CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τł	e C/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commis 00087625		 Total pages fil 2 	ed: 5
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
	OFFICEHOLDER NAME	Mrs.	Jamie L.			Date Received	
						07/17/2023	
		NICKNAME	LAST		SUFFIX	07/17/2023	
			Haynes				
4	CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
	OFFICEHOLDER MAILING	7669 Canyon Dr.					
	ADDRESS					Receipt #	Amount
	Change of Address	Amarillo, TX 79110					
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER	Mr.	John T.				
	NAME						
		NICKNAME	LAST		SUFFIX		
			Haynes		30111X		
			Tidynes				
6	CAMPAIGN	STREET ADDRESS (NO		40	<pre>F / SUITE #; CITY;</pre>	CT A	TE; ZIP CODE
ľ	TREASURER		PO BOX PLEASE),	AP	T/SUITE#, CITY,	514	ATE, ZIP CODE
	ADDRESS	7669 Canyon Dr.					
	(Residence or Business)						
		Amarillo, TX 79110					
7	CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
Ľ	TREASURER	(806) 681-3421		EXTENSION			
	PHONE	(800) 081-3421					
8	REPORT						
ľ	TYPE	January 15	30th day before	e election	Runoff	15th day after car	npaign treasurer
						appointment (offic	ceholder only)
		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
					roporting inne		
9	PERIOD	Month Day Yea			Month Day	Year	
	COVERED	01/01/2023	Tł	HROUGH	06/30/2023	3	
			1				
10	ELECTION	ELECTION DATE			ELECTION TYPE	_	
		Month Day Yea	ar XF	Primary	Runoff	Other	
		03/05/2024		General	Special		
					—		
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
		None District 86 Randa			State Representa		
1							
\vdash					1		
1							
1							
1			GO	TO PAGE 2			
Fo	rms provided by Te	xas Ethics Commission	www.et	thics.state.tx.u	S	Versio	on V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 25

13 C / OH NAME	H NAME Haynes, Jamie L. (Mrs.) 14 Filer ID 00087625			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 1,164.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 76,284.48
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 104.17
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 9,778.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 66,506.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	r of perjury, that the acc I information required t	companying report is o be reported by me
		Mrs	Jamie L. Haynes	
			Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

SUBTOTALS - C/OH	FORM C/OH	
	C	OVER SHEET PG 3 3 of 25
18 FILER NAME Haynes, Jamie L. (Mrs.)	19 Filer ID 00087625	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 76,284.48
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 9,778.15
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/25	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Haynes, Jan	ie L. (Mrs.)			00087625	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/18/2023	Albracht, Douglas				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Amarillo, TX 79119				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Physician		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/01/2023	Allen, Michele			• •	\$30.00
		Contributor address; City; State; Zip Code				
		Midland, TX 79707				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	·			,		
⊨	Data			1	Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	¢200.00
	06/25/2023	Allen, W. Ashley				\$200.00
		Contributor address; City; State; Zip Code				
		Canyon, TX 79015				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Ρπιτιραί στου		Employer (See Instructions	9		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±270.00
	06/30/2023	Beckmeyer, Teresa				\$250.00
		Contributor address; City; State; Zip Code				
		Loraine, TX 79532				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023 Blake, Paul					\$1,000.00
	Contributor address; City; State; Zip Code					
		Canyon, TX 79015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Roofer	1	Paul Blake Roofing			
\vdash						

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

	The Instru	ction Guide explains how to comp	m.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/25		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
_	Haynes, Jan	nie L. (Mrs.)				00087625	
4	Date	5 Full name of contributor out-of-sta	tate PAC (ID#:)	7	Amount of Contribution (\$)	
	06/20/2023	Defoor, Paul					\$1,000.00
		6 Contributor address; City; State; Zip Cod					
		Canyon, TX 79015					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Executive			Cactus Feeders			
	Date		ate PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2023	Dowdy, Edward					\$500.00
	Contributor address; City; State; Zip Code						
	21.1.1	Amarillo, TX 79109	Ļ				
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	06/19/2023	Durrett, Romni					\$1,000.00
	Contributor address; City; State; Zip Code						
		Wildorado, TX 79098					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Rancher			Self	,		
	Date	Full name of contributor)	_	Amount of Contribution (\$)	
	06/18/2023	Gene Scivally Cattle	tate PAC (ID#:	/			\$500.00
	00/10/2020	-					Ψυσυ.συ
		Continuator address, City, State, Zip Coo	Je .				
		Amarillo, TX 79102					
	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
	06/22/2023	Giles, Kelly				· · · · · · · · · · · · · · · · · · ·	\$250.00
	Contributor address; City; State; Zip Code						
	Continuator audress, City, State, Lip Code						
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

