# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commiss 00087625	ion Filers)	2 Total pages filed: 52				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY				
NAME	Mrs.	Jamie L.			Date Received				
					ELECTRONICALLY FILED				
	NICKNAME	LAST		SUFFIX	01/19/2024				
		Haynes							
4 CANDIDATE /	ADDRESS / PO BOX; AF		·V·	ZIP CODE	Date Hand-delivered or Date Postmarked				
OFFICEHOLDER	7669 Canyon Dr.	1730HE#, CH	1,	ZIF CODE					
MAILING ADDRESS	Toos Garyon 211				Receipt # Amount				
Change of Address	Amarillo, TX 79110				Date Processed				
					Date Imaged				
5 CAMPAIGN	MS / MRS / MR	FIRST		MI					
TREASURER NAME	Mr.	John T.							
INAIVIE									
	NICKNAME	LAST		SUFFIX					
		Haynes							
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP CODE				
TREASURER ADDRESS	7669 Canyon Dr.								
(Residence or Business)									
	Amarillo, TX 79110								
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION						
TREASURER	(806) 681-3421								
PHONE									
8 REPORT					_				
TYPE	X January 15	30th day before	e election F	Runoff	15th day after campaign treasurer appointment (officeholder only)				
	July 15	8th day before	election E	Exceeded modified	Final Report (Attach C/OH-FR)				
		ш .	r.	eporting limit	1				
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	07/01/2023	TH	IROUGH	12/31/2023	3				
10 ELECTION	ELECTION DATE	.		ELECTION TYPE	C Other				
	Month Day Year 03/05/2024		rimary	Runoff	Other				
	03/03/2024		eneral	Special					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT					
				State Representa	ative District 86				
			-0 D4 0= -						
	GO TO PAGE 2								

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 52

13 C / OH NAME	<b>14</b> Filer ID (00087625	(Ethics Com	mission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without of officeholders are required to report this information	the candidate's or office	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш°	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	50.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	49,635.96
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	93,150.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	185,913.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	160,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Mrs.	Jamie L. Haynes		
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		rtify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administeri	ng oath

### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

	COVER SHEET PG 3 3 of 52
18 FILER NAME Haynes, Jamie L. (Mrs.)  19 Fi	
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,635.96
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	<b>\$</b> 150,236.56
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 93,150.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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/	он \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	\$ \$

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/52	
2	FILER NAME Haynes, Jam	ie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 11/14/2023	<ul> <li>Full name of contributor  out-of-sta Adams, Mark</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
Ŭ	rancher	oduon, von tae (oce mandenons)		self	,,		
	Date 10/18/2023	Admire, Damon		)		Amount of Contribution (\$)	\$1,000.00
	Deire sin al acces	Amarillo, TX 79118		Faralasa (Caralasata atiana	<u></u>		
	Owner	pation / Job title (See Instructions)		Employer (See Instructions Admire L.P.	5)		
	Date 11/01/2023	Full name of contributor out-of-star Affluent Construction by Drew Baccus Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
		Amarillo, TX 79124					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/30/2023	Albracht, Darby		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/07/2023	Anderson, Jordan	ate PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu General Con	pation / Job title (See Instructions)		Employer (See Instructions JA. Construction Group	5)		
	22	<del></del>					

