Temple, TX 76503		
Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/07/2024 Montgomery, Mark and Becky Amount of Contribution (S) Contributor address; City; State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Full name of contributor out-of-state PAC (ID# Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/19/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/19/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/19/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/22/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/22/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/12/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/12/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (S) 01/19/2024 Full name of contributor <	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
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Contributor address; City, State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) Physician Date 01/19/2024 Full name of contributor out-of-state PAC (Dation) Amount of Contribution (\$) Stoomeraker Principal occupation / Job title (See Instructions) Belton, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homeraker Date 01/22/2024 Full name of contributor out-of-state PAC (Dation) Self Amount of Contribution (\$) 01/22/2024 Full name of contributor out-of-state PAC (Dation) Self Date O1/22/2024 Belton, TX 76513 Principal occupation / Job title (See Instructions) Bell County, Texas Date Ful name of contributor Out-of-state PAC (Dation) Contributor address; City, State; Zip Code Bell County, Texas Date Ful name of contributor	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
Belton, TX 76513 Employer (See Instructions) BaylorScott&White Date 01/19/2024 Full name of contributor or out-of-state PAC (DB:) Myers, Shannon Contributor address; City, State; Zip Code Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Homemaker Employer (See Instructions) Self Amount of Contribution (\$) \$500.00 Date 01/22/2024 Full name of contributor or out-of-state PAC (DD:) Nichols, James Amount of Contribution (\$) Self Date 01/22/2024 Full name of contributor or out-of-state PAC (DD:) Nichols, James Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code Amount of Contribution (\$) Self Date 01/19/2024 Full name of contributor or out-of-state PAC (ID#:) Normand, Tom Contributor address; City, State; Zip Code Amount of Contribution (\$) Self Date 01/19/2024 Full name of contributor or out-of-state PAC (ID#:) Normand, Tom Contributor address; City, State; Zip Code Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor addres	01/07/2024	Montgomery, Mark and Becky		\$250.00
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Physician BaylorScott&White Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/19/2024 Myers, Shannon Contributor address; City; State; Zip Code Amount of Contribution (\$) Temple, TX 76502 Employer (See Instructions) Employer (See Instructions) Homemaker Self Date Full name of contributor			1	
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Contributor address; City; State; Zip Code)	
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Principal occupation / Job title (See Instructions) Homemaker Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 01/22/2024 Nichols, James Amount of Contribution (\$) Contributor address; City; State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) County Attorney Employer (See Instructions) Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Normand, Tom Amount of Contribution (\$) 01/19/2024 Temple, TX 76502-7652 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Temple TX 76502		
Homemaker Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/22/2024 Nichols, James \$500.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Belton, TX 76513 Employer (See Instructions) Employer (See Instructions) County Attorner Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:	Principal occu	-	Employer (See Instructions	<u> </u>
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/22/2024 Nichols, James \$500.00 Contributor address; City; State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) Employer (See Instructions) County Attorney Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Normand, Tom Contributor address; City; State; Zip Code Amount of Contribution (\$) 01/19/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contributor state; Zip Code Amount of Contribution (\$) Temple, TX 76502-7652 Temple, TX 76502-7652 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<i>''</i>
01/22/2024 Nichols, James \$500.00 Contributor address; City; State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) Employer (See Instructions) County Attorney Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Normand, Tom Amount of Contribution (\$) Contributor address; City; State; Zip Code \$200.00 Temple, TX 76502-7652 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Contributor address; City; State; Zip Code Belton, TX 76513 Principal occupation / Job title (See Instructions) County Attorne Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Second part Date Full name of contributor Out-of-state PAC (ID#:) Normand, Tom Contributor address; City; State; Zip Code Temple, TX 76502-7652 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			/	.,
Belton, TX 76513 Employer (See Instructions) County Attorney Employer (See Instructions) Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Normand, Tom Amount of Contribution (\$) S200.00 01/19/2024 Full name of contributor out-of-state PAC (ID#:) Normand, Tom Amount of Contribution (\$) S200.00 Contributor address; City; State; Zip Code Temple, TX 76502-7652 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	· ·			
Principal occupation / Job title (See Instructions) Employer (See Instructions) County Attorney Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) 01/19/2024 Normand, Tom Contributor address; City; State; Zip Code S200.00 Temple, TX 76502-7652 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) County Attorney Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) 01/19/2024 Normand, Tom Contributor address; City; State; Zip Code S200.00 Temple, TX 76502-7652 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
