

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) 00087625	2 Total pages filed: 25	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamie L.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/17/2023
	NICKNAME	LAST Haynes	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7669 Canyon Dr. Amarillo, TX 79110			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John T.	MI	
	NICKNAME	LAST Haynes	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7669 Canyon Dr. Amarillo, TX 79110			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(806)	681-3421		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH		Month Day Year 06/30/2023
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE	
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) None District 86 Randall		12 OFFICE SOUGHT (if known) State Representative District 86	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Haynes, Jamie L. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00087625
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15 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. <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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1,164.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	76,284.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	104.17
	4. TOTAL POLITICAL EXPENDITURES	\$	9,778.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	66,506.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

Mrs. Jamie L. Haynes

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Haynes, Jamie L. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00087625
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 76,284.48
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 FROM POLITICAL CONTRIBUTIONS	\$ 9,778.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albracht, Douglas <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Michele <hr/> Contributor address; City; State; Zip Code Midland, TX 79707	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, W. Ashley <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckmeyer, Teresa <hr/> Contributor address; City; State; Zip Code Loraine, TX 79532	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Paul <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Roofer		Employer (See Instructions) Paul Blake Roofing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckles, Scott <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79159	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carden, Brenda <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castilla, Cynthia <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corman, Jerry <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Winston <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defoor, Paul <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Cactus Feeders
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdy, Edward <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durrett, Romni <hr/> Contributor address; City; State; Zip Code Wildorado, TX 79098	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Scivally Cattle <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Kelly <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Matt <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayhurst, Robert <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, JT <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Owner/Broker		Employer (See Instructions) Self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henninger, Stephanie <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershey, Doug <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Tres <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilliard, Paula <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Tyler <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houlette, Gary <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houlette, Gary <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houlette, Lisa <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, EJ <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, MaryAnn <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Bruce <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) WhitakerChalk
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Joe <hr/> Contributor address; City; State; Zip Code Brady, TX 76825	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolp, London <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lathem, Douglas <hr/> Contributor address; City; State; Zip Code Dalhart, TX 79022	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunn, Jeff <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner/CEO		Employer (See Instructions) Citizens Bank
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Michael <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petsch, Tara	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posey, Casey	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Canyon, TX 79015	
Principal occupation / Job title (See Instructions) Insurance Salespersono		Employer (See Instructions) Self
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Bethany	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024-6831	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, David	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024-6831	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, John	Amount of Contribution (\$) \$15,000.00
	Contributor address; City; State; Zip Code Brady, TX 76825	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richburg, Daniel <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Tiffany <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) IT Systems Engineer		Employer (See Instructions) FirstBank Southwest
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharbauer, Chris <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheley, Bryan <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) Riskconnect
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slatton, Monte <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stocker, Jeff	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Canyon, TX 79015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Anthony	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Canyon, TX 79015		
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) US Anesthesia Providers
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Peggy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Bruce	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Granbury, TX 76049		
Principal occupation / Job title (See Instructions) Oil Industry Executive		Employer (See Instructions) Self
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jerry	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Amarillo, TX 79118		
Principal occupation / Job title (See Instructions) Oil Industry Sales		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipps, Don <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Randy <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vessels, Ruth <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Bonnie <hr/> Contributor address; City; State; Zip Code Llano, TX 78643	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Cade <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) J&W Services and Equipment Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehead, Todd	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79124	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/10 Rpt: 16/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 06/26/2023	5 Payee name Anedot, INC
-----------------------------	------------------------------------

6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2023	Payee name Anedot, INC
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Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/31/2023	Payee name Anedot, INC
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Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/10 Rpt: 17/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 06/30/2023	5 Payee name Anedot, INC
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6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/28/2023	Payee name Anedot, INC
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Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2023	Payee name Anedot, INC
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Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/10 Rpt: 18/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/24/2023	5 Payee name Anedot, INC	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2023	Payee name Anedot, INC	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2023	Payee name Anedot, INC	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Sch: 4/10 Rpt: 19/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 06/24/2023	5 Payee name Anedot, INC
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6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/16/2023	Payee name Anedot, INC
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2023	Payee name Anedot, INC
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Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/10 Rpt: 20/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/08/2023	5 Payee name Anedot, INC	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2023	Payee name Anedot, INC	
Amount (\$) \$1.50	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2023	Payee name Anedot, INC	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Sch: 6/10 Rpt: 21/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/14/2023	5 Payee name Anedot, INC	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2023	Payee name Anedot, INC	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/18/2023	Payee name Anedot, INC	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Sch: 7/10 Rpt: 22/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/26/2023	5 Payee name Anedot, INC	
6 Amount (\$) \$1.11	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2023	Payee name Anedot, INC	
Amount (\$) \$1.11	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/07/2023	Payee name Hazlitt Industries LLC	
Amount (\$) \$6,652.11	Payee address; City; State; Zip Code 3500 South Dupont Highway Dover, DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultants
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Sch: 8/10 Rpt: 23/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 05/06/2023	5 Payee name Jim Peak Photography
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6 Amount (\$) \$299.85	7 Payee address; City; State; Zip Code 8001 Grenoble St Amarillo, TX 79110
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/11/2023	Payee name Mailchimp
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Amount (\$) \$73.55	Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/22/2023	Payee name Metropolitan-A Speakeasy
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 9181 Town Sqaure Blvd 1201 Amarillo, TX 79119
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/10 Rpt: 24/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 06/22/2023	5 Payee name Metropolitan-A Speakeasy	
6 Amount (\$) \$287.72	7 Payee address; City; State; Zip Code 9181 Town Sqaure Blvd 1201 Amarillo, TX 79119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2023	Payee name Whitney Russell Printing	
Amount (\$) \$874.50	Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2023	Payee name Whitney Russell Printing	
Amount (\$) \$218.60	Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: Sch: 10/10 Rpt: 25/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 06/23/2023	5 Payee name Whitney Russell Printing
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6 Amount (\$) \$305.20	7 Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/19/2023	Payee name Whitney Russell Printing
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Amount (\$) \$297.63	Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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