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	pages Schedule A1: 2/21 Rpt: 5/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)			ID (Ethics Commission 37625	on Filers)
4	Date 07/06/2023	<ul> <li>Full name of contributor</li></ul>		<b>7</b> Amo	unt of Contribution (\$)	\$100.00
		New Braunfels, TX 78132				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/18/2023	Full name of contributor out-of-state PA Ayala, Caryl  Contributor address; City; State; Zip Code	C (ID#:)	Amo	unt of Contribution (\$)	\$50.00
		New Braunfels, TX 78132				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 12/24/2023	Full name of contributor out-of-state PA Batenhorst, Stacy Contributor address; City; State; Zip Code	C (ID#:)	Amo	unt of Contribution (\$)	\$250.00
		Amarillo, TX 79119				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/17/2023	Full name of contributor out-of-state PABlack, Carey  Contributor address; City; State; Zip Code  Hereford, TX 79045	C (ID#:)	Amo	unt of Contribution (\$)	\$1,000.00
	Principal occu Occupation S	pation / Job title (See Instructions) Sales	Employer (See Instructions H&R Mfg. Co.	S)		
	Date 10/01/2023	Full name of contributor out-of-state PABlake, Christy  Contributor address; City; State; Zip Code  Canyon, TX 79015	C (ID#:)	Amo	unt of Contribution (\$)	\$1,000.00
	Principal occu Nurse Practi	pation / Job title (See Instructions)	Employer (See Instructions BSA Hospital	5)		
			1			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 11/07/2023	<ul><li>5 Full name of contributor Blake, Christy</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions			
Ü	Nurse Practi			BSA Hospital	,		
	Date 12/05/2023	Full name of contributor  Boroughs, Colleen  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$20.24
	Deinainal assu	Amarillo, TX 79109		Franksian (Cooksations			
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 12/29/2023	Full name of contributor  Brooks, Shannon  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Amarillo, TX 79121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/19/2023	Full name of contributor Brown, Lisa Contributor address; City; State Amarillo, TX 79106	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/22/2023	Full name of contributor Bryan, Rebecca Contributor address; City; State Canyon, TX 79015	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CONTRIBU	TIOI	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his foi	rm.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 7/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 10/17/2023	<ul> <li>Full name of contributor  out-of-state PAC Bryant, Troy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	`		7	Amount of Contribution (\$)	\$500.00
		Laverne, OK 73848					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 11/25/2023	Full name of contributor out-of-state PAC Camarata, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Delicalization	Amarillo, TX 79109		Faralassa (Caralasta atian			
	Restaurant C	pation / Job title (See Instructions) Owner		Employer (See Instructions Owner Cafe Marizons	5)		
	Date 07/26/2023	Full name of contributor out-of-state PAC Clark, Susan Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$20.24
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/16/2023	Full name of contributor out-of-state PAC Corman, Greg Contributor address; City; State; Zip Code Burlington, CO 80807				Amount of Contribution (\$)	\$1,000.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC Cowan, Daniel Contributor address; City; State; Zip Code Amarillo, TX 79118				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)		3	Filer ID (Ethics Commission 00087625	n Filers)
4	Date 12/15/2023	<ul> <li>Full name of contributor</li></ul>	D#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
_	Date 11/16/2023	Full name of contributor  out-of-state PAC (I Davis, Wade Contributor address; City; State; Zip Code	D#:)	<u></u>	Amount of Contribution (\$)	\$150.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)	Employer (See Instructions self	S)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (I Donell, Steve  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Bushland, TX 79012 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (I Doshier, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Amarillo, TX 79118 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 07/26/2023	Full name of contributor out-of-state PAC (I Evans, Richard Contributor address; City; State; Zip Code Pampa, TX 79065	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this forn	n.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 9/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 12/03/2023	5 Full name of contributor Evridge, Grant	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Brady, TX 76825					
8	Principal occu Retail	pation / Job title (See Instructions)	9	Employer (See Instructions Evridges Inc	5)		
	Date 07/03/2023	Full name of contributor [ Ewing, Mark Contributor address; City; Sta		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Amarillo, TX 79118 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Self-Employed			
	Date 11/07/2023	Full name of contributor [ Ewing, Mark Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Amarillo, TX 79118					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	)		
	Date 10/05/2023	Full name of contributor Farabee, Lynda Contributor address; City; Star Levelland, TX 79336	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/17/2023	Full name of contributor  Featherston, Martha  Contributor address; City; Star  San Angelo, TX 76904	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)				3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 11/07/2023	5 Full name of contributor Franklin, Josh	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions	. 16	<u> </u>	Employer (See Instructions			
•	owner	pation / Job title (See Instructions)			Krause			
	Date 08/31/2023	Full name of contributor Gaines, Stephanie Contributor address; City; Sta					Amount of Contribution (\$)	\$50.00
	Deinsinal	Dalhart, TX 79022			Faralana (One Instruction			
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	)		
	Date 11/07/2023	Full name of contributor Giles, Kelly Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Canyon, TX 79015						
	Principal occu rancher	pation / Job title (See Instructions			Employer (See Instructions self	)		
	Date 10/05/2023	Full name of contributor Glass, Wesley Contributor address; City; Sta					Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions			Employer (See Instructions	)		
	Date 11/15/2023	Full name of contributor Grandpre, Justin Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00
	Principal occu homemaker	pation / Job title (See Instructions)			Employer (See Instructions homemaker	)		
			<u>'</u>					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/52	
2	FILER NAME Haynes, Jam	ie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	n Filers)
4	Date 11/28/2023	<ul><li>5 Full name of contributor Gray, Kimberlee</li><li>6 Contributor address; City; State;</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
•	retired			retired	,		
	Date 12/31/2023	Full name of contributor  Guy, Ricky  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Amarillo, TX 79106					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/12/2023	Full name of contributor  Hall, Dennis  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$30.00
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/30/2023					Amount of Contribution (\$)	\$250.00
	Principal occu	Phoenix, AZ 85086 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 08/26/2023	Herring, Randy	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Dalhart, TX 79022 pation / Job title (See Instructions)	т	Employer (See Instructions	., 		
	r inicipal occu	oction i son the (See Histractions)		Employer (See Instructions	יי		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 12/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	n Filers)
4	Date 10/29/2023	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_ e; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Amarillo, TX 79159 pation / Job title (See Instructions)		Employer (See Instructions	) ()		
_				C Employer (GGC modudent	, 	(4)	
	Date 12/12/2023	Full name of contributor [ Hershey, Doug  Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Amarillo, TX 79159 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	· 	,			,		
	Date 07/15/2023	Full name of contributor [ Holley, Andrew Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
10/20/2023 Hou		Full name of contributor Houlette, Gary  Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions Houlette & Garland	5)		
	Date 11/17/2023	Full name of contributor  Houlette, Gary  Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	CPA	panon / Job une (Jee Instructions)		Houlette & Garland	')		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 12/19/2023	Houlette, Gary	-of-state PAC (ID#: ) Code	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Canyon, TX 79015	l <sub>a</sub>	Employer (See Instructions			
•	CPA	pation / Job title (See Instructions)		Houlette & Garland	)		
	Date 09/20/2023	Full name of contributor		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions	)		
	CPA	pation / ood title (ood institutions)		Houlette & Garland	,		
	Date 08/18/2023	Full name of contributor out  Houlette, Gary  Contributor address; City; State; Zip	-of-state PAC (ID#: o Code	)		Amount of Contribution (\$)	\$100.00
		Canyon, TX 79015					
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Houlette & Garland	)		
	Date 07/19/2023	Full name of contributor out Houlette, Gary Contributor address; City; State; Zip Canyon, TX 79015				Amount of Contribution (\$)	\$100.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Houlette & Garland	)		
	Date 10/04/2023	Hutchens, Gary		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions HTeaO	)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)				3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 11/07/2023	<ul><li>5 Full name of contributor Ingrahm, EJ</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79121						
8		pation / Job title (See Instructions ales Associate	)	9	Employer (See Instructions Jason Mitchell Group	5)		
	Date 07/22/2023	Full name of contributor James, Duncan MacKenz Contributor address; City; St Austin, TX 78726			)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	<u>l</u> 5)		
	Date 11/07/2023	Full name of contributor Jones, Ty  Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Princinal occu	Amarillo, TX 79114 pation / Job title (See Instructions	<u>,                                      </u>		Employer (See Instructions	;) 		
	retired	panon, cos uno (coe mondono).	,		retired	<i>''</i>		
	Date 10/02/2023	Full name of contributor Jones, Ty  Contributor address; City; St  Amarillo, TX 79114	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions	)		Employer (See Instructions retired	5)		
	Date 10/24/2023	Full name of contributor Keeling, Scott Contributor address; City; St Hereford, TX 79045	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Cattle Feede	pation / Job title (See Instructions er	)		Employer (See Instructions Self	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUT	ΠΟΝ	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 15/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 07/21/2023	<ul> <li>Full name of contributor  out-of-state PAC (I Klein, Mandie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$25.00
_		Amarillo, TX 79124	- 1-		<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 11/23/2023	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Photographe	r		DKP,Inc			
	Date 10/04/2023	Full name of contributor out-of-state PAC (I Kuhlman Brothers Inc.  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$1,000.00
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (I Lasley, W E  Contributor address; City; State; Zip Code  Amarillo, TX 39119				Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/20/2023	Full name of contributor out-of-state PAC (I Lundgren, Carlton Contributor address; City; State; Zip Code Brady, TX 76825			•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/52	
2	FILER NAME Haynes, Jan	ie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	n Filers)
4	Date 10/18/2023	<ul> <li>Full name of contributor  out-of-state PA Marsh, Julie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$250.00
_		Hereford, TX 79045		- 40 1 1	_		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/25/2023	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	retired	·		Retired			
	Date 09/08/2023	Full name of contributor out-of-state PA  McCallister, Lisa  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$20.24
		Amarillo, TX 79110					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/24/2023	Full name of contributor out-of-state PA McGuff, Kenneth  Contributor address; City; State; Zip Code  Lohn, TX 76852		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/07/2023	Full name of contributor out-of-state PA Montgomery, Jeff Contributor address; City; State; Zip Code  Amarillo, TX 79109		)		Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 17/52	
2	FILER NAME Haynes, Jan				3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 08/28/2023	<ul><li>Full name of contributor Moorhouse, Ryan</li><li>Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions	5)	9 Employer (See Instructions	) )		
_	Date 09/24/2023	Full name of contributor	out-of-state PAC (ID#:_	)	_	Amount of Contribution (\$)	\$1,000,00
	09/24/2023	Moran, Daniel  Contributor address; City; S	tate; Zip Code				\$1,000.00
	Principal occu Welder	Brady, TX 76825 pation / Job title (See Instructions	s)	Employer (See Instructions Self-Employed	5)		
	Date 12/23/2023	Full name of contributor Morgan, Connie Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Amarillo, TX 79109 spation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 11/16/2023	Full name of contributor  Morris, Richard  Contributor address; City; S  Canyon, TX 79015	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Date 10/17/2023	Full name of contributor Myers, Grant Contributor address; City; S Vega, TX 79092				Amount of Contribution (\$)	\$1,500.00
	Principal occu Rancher	pation / Job title (See Instructions	s)	Employer (See Instructions Self-Employed	)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)			3	Filer ID (Ethics Commissio 00087625	n Filers)
4	Date 10/24/2023	<ul><li>5 Full name of contributor [Pfrimmer III, Jessee</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_ te; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Amarillo, TX 79110 pation / Job title (See Instructions)		Employer (See Instructions			
	- Tillopai occu	pation 7 300 title (See Instructions)		2 Employer (See Instructions	') 		
	Date 09/19/2023	Full name of contributor [ Powell, Kent  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code	)		Amount of Contribution (\$)	\$40.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		,			,		
	Date 07/20/2023	Full name of contributor [ Quinn, Cynthia Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Brady, TX 76825					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/20/2023	Full name of contributor  Quinn, Jim  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Brady, TX 76825 pation / Job title (See Instructions)		Employer (See Instructions	<u>;</u> )		
	Date 11/10/2023	Full name of contributor  REIMER, GREG  Contributor address; City; Sta	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Sales			Neurocrine Biosciences			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 10/01/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu Veterinarian	Canyon, TX 79015 pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	  -  s)		
	Date 09/24/2023	Full name of contributor out-of-state PAC (ID#:_Ramsey, Christina  Contributor address; City; State; Zip Code  Brady, TX 76825		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_ Reed, Clifton Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Amarillo, TX 79121 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Date 10/11/2023	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$150.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/28/2023	Full name of contributor out-of-state PAC (ID#:_Richards, Brandalyn  Contributor address; City; State; Zip Code  Hereford, TX 79045		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Diamond Cattle Feeders			