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

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

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

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

	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/25			
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)	
	Haynes, Jan	nie L. (Mrs.)				00087625	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/08/2023	Petsch, Tara					\$50.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Fredericksburg, TX 78624					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/18/2023	Posey, Casey					\$2,500.00
		Contributor address; City; Sta	ate: Zip Code				
			, <u>-</u> p				
		Canyon, TX 79015					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions				
	Insurance Salespersono Self						
Date Full name of contributor out-of-state PAC (ID#:)						Amount of Contribution (\$)	
	06/14/2023 Quinn, Bethany						\$25.00
							¢20.00
	Contributor address; City; State; Zip Code						
	Houston, TX 77024-6831						
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ز)		
					,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/14/2023	Quinn, David	Out-of-state PAC (ID#)			\$25.00
	00/14/2023	-	ata, Zia Cada				Ψ20.00
		Contributor address; City; Sta	ale; Zip Code				
		Houston, TX 77024-6831					
⊢	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ວ		
	i incipal occu				''		
╞	Data	Full pages of contributor			_	Amount of Contribution (ft)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢15 000 00
	05/18/2023 Quinn, John						\$15,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Produ TV 76025					
⊢	Dringing occu	Brady, TX 76825		Employor (Soo Instructions	<u>ا</u>		
	Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self	'		
⊢	Nanchel		JCII				
I I							

	The Instru	ction Guide explains how to con	orm.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/25		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Haynes, Jarr	ie L. (Mrs.)				00087625	
4	Date	5 Full name of contributor out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/22/2023	Richburg, Daniel					\$500.00
	I	6 Contributor address; City; State; Zip C	Code				
	I						
	I						
		Amarillo, TX 79119	r				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Rogers, Tiffany					\$1,000.00
	I	Contributor address; City; State; Zip C	Code				
	l						
	I	Amarillo, TX 79118					
┝	Principal occu	pation / Job title (See Instructions)	<u> </u> וו				
	Principal occupation / Job title (See Instructions)Employer (See Instructions)IT Systems EngineerFirstBank Southwest						
╞						Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2023 Scharbauer, Chris						\$5,000.00
	00/20/2020	Contributor address; City; State; Zip C	Code				ψ0,000.00
	I		JULE				
	I						
		Amarillo, TX 79118					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Rancher			Self			
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/22/2023	Scheley, Bryan					\$5,000.00
	I	Contributor address; City; State; Zip C	Code				
	l						
	I	Canyon, TX 79015					
\vdash	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	 •\		
	IT Specialist			Riskonnect	<i>י</i> י		
╞	Date		1 DAG (ID#)		I	Amount of Contribution (\$)	
	06/18/2023	Slatton, Monte	of-state PAC (ID#:)			\$1,000.00
							Ψ1,000.00
	Contributor address; City; State; Zip Code						
	l						
	I	Amarillo, TX 79118					
┢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician		Self				
┢							
							ſ

