

# 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: **8**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**MR SHANE D**  
NICKNAME LAST SUFFIX  
**HINDMAN**

OFFICE USE ONLY

Date Received

FEB 02 2025

By

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**PO BOX 1691 CLEVELAND, TX; 77327**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(713) 702-5315**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**MR DAVID**  
NICKNAME LAST SUFFIX  
**FORET**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**15201 EAST FREEWAY; SUITE#214 CHANNELVIEW, TX; 77530**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(713) 906-1265**

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 Month Day Year  
**1 / 1 / 26 THROUGH 1 / 22 / 26**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description  
**3 / 3 / 26** ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**JUSTICE OF THE PEACE, PCT 3, SAN JACINTO COUNTY**

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME**  
SHANE D. HINDMAN**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)

\$

1,011.28

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,275.22

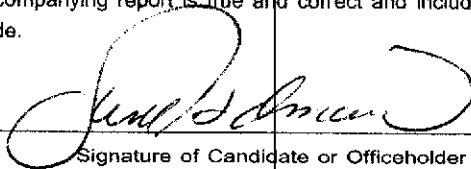
**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

1,053.83

**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.  
Signature of Candidate or Officeholder**Please complete either option below:****(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**My name is SHANE D. HINDMAN, and my date of birth is 07/04/1968My address is 13750 FM 1725, CLEVELAND, TX, 77328, USA

(street)

(city)

(state)

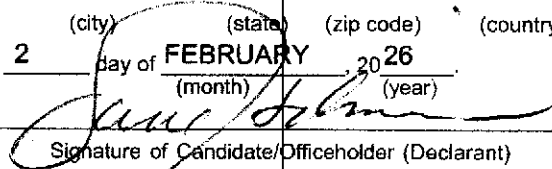
(zip code)

(country)

Executed in SAN JACINTO County, State of TEXAS, on the 2 day of FEBRUARY, 2026

(month)

(year)

  
Signature of Candidate/Officeholder (Declarant)

FORM C/OH  
COVER SHEET PG 3

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# 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: 1

2 FILER NAME

SHANE D. HINDMAN

3 Filer ID (Ethics Commission Filers)

4 Date

01/02/2026

5 Full name of contributor

WENDY HINDMAN

out-of-state PAC (ID#)

7 Amount of contribution (\$)

5.00

6 Contributor address;

City;

State;

Zip Code

13750 FM 1725; CLEVELAND; TX; 77328

8 Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASST.

9 Employer (See Instructions)

NEW CANEY ISD

Date

01/02/2026

Full name of contributor

WENDY HINDMAN

out-of-state PAC (ID#)

Amount of contribution (\$)

1.28

Contributor address;

City;

State;

Zip Code

13750 FM 1725; CLEVELAND; TX; 77328

Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASST.

Employer (See Instructions)

NEW CANEY ISD

Date

01/05/2026

Full name of contributor

WENDY HINDMAN

out-of-state PAC (ID#)

Amount of contribution (\$)

5.00

Contributor address;

City;

State;

Zip Code

13750 FM 1725; CLEVELAND; TX; 77328

Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASST.

Employer (See Instructions)

NEW CANEY ISD

Date

01/07/2025

Full name of contributor

BERNIE LINDER

out-of-state PAC (ID#)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

11331 FM 1725; CLEVELAND; TX; 77328

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

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: <b>3</b>		2 FILER NAME <b>SHANE D. HINDMAN</b>	
3 Filer ID (Ethics Commission Filers)			
4 Date <b>01/07/2026</b>		5 Payee name <b>GOOD PROMOTION</b>	
6 Amount (\$) <b>43.30</b>		7 Payee address; City; State; Zip Code <b>803 E. HOUSTON ST; CLEVELAND; TX; 77357</b> <small>Check if individual's residence address.</small>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <b>CAMPAIGN SHIRT LOGOS</b>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name <b>01/07/2026 GOOD PROMOTION</b>			
Amount (\$) <b>27.06</b>			
Payee address; City; State; Zip Code <b>803 E. HOUSTON ST; CLEVELAND; TX; 77357</b> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>SIGNS</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name <b>01/09/2026 GOOD PROMOTION</b>			
Amount (\$) <b>259.80</b>			
Payee address; City; State; Zip Code <b>803 E. HOUSTON ST; CLEVELAND; TX; 77327</b> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>HANDOUTS</b>
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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.

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: <b>3</b>		2 FILER NAME <b>SHANE D. HINDMAN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/09/2026</b>		5 Payee name <b>WALGREENS</b>			
6 Amount (\$) <b>23.18</b>		7 Payee address; <b>20824 FM 1485 RD.;</b> <small>Check if individual's residence address.</small>		City; <b>NEW CANEY;</b>	State; Zip Code <b>TX; 77357</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>BANNERS</b>		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>01/31/2026</b>		Payee name <b>OFFICE DEPOT</b>			
Amount (\$) <b>25.71</b>		Payee address; <b>1319 W. DAVIS ST.;</b> <small>Check if individual's residence address.</small>		City; <b>CONROE;</b>	State; Zip Code <b>TX; 77304</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISTING EXPENSE</b>		Description <b>HANDOUTS</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>01/20/2026</b>		Payee name <b>SIGNS ON THE CHEAP</b>			
Amount (\$) <b>767.86</b>		Payee address; <b>WEBSITE ORDER</b> <small>Check if individual's residence address.</small>		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>SIGNS</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: <b>3</b>	2 FILER NAME <b>SHANE D. HINDMAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/22/2026</b>	5 Payee name <b>SAN JACINTO GOP</b>	
6 Amount (\$) <b>1,000.00</b>	7 Payee address; <b>201 HWY 150, STE J-L;</b> City; <b>COLDSRING;</b> Check if individual's residence address.	State; Zip Code <b>TX; 77331</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>TABLE FOR TRUMP/REAGAN DINNER</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>01/07/2026</b>	Payee name <b>PEOPLES STATE BANK</b>	
Amount (\$) <b>4.00</b>	Payee address; <b>15001 WHY 150 WEST;</b> City; <b>COLDSRING;</b> Check if individual's residence address.	State; Zip Code <b>TX; 77331</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>SERVICE FEE</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; Check if individual's residence address.	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G: <b>1</b>		2 FILER NAME <b>SHANE D. HINDMAN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/03/2026</b>		5 Payee name <b>HOBBY LOBBY</b>			
6 Amount (\$) <b>57.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <b>1217 N. LOOP 336 W.;</b> <small>Check if individual's residence address.</small>		City; <b>CONROE;</b>	State; <b>TX;</b> Zip Code <b>77301</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description <b>MEET THE CANDIDATE TABLE DECOR</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>01/03/2026</b>		Payee name <b>AMAZON</b>			
Amount (\$) <b>66.98</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; <b>ONLINE ORDER</b> <small>Check if individual's residence address.</small>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description <b>MEET THE CANDIDATE TABLE DECOR</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)  Reimbursement from political contributions intended		Payee address;  <small>Check if individual's residence address.</small>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					