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/52	
2	FILER NAME Haynes, Jan				3	Filer ID (Ethics Commission 00087625	n Filers)
4	Date 12/09/2023	<ul><li>5 Full name of contributor Roddie Motley, Kathy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$20.24
8	Principal occu	Plano, TX 75075 pation / Job title (See Instructions	5)	9 Employer (See Instructions	;) 		
_	Date	Full name of contributor	out-of-state PAC (ID#:_	2 Employer (See manacuons	<u>''</u>	Amount of Contribution (\$)	
	11/23/2023	Rose, Zac  Contributor address; City; S	<u> </u>			Amount of Contribution (4)	\$250.00
	Pointing I accord	Amarillo, TX 79119		Fundament (On the transition	_		
	Financial Ad	pation / Job title (See Instructions V	5)	Employer (See Instructions Rose Group	5)		
	Date 08/28/2023	Full name of contributor Schniederjan, Jason Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
		Dalhart, TX 79022		_			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 07/27/2023	Full name of contributor Scivally, Reid Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 10/11/2023	Full name of contributor Simmers, David Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions	s)	Employer (See Instructions	  -  s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)				3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 11/22/2023	<ul><li>5 Full name of contributor Simmers, David</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Amarillo, TX 79119 pation / Job title (See Instructions		<u> </u>	Employer (See Instructions	·/_		
<u> </u>	retired	pation / Job title (See Instructions	)		retired	·)		
	Date 08/12/2023	Full name of contributor Spain, Kim Contributor address; City; St					Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76137						
	Principal occu	pation / Job title (See Instructions	(i)		Employer (See Instructions	s)		
	Date 11/30/2023	Full name of contributor Sparkman, Kyle Contributor address; City; St			)		Amount of Contribution (\$)	\$1,000.00
		Amarillo, TX 79119						
	Principal occu Orthodontist	pation / Job title (See Instructions	)		Employer (See Instructions Sparkman Orthodontics			
	Date 11/14/2023	Full name of contributor Stout, Pat Contributor address; City; St Amarillo, TX 79106	out-of-state PAC (ID#: ate; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions	)		Employer (See Instructions retired	5)		
	Date 12/21/2023	Full name of contributor Stovell, Bill Contributor address; City; St Friona, TX 79035	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions	)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	ITRIBUTIO	NS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 10/24/2023	<ul> <li>Full name of contributor  ou Sturgess, Kynan</li> <li>Contributor address; City; State; Zi</li> </ul>	ut-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Hereford, TX 79045 pation / Job title (See Instructions)	Ī	Employer (See Instructions	<u> </u>		
	Date 11/07/2023		ıt-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u>		
	Date 09/30/2023	Full name of contributor ou Templer, John Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/12/2023	Thompson, Jerry	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 12/31/2023	Full name of contributor ou Thompson, John Contributor address; City; State; Zi Hartley, TX 79044	p Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			,				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/21 Rpt: 23/52	
2	FILER NAME Haynes, Jam	nie L. (Mrs.)			3	Filer ID (Ethics Commission 00087625	on Filers)
4	Date 11/09/2023	<ul><li>5 Full name of contributor [ Tooley, Randy</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_	Dringing Loon	Canyon, TX 79015	I <sub>o</sub>	- Employer (Coo Instructions	<u></u>		
0	Principal occu	pation / Job title (See Instructions)	8	Employer (See Instructions	·)		
	Date 07/09/2023	Full name of contributor  Vanbeek, Gayle  Contributor address; City; Stat			•	Amount of Contribution (\$)	\$500.00
		Dalhart, TX 79022					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 11/16/2023	Full name of contributor  Vessels, Tim  Contributor address; City; Stat	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$250.00
		Canyon, TX 79015					
	Principal occu Regional Sal	pation / Job title (See Instructions) es Mgr.		Employer (See Instructions Johnson Livestock Wate		rs	
	Date 11/09/2023	Full name of contributor [ Warrick, Douglas Contributor address; City; Stat  Canyon, TX 79015		)		Amount of Contribution (\$)	\$50.00
	Principal occu Field Tech	pation / Job title (See Instructions)		Employer (See Instructions High Plains Water Distri	•	L	
	Date 12/20/2023	Full name of contributor  Webb, LH  Contributor address; City; State  Pampa, TX 79065	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A	\1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/52	
2	FILER NAME Haynes, Jan	nie L. (Mrs.)		3	Filer ID (Ethics Commission File 00087625	rs)
4	Date 07/03/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$5	00.00
8	Principal occu	Amarillo, TX 79120 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Wright, Keith Contributor address; City; State; Zip Code  Canyon, TX 79015			Amount of Contribution (\$) \$5	00.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#:_haynes, sharon  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$3,0	00.00
	Principal occu	Pampa, TX 79065-6445 pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 12/24/2023	Full name of contributor out-of-state PAC (ID#: tooley, randy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	50.00
	Principal occu	canyon, TX 79015-5862 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_tooley, randy  Contributor address; City; State; Zip Code  Canyon, TX 79015			Amount of Contribution (\$) \$1	00.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