	The Instru	ction Guide explains how t	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/25		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
[Haynes, Jan	nie L. (Mrs.)			ľ	00087625	5111 11013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/27/2023	Stocker, Jeff					\$250.00
		6 Contributor address; City; Sta					
		Conver TV 70015					
Ļ	Dringingloggy	Canyon, TX 79015 pation / Job title (See Instructions)		9 Employer (See Instructions			
Ů							
	Date	Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	06/29/2023	Stuart, Anthony					\$1,000.00
		Contributor address; City; Sta					
		Canvon TX 70015					
⊢	Canyon, TX 79015 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Anesthesiologist US Anesthesia Provide						
╞						Amount of Contribution (f)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/11/2023 Thomas, Peggy					Amount of Contribution (\$)	\$25.00
	06/11/2023 Thomas, Peggy Contributor address; City; State; Zip Code						Ψ25.00
		Contributor address, City, Sta					
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/27/2023	Thompson, Bruce					\$5,000.00
		Contributor address; City; Sta	te; Zip Code				
		Granbury, TX 76049					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Oil Industry I			Self	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2023 Thompson, Jerry				\$5,000.00		
	Contributor address; City; State; Zip Code						
\vdash	<u></u>	Amarillo, TX 79118	1		Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Oil Industry S	Daies	Self				
1							

	The Instru	ction Guide explains how to	orm.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/25		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Haynes, Jan					00087625	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	Tipps, Don					\$1,000.00
		6 Contributor address; City; State	e; Zip Code		1		
	Dringing occu	Amarillo, TX 79109		Employer (See Instructions	<u> </u>		
ö	Insurance A	ipation / Job title (See Instructions)		9 Employer (See Instructions Self	5)		
⊢					1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000,00
	06/12/2023	Tooley, Randy					\$1,000.00
		Contributor address; City; State	e; Zip Code				
		Canyon, TX 79015					
	Princinal occu	pation / Job title (See Instructions)	<u> </u> וו				
Principal occupation / Job title (See Instructions) Employer (See Instruction Retired Retired					"		
Date Full name of contributor out-of-state PAC (ID#:)						Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2023 Vessels, Ruth						\$100.00
	0012-112020	Contributor address; City; State	o: Zin Code				Ψ±00.00
			e, Zip Code				
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2023	Wallace, Bonnie	-				\$500.00
		Contributor address; City; State	e; Zip Code				
		Llano, TX 78643					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷1 000 00
	06/26/2023 Walton, Cade					\$1,000.00	
		Contributor address; City; State	e; Zip Code				
		Midland, TX 79705					
_	Principal occu			Employer (See Instructions	<u>ار</u>		
	Principal occupation / Job title (See Instructions) Employer (See Instruction COO J&W Services and Equ					ent Co	
					ρ		

MONETARY POLITIC	SCHEDULE A1							
The Instruction Guide explain	The Instruction Guide explains how to complete this form.							
2 FILER NAME Haynes, Jamie L. (Mrs.)	 Filer ID (Ethics Commission Filers) 00087625 							
06/21/2023 Whitehead, Todd								
Amarillo, TX 7912	4							
8 Principal occupation / Job title (See Ins		9 Employer (See Instructions	, ;)					

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beve Gift/Award nittee Legal Serv	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 6	ILER NAME				3	Filer ID	(Ethics Commission File	ers)
	Sch: 1/10 Rpt: 16/25	ŀ	Haynes, Jamie L. (Mrs.)				00087625		-
4	Date 06/26/2023		Payee name Anedot, INC							
6	6 Amount (\$) \$40.30									
8	PURPOSE OF EXPENDITURE	OF Solicitation/Eundraising Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office he	ld	
	Date	F	Payee name							
	06/26/2023	/	Anedot, INC							
	Amount (\$)	F	Payee address; (City; State	; Zip Cod	e				
	\$20.30									
	PURPOSE OF EXPENDITURE		Category _{(See Categori} Solicitation/Fundrai	es listed at the top of this sch sing Expense	nedule) (n, TX,	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office he	ld	
	Date	F	Payee name							
	05/31/2023	/	Anedot, INC							
	Amount (\$) \$20.30			etSuite 1770New O	; Zip Cod Irleans, LA					
	PURPOSE OF EXPENDITURE		Category _{(See Categori} Solicitation/Fundrai	es listed at the top of this sch sing Expense	nedule)		n, TX,	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office he	ld	