County Attorney Bell County, Texas Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/19/2024 Normand, Tom \$200.00 Contributor address; City; State; Zip Code Temple, TX 76502-7652 Full name of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Belton, TX 76513		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/19/2024 Normand, Tom \$200.00 Contributor address; City; State; Zip Code Temple, TX 76502-7652 Principal occupation / Job title (See Instructions) Employer (See Instructions)				s)
01/19/2024 Normand, Tom \$200.00 Contributor address; City; State; Zip Code Temple, TX 76502-7652 Principal occupation / Job title (See Instructions) Employer (See Instructions)	County Attor	ney	Bell County, Texas	
Contributor address; City; State; Zip Code Temple, TX 76502-7652 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
Temple, TX 76502-7652 Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/19/2024	Normand, Tom		\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		1
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Driv single age			Į
Retireu		pation / Job title (See Instructions)	Employer (See Instructions	3)
	Relifeu			

	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/18	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		D. (The Honorable)				00026513	
4	Date	5 Full name of contributor out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	01/25/2024	Norwood, Jeff					\$100.00
		6 Contributor address; City; State; Zip Code					
		Belton, TX 76513					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Rancher			Self			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	01/08/2024	Perales, Emilio					\$5,000.00
		Contributor address; City; State; Zip Code					
		Belton, TX 76513					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President			Vista Real Estate			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	01/22/2024	Shelton, Garlyn					\$5,000.00
		Contributor address; City; State; Zip Code					
		Temple, TX 79503					
		pation / Job title (See Instructions)		Employer (See Instructions			
	President			Shelton Auto Dealership)S		
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	01/19/2024	Smith, Spencer					\$100.00
		Contributor address; City; State; Zip Code					
	D : :	Harker Heights, TX 76548-8032			Ĺ		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired	·			-		
	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	01/06/2024	Spurlin, Michael					\$500.00
		Contributor address; City; State; Zip Code					
		Tample TV 76E02					
	Dringing oog	Temple , TX 76502		Employer (Cap Instructions			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Relifeu						

The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/18	
2 FILER NA	ME		3 Filer ID (Ethics Commissi	on Filers)
	ugh D. (The Honorable)	00026513		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/09/20	0 · 0 0			\$500.00
	6 Contributor address; City; State; Zip Code			
	Temple, TX 76501			
8 Principal c	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Owner		Strasburger Enterprises	s, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
01/22/20	24 Texas Trial Lawyers Assn PAC			\$5,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/20		/	(1)	\$100.00
	Cameron, TX 76520			
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
County a	nd District Attorney	Milam County		
Date	Full name of contributor X out-of-state PAC (ID#:	C00376376)	Amount of Contribution (\$)	
01/22/20)		\$1,000.00
01,22,20				<i>41,000.00</i>
	Contributor address; City; State; Zip Code			
	Hartford, CT 06183			
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
i inoipai e			5)	
Data	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Date 01/24/202)	Amount of Contribution (\$)	\$150.00
01/24/20			\$100.00	
	Contributor address; City; State; Zip Code			
	Belton, TX 76513			
Dringinglig	ccupation / Job title (See Instructions)	Employer (Soo Instructions	<u> </u>	
Retired		Employer (See Instructions	2)	
Reuleu				
1				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Shine, Hugh D. (The Honorable) 00026513 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 01/19/2024 VATAT-PAC Fund \$350.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-1908 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/18				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	n D. (The Honorable)	00026513				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
01/17/2024	Associated Republicans of Texas Campaign Fu	nd	contribution (\$) description \$3,453.75 I Digital advertising			
	7 Contributor address; City; State; Zip Code		I			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution			
01/17/2024	M&D Business Services	/	contribution (\$) description			
	Contributor address; City; State; Zip Code		\$64.36 I Business cards			
	Temple, TX 76503		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 12/18		Shine, Hugh D. (The Honorabl	e)				00026513
4	Date 01/06/2024	5	Payee name Anedot.com					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	10		
0	\$20.30	,	PO Box 84314 Baton Rouge, LA 70884	Sidle	, <i>Σ</i> ιρ C0	16		
8	PURPOSE	(a)				(b) Description		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online contributions					officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office held
	Date		Payee name					
	01/07/2024		Anedot.com					
	Amount (\$)		Payee address; City;	State	; Zip Co	le		
	\$10.30		PO Box 84314 Baton Rouge, LA 70884					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Fees	p of this sch	nedule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense ions
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ıht		Office held
	Date		Payee name					
	01/09/2024		Anedot.com					
	Amount (\$)		Payee address; City;	State	; Zip Co	le		
	\$20.30		PO Box 84314					
			Baton Rouge, LA 70884					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Fees	p of this sch	nedule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	Jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/7 Rpt: 13/18	Shine, Hugh D. (The Honorable)	00026513					
4	Date 01/16/2024	5 Payee name Anedot.com						
6	Amount (\$) Amount (\$) 7 Payee address; City; State; Zip Code \$4.30 PO Box 84314 Baton Rouge, LA 70884							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online contribution								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/19/2024	Anedot.com						
	Amount (\$) \$2.30	Payee address; City; State; Zip Code PO Box 84314						
		Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ution					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/24/2024	Anedot.com						
	Amount (\$) \$2.30	Payee address; City; State; Zip Code PO Box 84314						
		Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ution					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 3/7 Rpt: 14/18		Shine, Hugh D. (The I	Honorable)				00026513	
4	Date	5	Payee name						
	01/24/2024		Anedot.com						
6	Amount (\$)		Payee address; City	; State;	Zip Co	le			
	\$6.30		PO Box 84314						
			Baton Rouge, LA 708	84					
8	PURPOSE OF	(a)	Category (See Categories li	sted at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense	
						Online contri			
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	ıme C	Dffice sou	ht		Office held	
	Date		Payee name						
	01/25/2024		Anedot.com						
	Amount (\$)		Payee address; City	; State;	Zip Co	le			
	\$4.30		PO Box 84314						
			Baton Rouge, LA 708	84					
	PURPOSE OF EXPENDITURE		Category (See Categories li Fees	sted at the top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ion	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H				Office held			
	Date		Payee name						
	01/08/2024		Bell County Expo Cer	iter/Cadence					
	Amount (\$)		Payee address; City	; State;	Zip Co	le			
	\$3,362.93		301 W Loop 121						
			Belton, TX 76513						
	PURPOSE OF EXPENDITURE		Category _{(See Categories li} Event Expense	sted at the top of this scho	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	ume C	Dffice sou	ht		Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food//Beverage Expense Polling Expense - Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/7 Rpt: 15/18		Shine, Hugh D. (The Honorable)							
4	Date 01/16/2024		5 Payee name Best Buy							
6	Amount (\$) \$974.88		Payee address; City; PO Box 780441 St Louis, MO 63179	State;	; Zip Co	de				
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign computer 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld	
	Date		Payee name							
	01/12/2024		Bliss, Jillian							
	Amount (\$)Payee address;City;State;Zip Code\$5,000.00144 Wanda St									
	PURPOSE OF EXPENDITURE	(a)	New Braunfels, TX 78130 Category (See Categories listed at the to Consulting Expense	p of this sch	edule)		avel outs Justin, TX	side of Texas. Com <, officeholder living ager		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld	
	Date		Payee name							
	01/25/2024		FeedStor, LLC							
	Amount (\$) \$6,250.00		Payee address; City; 15618 Pebble Bend Dr	State;	; Zip Co	de				
			Houston, TX 77065							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Advertising Expense	p of this sch	edule)		avel outs Justin, TX	side of Texas. Com K, officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/7 Rpt: 16/18	Shine, Hugh D. (The Honorable)	00026513						
4	Date 01/16/2024	5 Payee name FiDi Media							
6	Amount (\$) \$77,760.00	7 Payee address; City; State; Zip Code 180 Water Street New York, NY 10038							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media placement 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/18/2024 Jamarik, Annie								
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	1122 Colorado Austin, TX 78710							
	PURPOSE OF EXPENDITURE	outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date Payee name								
	01/12/2024	Lamar Advertising							
	Amount (\$) \$20,134.00	Payee address; City; State; Zip Code 5110 N General Bruce							
		Temple, TX 76501							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Ising						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment			Event Expense Loan Repaym Fees Office Overher Food/Beverage Expense Polling Expens - Gift/Awards/Memorials Expense Printing Expen			nt/Reimbursement d/Rental Expense e se s/Contract Labor		iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District TTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 6/7 Rpt: 17/18		Shine, Hugh D. (The Honorable)					00026513	
4	Date	5	Payee name						
	01/18/2024		Murphy Nasica						
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode				
	\$35,765.00	815-A Brazos							
			Suite 304						
			Austin, TX 78701						
8	PURPOSE	(a)			(h)	Description			
Ũ	OF	(~)	Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor	schedule)	()		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries, Wages, Contract Labor			Check if Austin	, TX,	officeholder living expense	
						Grass root se	ervi	ces	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held	
	Date		Payee name						
	01/03/2024		Norfleet Strategies						
Amount (\$) Payee address; City; State; Zip Code									
	\$4,000.00		807 Brazos St						
			Suite 602						
			Austin, TX 78701						
	PURPOSE	(a)			(h)	Description			
OF Consulting Expanse Check if travel outside of Texas. Complete Schedule T.						de of Texas. Complete Schedule T.			
EXPENDITURE Check if Austin, TX, officeholder living expense					officeholder living expense				
	Consulting								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						Office held			
	Date		Payee name						
	01/16/2024		Norfleet Strategies						
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode				
	\$5,000.00		807 Brazos St						
	Suite 602								
	Austin, TX 78701								
	PURPOSE	(a)			(b)	Description			
	OF	(4)	Category (See Categories listed at the top of this s	schedule)	(0)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE Consulting Expense Consulting Expense Consulting Expense							officeholder living expense	
	Opposition research								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
-									

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 7/7 Rpt: 18/18	1	hine, Hugh D. (The Honor								
4	Date 01/25/2024		5 Payee name Push Digital								
6	Amount (\$) \$26,750.00	7 Payee address; City; State; Zip Code 342 E Bay Charleston, SC 29401									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign mailing									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ght		Office he	eld		
	Date	P	ayee name								
01/23/2024 Targeted Creative Communications											
Amount (\$) Payee address; City; State; Zip Code											
	\$26,213.00		06 S Columbus St lexandria, VA 22134								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at t rinting Expense	he top of this sch	edule)			ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ght		Office he	eld		
	Date	P	ayee name								
	01/25/2024	Т	argeted Creative Commu	nications							
	Amount (\$) \$13,983.40	1	ayee address; City; 06 S Columbus St	State;	; Zip Co	de					
			lexandria, VA 22134								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at t rinting Expense	he top of this sch	edule)			ide of Texas. Com , officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ght		Office he	ld		