			SCHEDULE E	
on Guide explains how to complete this f	form.  1 Total pages Schedule E: Sch: 1/1 Rpt: 25/52			
L. (Mrs.)		3 Filer ID 000876	(Ethics Commission Filers)	
NITEMIZED LOANS			<b>\$</b> 236.56	
7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$150,000.00	
8 Lender address; City; State;	Zip Code		10 Interest Rate	
Canyon, TX 79015			11 Maturity Date	
ion / Job title (See Instructions)	13 Employer (See Instructions	s)		
er	Triangle Realty LLC			
llateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
17 Name of guarantor			19 Amount Guaranteed (\$)	
18 Guarantor address; City; State;	Zip Code			
ion	21 Employer (See Instructions)			
	L. (Mrs.)  NITEMIZED LOANS  7 Name of lender	NITEMIZED LOANS  7 Name of lender	Sch: 1/  L. (Mrs.)  7 Name of lender	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 26/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	08/30/2023	Accent West
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,325.00	320 S Polk St # 601
		Amarillo, TX 79101
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Print Media
		Tille Wedia
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	10/12/2023	Accent West
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,325.00	320 S Polk St # 601
		Amarillo, TX 79101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Print Media
L	Operation ONLY if dispose	Outside to Office health and a second to the
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	11/02/2023	Accent West
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,325.00	320 S Polk St # 601
l		
		Amarillo, TX 79101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Print Media
L	Operation Of the Control of the Cont	Overdish to 100% or helder a reason of 100% of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries  The Instruction Guide explains how to describe the services of the services	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 2/27 Rpt: 27/52	Haynes, Jamie L. (Mrs.)				00087625	
4	Date	5 Payee name					
	12/22/2023	Accent West					
6	Amount (\$) \$1,325.00	7 Payee address; City; State; Zip C 320 S Polk St # 601	Code				
		Amarillo, TX 79101					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising Expense		_		ide of Texas. Com , officeholder livinç	plete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	l ought			Office he	eld
	Date	Payee name					
	12/07/2023	Anderson, Lyn					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$407.28	708 S. Taylor					
		Amarillo, TX 79101					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Event Expense				ide of Texas. Com , officeholder living	plete Schedule T.
				Event Caterin		,	,
					3		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ought			Office he	eld
	Date	Payee name					
	12/07/2023	Anderson, Lyn					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$1,586.02	708 S. Taylor					
		Amarillo, TX 79101					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expense					plete Schedule T.
						, officeholder living	g expense
				Event Caterin	ıy		
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI		-				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Legal S		•		/ages	/Contract Labor			Out of Dis R (enter a	strict category not listed	above)
Ļ					struction Gu	iiue expiains	HOW IO CO	mpie	te tills lottil.					
1	Total pages Schedule F1:	2								3			(Ethics Commi	ssion Filers)
L	Sch: 3/27 Rpt: 28/52	L	Haynes, Ja	mıe L.	(Mrs.)						0008	37625		
4	Date	5	Payee name						<u> </u>					
	12/08/2023		Burkett Out	door A	Advertising									
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de						
	\$3,300.00		PO Box 503	372										
			Amarillo, TX	X 7915	59									
8	PURPOSE	(a)	Category (Si			no ton of this	andula)	(b)	Description					
ľ	OF	(")	Advertising			ne top of this scr	nedule)	()	_ `	outsi	ide of Te	exas. Com	plete Schedule T.	
	EXPENDITURE		, wvcrusing	-Apci	130				Check if Austin				•	
									Billboards					
9	Complete ONLY if direct		Candidate/Offi	icehold	ler name	(	Office sou	ght			(	Office he	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	10/24/2023		C&B Marke											
	Amount (\$)	$\vdash$	Payee addre	ss;	City;	State	; Zip Co	de						
	\$5,371.36		2400 SW 6	th Ave	-		-							
	•													
			Amarillo, TX	x 7910	06									
$\vdash$	PURPOSE	(2)					1	(h)	Description					
	OF	ر <sup>م</sup> )	Category (S			ne top of this sch	nedule)	(1)	Description  Check if travel	outsi	ide of Te	exas. Com	plete Schedule T.	
	EXPENDITURE		Advertising	Expe	iio <del>c</del>				Check if Austin					
									Digital Marke	tinç	g			
	Complete ONLY if direct		Candidate/Offi	icehold	ler name	(	Office sou	ght			(	Office he	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	11/21/2023		Choice Med											
	Amount (\$)	$\vdash$	Payee addre		City;	State	; Zip Co	de						
	\$14,437.00		11805 I-27	•	•	20	, , , 30	-						
	ψ± ., .σσο			<b>-</b> ·										
			Amarillo, TX	× 7011	10									
_	DUDDOCE	(=)					ı	/h\	December?					
	PURPOSE OF	(a)	Category (S			ne top of this sch	nedule)	(n)	Description  Check if travel	OUTSI	ide of T	exas. Com	plete Schedule T.	
	EXPENDITURE		Advertising	⊏xpei	iis <del>e</del>				Check if Austin					
									Digital Marke				•	
	Complete ONLY if direct		Candidate/Offi	icehold	ler name	(	Office sou	ght			(	Office he	eld	
	expenditure to benefit C/O	Н												