	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/Reimburs Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/10 Rpt: 17/25	Haynes, Jamie L. (Mrs.)	00087625					
4	Date 06/30/2023	Payee name Anedot, INC						
6	Amount (\$) \$10.30	Suite 1770 New Orleans, LA 70112						
8	PURPOSE OF EXPENDITURE	Solicitation/Eundraising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/28/2023	Anedot, INC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.30	\$10.30 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, 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						
	06/27/2023	Anedot, INC						
	Amount (\$) Payee address; City; State; Zip Code \$10.30 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense					
	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/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	lains l	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Tatal pages Cabadula F1	-	· · ·	ansi			1	Filer ID (Ethios Commission Filers)		
1	Total pages Schedule F1: Sch: 3/10 Rpt: 18/25	2	Haynes, Jamie L. (Mrs.)				3	Filer ID (Ethics Commission Filers) 00087625		
_		_						00087023		
4	Date 06/24/2023	5	5 Payee name Anedot, INC							
6	Amount (\$)	7	Payee address; City; S	State;	; Zip Coo	le				
	\$10.30		1340 Poydras StreetSuite 1770Ne	w Or	rleans, L <i>i</i>	70112				
			Suite 1770							
			New Orleans, LA 70112							
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nie schu	edule)	b) Description				
	OF		Solicitation/Fundraising Expense	13 3010	cuuc)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		5 1			Check if Austin	n, TX	, officeholder living expense		
						Anedot Fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	05/16/2023		Anedot, INC							
	Amount (\$)		Payee address; City; S	State;	; Zip Coo	le				
	\$10.30		1340 Poydras StreetSuite 1770Ne	w Or	rleans, L <i>i</i>	A 70112				
			Suite 1770							
			New Orleans, LA 70112							
_	PURPOSE	(a)				b) Description				
	OF	(4)	Category (See Categories listed at the top of the Solicitation/Fundraising Expense	nis sche	edule)	Check if travel	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held		
	Date	ĺ	Payee name							
	05/16/2023		Anedot, INC							
	Amount (\$)		Payee address; City; S	State:	; Zip Coo	le				
	\$10.30		1340 Poydras StreetSuite 1770Ne							
	\$10,00				110 ano, E					
	Suite 1770									
			New Orleans, LA 70112							
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis sche	edule)	b) Description				
	EXPENDITURE		Solicitation/Fundraising Expense				n, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	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 Office Averhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/10 Rpt: 19/25								
4	Date 06/24/2023	2023 5 Payee name Anedot, INC							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/16/2023	Anedot, INC							
	Amount (\$) Payee address; City; State; Zip Code \$4.30 1340 Poydras StreetSuite 1770New 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 (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Anedot Fees									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/26/2023	Anedot, INC							
	Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense						
	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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/10 Rpt: 20/25	Haynes, Jamie L. (Mrs.)	00087625						
4	Date 06/08/2023	23 5 Payee name Anedot, INC							
6	6 Amount (\$) \$2.30 \$2.30 7 Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Anedot Fees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/01/2023	Anedot, INC							
Amount (\$) Payee address; City; State; Zip Code \$1.50 1340 Poydras StreetSuite 1770New Orleans, LA 70112									
		Suite 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense S						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/14/2023	Anedot, INC							
	Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense S						
	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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 6/10 Rpt: 21/25								
4	Date 06/14/2023								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/11/2023	Anedot, INC							
	Amount (\$) Payee address; City; State; Zip Code \$1.30 1340 Poydras StreetSuite 1770New 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 Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/18/2023	Anedot, INC							
	Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112							
	PURPOSE OF EXPENDITURE		utside 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						