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/27 Rpt: 29/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	11/22/2023	Creative Cannon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.68	2201 Civic Cir #917
		Amarillo, TX 79109
_	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Video Production Crew
		Video i Toddelloti Grew
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	11/21/2023	Creative Cannon
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,864.19	2201 Civic Cir #917
	, ,	
		Amerilla TV 70100
		Amarillo, TX 79109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living eveness.
		Check if Austin, TX, officeholder living expense  Video Production Crew
		Video Floddclion Grew
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2023	H&Co Create
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.88	7100 BEESON ST
		AMARILLO, TX 79119
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Supplies
		Lvent Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/27 Rpt: 30/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	07/07/2023	Hazlitt Industries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	3500 South Dupont Highway
		Dover, DE 19901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consultants
		Consultants
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/11/2023	Hazlitt Industries
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,933.00	3500 South Dupont Highway
		Dover, DE 19901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consultants
		Consultants
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D :	
	Date	Payee name
	09/06/2023	Hazlitt Industries
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,999.23	3500 South Dupont Highway
		Dover, DE 19901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consultants
		Consultants
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/27 Rpt: 31/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	12/12/2023	Hazlitt Industries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,392.15	3500 South Dupont Highway
		Dover, DE 19901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consultants
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/12/2023	Hereford Country Club
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	726 Country Club Dr
		Hereford, TX 79045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Venue
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/27/2023	Hereford Country Club
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$662.81	726 Country Club Dr
		Hereford, TX 79045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Venue
		Event venue
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>
$\vdash$		
ı		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/27 Rpt: 32/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	11/22/2023	Lamar Advertising Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11,912.00	5321 Corporate Blvd.
		Baton Rouge, LA 70808
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Billboards
		Billibourus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	07/07/2023	Life Light Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,564.20	10924 Country Club Rd Belle
		Fourche, SD 57717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website Design
		Wooding Design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	12/06/2023	Payee name Mailchimp, LLC
		·
	Amount (\$) \$43.71	Payee address; City; State; Zip Code 675 Ponce De Leon Avenue
	Ф43.71	
		Northeast Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Email Program
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to cor	mple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/27 Rpt: 33/52	Haynes, Jamie L. (Mrs.)		00087625
4	Date	5 Payee name		
	11/13/2023	Mailchimp, LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$69.00	675 Ponce De Leon Avenue		
		Northeast Suite 5000		
		Atlanta, GA 30308		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fundraising Email Program
_				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office souç H	ght	Office held
	Date	Payee name		
	07/11/2023	Mailchimp, LLC		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$73.55	675 Ponce De Leon Avenue		
		Northeast Suite 5000		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Fundraising Email Program
	Operation ONLY if dispose	Open Highest (Office In Albert 1997)	1 4	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou H	gnt	Office held
_	Date	Pausa mama		
	08/11/2023	Payee name Mailchimp, LLC		
		•		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$73.55	675 Ponce De Leon Avenue		
		Northeast Suite 5000		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense  Fundraising Email Program
				Tundraising Email Frogram
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Office field

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e)
<u>_</u>	Tatal name C		- File
1	, ,		ı Hilers)
	Sch: 9/27 Rpt: 34/52	Haynes, Jamie L. (Mrs.) 00087625	
4	Date	5 Payee name	
	09/11/2023	Mailchimp, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$73.55	675 Ponce De Leon Avenue	
		Northeast Suite 5000	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraising Email Program	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	OH	
	Date	Payee name	
	10/11/2023	Mailchimp, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.55	675 Ponce De Leon Avenue	
		Northeast Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraising Email Program	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	pod.taro to boriont 0/01	···	
	Date	Payee name	
	12/14/2023	Mailchimp, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.62	675 Ponce De Leon Avenue	
		Northeast Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
	EAPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraising Email Program	
	Complete ONII V if allower	Condidate/Officeholder name Office county	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 10/27 Rpt: 35/52	Haynes, Jamie L. (Mrs.)  O0087625
4	Date	5 Payee name
	12/11/2023	Mailchimp, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising Email Program
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2023	Mailchimp, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,775.00	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Email Program
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2023	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.26	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital Ads
		Digital / tas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1: Sch: 11/27 Rpt: 36/52	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4	Date 07/31/2023	5 Payee name Meta	<u>,</u>
6	Amount (\$) \$0.28	7 Payee address; City; State; Zip Code 1 Hacker Way	
8	PURPOSE OF EXPENDITURE	Menlo Park, CA 94025  (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 08/23/2023	Payee name Meta	
	Amount (\$) \$1.13	Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 08/23/2023	Payee name Meta	
	Amount (\$) \$1.27	Payee address; City; State; Zip Code 1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 37/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	08/24/2023	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.93	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/31/2023	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/31/2023	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/27 Rpt: 38/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	08/23/2023	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital Ads
		S.g.ta / tab
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	08/24/2023	Meta
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.07	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital Ads
		Digital / No
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/24/2023	Meta
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1 Hacker Way
		Menlo Park, CA 94025
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Digital Ads
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
	Sch: 14/27 Rpt: 39/52	Haynes, Jamie L. (Mrs.) 00087625	
4		5 Payee name	
L	08/24/2023	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Digital Ads	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
F	Date	Payee name	_
	08/24/2023	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Digital Ads	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialitate to beliefit 6/01		
	Date	Payee name	
L	08/25/2023	Meta	
	Amount (\$) \$9.47	Payee address; City; State; Zip Code  1 Hacker Way	
	Ψ9.41	Triacker way	
		Menlo Park, CA 94025	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Digital Ads	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/27 Rpt: 40/52	Haynes, Jamie L. (Mrs.)	00087625
4	Date	5 Payee name	<b>'</b>
	08/28/2023	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.92	1 Hacker Way	
		·	
		Menlo Park, CA 94025	
8	PURPOSE		Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Digital Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/25/2023	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1 Hacker Way	
		·	
		Menlo Park, CA 94025	
	PURPOSE	T	Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	3 11 3	Check if Austin, TX, officeholder living expense
			Digital Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Great	•	
	Date	Payee name	
	08/29/2023	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.22	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE		Check if Austin, TX, officeholder living expense
			Digital Ads
_	Compilate Chill V. C. II	Condidate/Officeholds	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
l			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

rrsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	ı.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/27 Rpt: 41/52	Haynes, Jamie L. (Mrs.)	00087625
4		5 Payee name	
L	08/28/2023	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Digital A	
l			-
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
H	Date	Payee name	
l	08/28/2023	Meta	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.42	1 Hacker Way	
	¥-0		
l		Menlo Park, CA 94025	
┝	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if	N travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Navertising Expense	Austin, TX, officeholder living expense
l		Digital A	ds
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to benefit C/OI		
	Date	Payee name	
	08/28/2023	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
l	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.
		│	Austin, TX, officeholder living expense
		Jigital Al	٠,٠
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinico riciu

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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)

11/28/2023 Meta  7 Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description   Check if travel outside of Texas. Complete Schedule T.	Sch: 17/27 Rpt: 42/52  Haynes, Jamie L. (Mrs.) 0008762  4 Date	5 complete Schedule T. ving expense
4 Date 11/28/2023   5 Payee name Meta    6 Amount (\$)   \$25.19   \$25.19   \$25.19   \$25.19   \$25.19   \$40 Advertising Expense   \$1 Hacker Way Menlo Park, CA 94025    8 PURPOSE OF EXPENDITURE   (a) Category (see Categories listed at the top of this schedule) Advertising Expense   (b) Description   Check if Austin, TX, officeholder living expense   Candidate/Officeholder name Office sought Office held    Date O9/28/2023   Meta   Payee name Meta    Amount (\$)   Payee address; City; State; Zip Code    1 Hacker Way Menlo Park, CA 94025    PURPOSE OF EXPENDITURE   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder living expense    OF EXPENDITURE   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder living expense    OF EXPENDITURE   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Austin, TX, officeholder living expense    Order of travel outside of Texas. Complete Schedule T.    OF Check if Austin, TX, officeholder living expense    Order of travel outside of Texas. Complete Schedule T.    OF Check if Austin, TX, officeholder living expense    Digital Ads	4 Date 11/28/2023 5 Payee name Meta  7 Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. City is girll check if Advertising Expense  (b) Description Check if travel outside of Texas. City is girll check if Advertising Expense  Office sought  Date 09/28/2023  Payee name Meta  Amount (\$)  Payee address; City; State; Zip Code	complete Schedule T. ving expense
11/28/2023 Meta  Amount (\$) 7 Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if austin, TX, officeholder living expense  Digital Ads  (b) Description Check if austin, TX, officeholder living expense  Digital Ads  Office sought  Office sought  Office held  Payee name Meta  Amount (\$) Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) (b) Description  Of Complete ONLY if direct expenditure to benefit C/OH  Office held  Date O9/28/2023  Meta  Amount (\$) Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Check if austin, TX, officeholder living expense Digital Ads	### Amount (\$) #### Amount (\$) #### Amount (\$) #### Amount (\$) ###################################	ving expense
11/28/2023 Meta  Amount (\$) 7 Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if austin, TX, officeholder living expense  Digital Ads  (b) Description Check if austin, TX, officeholder living expense  Digital Ads  Office sought  Office sought  Office held  Payee name Meta  Amount (\$) Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) (b) Description  Of Complete ONLY if direct expenditure to benefit C/OH  Office held  Date O9/28/2023  Meta  Amount (\$) Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Check if austin, TX, officeholder living expense Digital Ads	### Amount (\$) #### Amount (\$) #### Amount (\$) #### Amount (\$) ###################################	ving expense
Section   Sect	\$25.19 1 Hacker Way  Menlo Park, CA 94025  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office Sou	ving expense
Menlo Park, CA 94025  8    PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Digital Ads  9    Complete ONLY if direct expenditure to benefit C/OH  Date	Menlo Park, CA 94025  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Check if Austin, TX, officeholder in Digital Ads  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Meta  Amount (\$) Payee address; City; State; Zip Code	ving expense
PURPOSE OF EXPENDITURE   (a) Category (see Categories listed at the top of this schedule)   Advertising Expense   (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Digital Ads	8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Concept Check if Austin, TX, officeholder in Digital Ads  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 09/28/2023  Amount (\$) Payee address; City; State; Zip Code	ving expense
8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads  Office sought Office held  Date O9/28/2023  Amount (\$) Payee name Meta  Amount (\$) Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Concept Check if Austin, TX, officeholder in Digital Ads  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Meta  Amount (\$) Payee address; City; State; Zip Code	ving expense
Advertising Expense  Advertising Expense  Advertising Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads  Complete ONLY if direct expenditure to benefit C/OH  Date  O9/28/2023  Amount (\$)  Payee name  Meta  Amount (\$)  Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  PURPOSE  OF  EXPENDITURE  (a) Categoriy (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Advertising Expense  Digital Ads	OF EXPENDITURE  Advertising Expense  OF Check if travel outside of Texas. Complete ONLY if direct expenditure to benefit C/OH  Date O9/28/2023  Amount (\$)  Payee address; City; State; Zip Code	ving expense
Advertising Expense	Advertising Expense    Check if travel outside of Texas. Content o	ving expense
9 Complete ONLY if direct expenditure to benefit C/OH  Date O9/28/2023	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Meta  Amount (\$) Payee address; City; State; Zip Code	
9 Complete ONLY if direct expenditure to benefit C/OH  Date	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Meta  Amount (\$) Payee address; City; State; Zip Code	held
Date 09/28/2023 Meta  Amount (\$) Payee address; City; State; Zip Code \$26.55 1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	Date Payee name 09/28/2023 Meta  Amount (\$) Payee address; City; State; Zip Code	held
Date 09/28/2023 Meta  Amount (\$) Payee address; City; State; Zip Code \$26.55 1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	Date Payee name 09/28/2023 Meta  Amount (\$) Payee address; City; State; Zip Code	neid
Meta  Amount (\$) Payee address; City; State; Zip Code  \$26.55 1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	09/28/2023 Meta  Amount (\$) Payee address; City; State; Zip Code	
Meta  Amount (\$) Payee address; City; State; Zip Code  \$26.55 1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	09/28/2023 Meta  Amount (\$) Payee address; City; State; Zip Code	
Amount (\$)  Payee address; City; State; Zip Code  1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Ads	Amount (\$) Payee address; City; State; Zip Code	
\$26.55  1 Hacker Way  Menlo Park, CA 94025  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	\$26.55 1 Hacker Way	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads		
OF EXPENDITURE  Advertising Expense  Advertising Expense  Digital Ads	Menlo Park, CA 94025	
EXPENDITURE  Advertising Expense  Check if Austin, TX, officeholder living expense  Digital Ads	(See Categories listed at the top of this schedule)	
Digital Ads	EXPENDITURE Advertising Expense	
		ang expense
Complete ONII V if direct Condidate/Officeholder name Office cought Office hold	2.gtd./.do	
Complete ONLY II direct Candidate/Onicenoider name Onice Southt Onice South	Complete ONLY if direct Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/OH		
Date Payee name	Date Payee name	
10/30/2023 Meta	1.49 - 1.41.11	
Amount (\$) Payee address; City; State; Zip Code		
\$27.42 1 Hacker Way		
Thurst May	42.1.12 1 Hadioi Way	
Menlo Park, CA 94025	Menlo Park CA 94025	
PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	AF	complete Schedule T.
	EXPENDITURE   //dvc/tising Expense	
EXPENDITURE  Advertising Expense  Check if Austin, TX, officeholder living expense	Digital Ads	
EXPENDITURE Check if Austin, TX, officeholder living expense		
EXPENDITURE Check if Austin, TX, officeholder living expense	· —	held
EXPENDITURE    Check if Austin, TX, officeholder living expense   Digital Ads		Tiola
EXPENDITURE    Check if Austin, TX, officeholder living expense	experiulture to berieff C/OH	
EXPENDITURE    Check if Austin, TX, officeholder living expense   Digital Ads	experialitire to beliefit C/Off	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form	• • • • • • • • • • • • • • • • • • • •				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 18/27 Rpt: 43/52	Haynes, Jamie L. (Mrs.) 00087625					
4	Date	5 Payee name					
	08/31/2023	Meta					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$28.44	1 Hacker Way					
		Menlo Park, CA 94025					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n				
	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.				
	LXI LINDITORL	,	Austin, TX, officeholder living expense				
		Digital Ad	JS				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
		···					
	Date	Payee name					
	08/30/2023	Meta					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$35.00	1 Hacker Way					
		Menlo Park, CA 94025					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n				
	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.				
	LAPENDITORE	,	Austin, TX, officeholder living expense				
		Digital Ad	JS				
	Opening the ONLY if allowed	Out list to 10ff on held on a reserve	Office healt				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held				
	Date	Payee name					
	12/28/2023	Meta					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$38.18	1 Hacker Way					
		Menlo Park, CA 94025					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n				
	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.				
	LXI LINDITORL	· · · · · · · · · · · · · · · · · · ·	Austin, TX, officeholder living expense				
		Digital Ad	JS				
	0 1. 0		05.				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 44/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	09/11/2023	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital Ads
		Digital Aus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/12/2023	Meta
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1 Hacker Way
	Ψ10.00	Thatain way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital Ads
		2 igitat / tus
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/24/2023	Meta
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Digital Ads
		Digital Aus
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	ift/Awards/Memoria egal Services The Instruction (			/Wages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	above)
1	Total pages Schedule F1:	2			JAPINIII		pit		3	Filer ID	(Ethics Commis	eion Eilore)
_				io I (Mro.)					•		(Ethics Commis	ssion Filers)
	Sch: 20/27 Rpt: 45/52	$ldsymbol{f eta}$	Haynes, Jam	IE L. (IVIIS.)						00087625		
4	Date	5	Payee name									
	11/13/2023		Meta									
6	Amount (\$)	7	Payee address	s; City;	Stat	e; Zip C	ode					
	\$75.00		1 Hacker Wa	у								
			Menlo Park,	CA 94025								
8	PURPOSE	(0)					(b)	D				
0	OF	(a) 	Category (See		t the top of this s	chedule)	(0)	Description  Check if travel	nuts	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising E	xpense						, officeholder living		
								Digital Ads				
9	Complete ONLY if direct		Candidate/Office	eholder name		Office so	<u>l</u> uaht			Office h	eld	
_	expenditure to benefit C/OI		Sarrarace, Sino	Shorder Hame			agiit			Omoc n		
	Date		Payee name									
	11/28/2023		Meta									
	Amount (\$)		Payee address	s; City;	Stat	e; Zip C	ode					
	\$76.52		1 Hacker Wa			, ,						
	Ţ. 0.0 <u>_</u>			,								
			Manla Dark	04.04005								
			Menlo Park,	CA 94025								
	PURPOSE OF	(a)	Category (See	Categories listed at	t the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Advertising E	xpense				<b>=</b>			plete Schedule T.	
								Digital Ads	1, 1 ^	, officeholder living	g expense	
								Digital Aus				
	Compulate ONII V if direct	<u> </u>	Canalidate/Office			Office				Office b	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	enolder name		Office so	ugnt			Office h	eiu	
_	Date		Payee name				_					
	12/11/2023		Meta									
	Amount (\$)		Payee address	; City;	Stat	e; Zip C	ode					
	\$125.00		1 Hacker Wa			-						
				•								
			Monlo Dark	CV 0403E								
		_	Menlo Park,				1.					
	PURPOSE OF	(a)	Category (See		t the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Advertising E	xpense				<u> </u>		ide of Texas. Com , officeholder living	plete Schedule T.	
								Digital Ads	1, 1 A	, onicenolaer livini	g expense	
								Digital Aus				
	0 1: 0:::::::::::::::::::::::::::::::::	L_	0 11 1 10 10 10			0.00	<u> </u>			·		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	eholder name		Office so	ught			Office h	eld	
	experientare to beliefit 6/01											
_		_					_		_			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Ott of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1: Sch: 21/27 Rpt: 46/52	2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4	Date 12/18/2023	5 Payee name Meta		'
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Cod 1 Hacker Way  Menlo Park, CA 94025	le	
8	PURPOSE OF EXPENDITURE			Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Ads
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date 12/27/2023	Payee name Meta		
	Amount (\$) \$250.00	Payee address; City; State; Zip Cod 1 Hacker Way  Menlo Park, CA 94025	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 12/04/2023	Payee name Nichols, Krystal		
	Amount (\$) \$2,900.00	Payee address; City; State; Zip Cod 2015 W COUNTY ROAD 388	le	
		Нарру, ТХ 79042		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Media Marketing/Design
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 47/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
	11/17/2023	Paragon Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,315.66	5500 Bluebird St
		Amarillo, TX 79109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event Catering
		3
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/12/2023	Rogers, Brett
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4514 Edinburgh Drive
	42,000.00	101 · 101 ·
		Tyler, TX 75703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital Messaging Consultant
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to beliefit crof	<u> </u>
	Date	Payee name
	11/06/2023	Rumble Up, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.00	2001 K St NW
		Washington, DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		P2P Texting
_	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/27 Rpt: 48/52	Haynes, Jamie L. (Mrs.) 00087625
4	Date	5 Payee name
l	11/16/2023	Sir Speedy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$369.74	416 SW 8th
		Amarillo, TX 79101
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Yard Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
l	11/29/2023	Staked
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$500.00	704 N 2nd Ave,
l		
		Canyon, TX 79015
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Yard Signs
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davisa nama
	10/19/2023	Payee name Sweets and M
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,275.64	3300 Coulter St suite 5
l	Ψ1,210.04	ood oodiler of oute o
		Amarillo, TX 79106
H	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Catering
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Event Expense Fees Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- I Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)				
Credit Card Payment  The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)		
Sch: 24/27 Rpt: 49/52	Haynes, Jamie L. (Mrs.)						00087625			
4 Date	<b>5</b> Payee name					<u> </u>				
12/04/2023		lican Party of Texas	:							
	· ·									
``'	7 Payee address; City; State; Zip Code									
\$750.00	807 Brazos	St								
	Austin, TX	78701								
8 PURPOSE	(a) Category (S	ee Categories listed at the to	n of this schodulo)	(b)	Description					
OF	Fees	ee Calegories listed at the to	p of this schedule)	`´	_ `	outsi	ide of Texas. Co	mplete Schedule T.		
EXPENDITURE	. 000				Check if Austin	, TX	, officeholder livir	ng expense		
					Filing Fee					
9 Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	uaht			Office h	neld		
expenditure to benefit C/OF		<del>-</del>	- 111 300	J						
6 .										
Date	Payee name									
11/06/2023	Two Knives	Catering								
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
\$200.00	500 Bluebird St Suite 400									
	Amarillo, T	70100								
				T						
PURPOSE		ee Categories listed at the to	p of this schedule)	(b)	Description					
EXPENDITURE	OF NDITURE Event Expense Check if travel outside of Texas. Complete Schedule T.									
	Check if Austin, TX, officeholder living expense  Event Catering							ig expense		
					Event Catem	ıy				
0 1: 0 1 1 1 1	0 "1 1 10"		0"	<u> </u>			0.00			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
experience to benefit eyer	•									
Date	Payee name									
08/29/2023 Two Knives Catering										
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
\$577.50			эшэ, цр							
Ψ317.30	\$577.50   500 Bluebird St Suite 400									
	Amarillo, T	X 79109								
PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description					
OF EXPENDITURE	Event Expe	nse			<b></b>			mplete Schedule T.		
LAFENDITORE					ш		, officeholder livir	ng expense		
					Event Caterir	ng				
Complete ONLY if direct		ceholder name	Office sou	ught			Office h	neld		
expenditure to benefit C/OF	1									
Forms provided by Texas Fi	thing Committee		othics state ty i					Version V3.5.1.0hfcfh67		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-						
	Sch: 25/27 Rpt: 50/52	Haynes, Jamie L. (Mrs.) 00087625							
4	Date	5 Payee name	_						
	11/13/2023	Two Knives Catering							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$4,211.18	500 Bluebird St Suite 400							
		Amarillo, TX 79109							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Event Catering							
		Event Gatering							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
ľ	expenditure to benefit C/OI	the state of the s							
⊨	Date	Payee name	=						
	09/01/2023	Whitney Russell Printing							
	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$46.80	PO Box 664							
	¥ 10.00								
		Amarillo, TX 79105							
┝	PURPOSE		_						
OF Printing Expanse									
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
	Printed Materials								
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/O								
⊨	Date	Davisa nama	=						
	08/18/2023	Payee name Whitney Russell Printing							
⊢	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$95.87	PO Box 664							
	400.01	1 0 200 00 1							
		Amarillo, TX 79105							
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Printed Materials							
			_						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
$\vdash$			_						
	rms provided by Texas F	thics Commission was athics state type Version V2.5.1.0hfsfb							