	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 Transportation Ec Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of Dist						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: 7/10 Rpt: 22/25								
4	Date 06/26/2023		ayee name nedot, INC						
6	6 Amount (\$) \$1.11 \$1.11 7 Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	yht		Office held	
	Date	Р	ayee name						
	06/20/2023	A	nedot, INC						
	Amount (\$)	P	ayee address; City;	State;	; Zip Co	de			
	\$1.11	S	340 Poydras StreetSuite 177 uite 1770 ew Orleans, LA 70112	0New Oi	rleans, L	A 70112			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Anedot Fees									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ŋht		Office held	
	Date	Р	ayee name						
	06/07/2023		azlitt Industries LLC						
	Amount (\$) \$6,652.11		ayee address; City; 500 South Dupont Highway	State;	; Zip Co	de			
			over, DE 19901						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to onsulting Expense	op of this sch	edule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Dffice sou	jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising E Transportation Equipmer Travel in District Travel Out of District OTHER (enter a categor	nt & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethic	cs Commission Filers)		
	Sch: 8/10 Rpt: 23/25		Haynes, Jamie L. (Mrs.)					00087625			
4	Date	5	Payee name								
	05/06/2023		Jim Peak Photography								
6	Amount (\$)	7	Payee address; City;	State; Zip	o Cod	e					
	\$299.85		8001 Grenoble St								
			Amarillo, TX 79110								
•	DUDDOCE										
8	PURPOSE OF	(a)	Category (See Categories listed at the top o	f this schedule)		b) Description Check if travel	outsi	ide of Texas. Complete Sc	shedule T		
	EXPENDITURE		Salaries/Wages/Contract Labor					, officeholder living expens			
						Photography					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	soug	ht		Office held			
	Date		Payee name								
	05/11/2023		Mailchimp								
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e					
	\$73.55		675 Ponce De Leon Avenue								
			Northeast Suite 5000								
			Atlanta, GA 30308								
	DUDDOOF	(-)				L)					
	PURPOSE OF	(a)	Category (See Categories listed at the top o			b) Description Check if travel	outsi	ide of Texas. Complete Sc	shedule T		
	EXPENDITURE		Solicitation/Fundraising Expense					TX, officeholder living expense			
						Mailchimp					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	soug	ht		Office held			
_		-									
	Date		Payee name								
	06/22/2023		Metropolitan-A Speakeasy								
	Amount (\$)		Payee address; City;	State; Zip	Cod	e					
	\$500.00		9181 Town Sqaure Blvd								
1201											
			Amarillo, TX 79119								
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(b) Description					
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Sc			
								, officeholder living expens	se		
						Campaign E	ven	ι			
		L		0.0							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	soug	nı		Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expen: Gift/Awards/Memorials	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	Filer ID (Ethics Commission Filers)							
	Sch: 9/10 Rpt: 24/25		Haynes, Jamie L. (Mrs.)					00087625			
4	Date	5	Payee name								
	06/22/2023		Metropolitan-A Speakeasy								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$287.72		9181 Town Sqaure Blvd								
			1201								
			Amarillo, TX 79119								
8	PURPOSE	(a)	Category (See Categories listed at the	ha tan af thia ash	odulo)	(b) Description					
-	OF		Event Expense	ne top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		·					, officeholder living expense			
						Campaign Ev	/en	it			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	06/16/2023		Whitney Russell Printing								
	Amount (\$)		Payee address; City; State; Zip Code								
	\$874.50		PO Box 664								
			Amarillo, TX 79105								
	PURPOSE OF	(a)	Category (See Categories listed at the	he top of this sch	edule)	(b) Description					
	EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						Printed Mater					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ght		Office held			
-	Date		Payee name								
	06/21/2023		Whitney Russell Printing								
	Amount (\$)		Payee address; City;	State:	Zip Co	de					
	\$218.60		PO Box 664		•						
			Amarillo, TX 79105								
	PURPOSE OF	(a)	Category (See Categories listed at th	he top of this sche	edule)	(b) Description		ide of Texas. Complete Schedule T.			
	EXPENDITURE		Printing Expense					, officeholder living expense			
						Printed Mater					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Dffice sou	ght		Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		ursement Solicitat Expense Transpo Travel in Travel C t Labor OTHER	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: Sch: 10/10 Rpt: 25/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer II 0008				
4	-	 5 Payee name Whitney Russell Printing 					
6	Amount (\$) \$305.20	 Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105 					
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Printed Materials						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	0	ffice held			
	Date 05/19/2023 Amount (\$)	Payee name Whitney Russell Printing Payee address; City; State; Zip Code					
	\$297.63	PO Box 664 Amarillo, TX 79105					
	PURPOSE OF EXPENDITURE		eck if travel outside of Tex	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rials			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	01	ffice held			