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 26/27 Rpt: 51/52	Haynes, Jamie L. (Mrs.)	00087625					
4	Date	5 Payee name	·					
	08/28/2023	Whitney Russell Printing						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$182.81	PO Box 664						
		Amarillo, TX 79105						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription					
	OF EXPENDITURE	Printing Expense						
		,	eck if Austin, TX, officeholder living expense ed Materials					
			ou maioridio					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O							
H	Date	Payee name						
	07/18/2023	Whitney Russell Printing						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$729.50	PO Box 664						
		Amarillo, TX 79105						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription					
	OF EXPENDITURE	I Tilling Expense	eck if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Printed Materials						
			ou maioridio					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	11/14/2023	Whitney Russell Printing						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,577.21	PO Box 664						
		Amarillo, TX 79105						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription					
	OF EXPENDITURE	Printing Expense	neck if travel outside of Texas. Complete Schedule T.					
			eck if Austin, TX, officeholder living expense ed Materials					
			ed materials					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
ı								

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Legal Services Salaries/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Services  The Instruction G	·		ages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/27 Rpt: 52/52			nie L. (Mrs.)						00087625		
4	Date	5 F	Payee name									
	10/26/2023	٧	Whitney Rus	ssell Printing								
	Amount (\$) \$2,427.13	F	Payee addres PO Box 664 Amarillo, TX		State;	Zip Coo	de					
8	PURPOSE	(a) (	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Printing Exp				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printed Materials					
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	ceholder name	Of	ffice souç	ght			Office he	eld	
	Date	F	Payee name									
	11/24/2023	٧	Whitney Rus	ssell Printing								
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Cod	de					
	\$3,524.65	F	PO Box 664									
			Amarillo, TX									
	PURPOSE OF			e Categories listed at t	he top of this sche	dule)	(b)	Description				
	EXPENDITURE	F	Printing Exp	ense				<b>—</b>		de of Texas. Comp		
Check if Austin, TX, officeholder living expense						expense						
	Printed Materials											
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Of	ffice souç	ght			Office he	eld	