

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |                                   |  |  |                                |      |
|---|---|---|-----------------------------------|--|--|--------------------------------|------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00087625 | <b>2</b> Total pages filed:<br>52 |  |  |                                |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Jamie L.   | MI                                | <b>OFFICE USE ONLY</b>   |  |                                |      |
|   | NICKNAME  | LAST<br>Haynes  | SUFFIX                            |  | Date Received<br><b>ELECTRONICALLY FILED</b><br>01/19/2024 |                                |      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>7669 Canyon Dr.<br><br>Amarillo, TX 79110  |   |                                   | Date Hand-delivered or Date Postmarked                                 |  |                                |      |
|   |   |   |                                   | Receipt #      Amount  |  |                                |      |
|   |   |   |                                   | Date Processed   |  |                                |      |
|   |   |   |                                   | Date Imaged  |  |                                |      |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>John T.  | MI                                |  |  |                                |      |
|   | NICKNAME  | LAST<br>Haynes  | SUFFIX                            |  |  |                                |      |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7669 Canyon Dr.<br><br>Amarillo, TX 79110  |   |                                   |  |  |                                |      |
|   |   |   |                                   |  |  |                                |      |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                         |  |  |                                |      |
|   | (806)   | 681-3421  |                                   |  |  |                                |      |
| <b>8</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |                                   |  |  |                                |      |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |                                   |  |  |                                |      |
| <b>9</b> PERIOD COVERED   | Month   | Day   | Year                              | THROUGH  | Month  | Day                            | Year |
|   | 07  | 01  | 2023                              |  | 12   | 31                             | 2023 |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/05/2024   |   |                                   | ELECTION TYPE  |  |                                |      |
|   |   |   |                                   | <input checked="" type="checkbox"/> Primary                            | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> Other |      |
|   |   |   | <input type="checkbox"/> General  | <input type="checkbox"/> Special                                       |  |                                |      |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   |                                   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 86 |  |                                |      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 52

**13** C / OH NAME Haynes, Jamie L. (Mrs.) **14** Filer ID (Ethics Commission Filers)  
00087625

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |    |            |
|-------------------------------|---|----|------------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 50.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 49,635.96  |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00       |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 93,150.00  |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 185,913.37 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 160,000.00 |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Jamie L. Haynes  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Haynes, Jamie L. (Mrs.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00087625 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 49,635.96    |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$              |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$              |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 150,236.56   |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         | \$ 93,150.00    |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$              |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   | \$              |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$              |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                              | \$              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/21 Rpt: 4/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
| <b>4</b> Date<br>11/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Adams, Mark<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015          | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>rancher   |  | <b>9</b> Employer (See Instructions)<br>self             |
| Date<br>10/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Admire, Damon<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79118                        | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Owner              |  | Employer (See Instructions)<br>Admire L.P.               |
| Date<br>11/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Affluent Construction by Drew Baccus<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79124 | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)                       |  | Employer (See Instructions)                              |
| Date<br>10/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Albracht, Darby<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                      | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)                       |  | Employer (See Instructions)                              |
| Date<br>11/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Anderson, Jordan<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106                     | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>General Contractor |  | Employer (See Instructions)<br>JA. Construction Group    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/21 Rpt: 5/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
| <b>4</b> Date<br>07/06/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ayala, Caryl<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78132 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)              |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>10/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ayala, Caryl<br><hr/> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78132                   | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)                       |   | Employer (See Instructions)                              |
| Date<br>12/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Batenhorst, Stacy<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                   | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)                       |   | Employer (See Instructions)                              |
| Date<br>10/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Black, Carey<br><hr/> Contributor address; City; State; Zip Code<br><br>Hereford, TX 79045                        | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Occupation Sales   |   | Employer (See Instructions)<br>H&R Mfg. Co.              |
| Date<br>10/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Blake, Christy<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                        | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Nurse Practitioner |   | Employer (See Instructions)<br>BSA Hospital              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/21 Rpt: 6/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                                     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
| <b>4</b> Date<br>11/07/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Blake, Christy | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015        |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Nurse Practitioner |   | <b>9</b> Employer (See Instructions)<br>BSA Hospital     |
| Date<br>12/05/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Boroughs, Colleen       | Amount of Contribution (\$)<br><br>\$20.24               |
| Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109               |   |  |
| Principal occupation / Job title (See Instructions)<br>retired                     |   | Employer (See Instructions)<br>retired                   |
| Date<br>12/29/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brooks, Shannon         | Amount of Contribution (\$)<br><br>\$250.00              |
| Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79121               |   |  |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                              |
| Date<br>12/19/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brown, Lisa             | Amount of Contribution (\$)<br><br>\$50.00               |
| Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106               |   |  |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                              |
| Date<br>12/22/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bryan, Rebecca          | Amount of Contribution (\$)<br><br>\$100.00              |
| Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                 |   |  |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | 1 Total pages Schedule A1:<br>Sch: 4/21 Rpt: 7/52  |
| 2 FILER NAME<br>Haynes, Jamie L. (Mrs.)                                 |   | 3 Filer ID (Ethics Commission Filers)<br>00087625  |
| 4 Date<br>10/17/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bryant, Troy  | 7 Amount of Contribution (\$) \$500.00             |
|   | 6 Contributor address; City; State; Zip Code<br><br>Laverne, OK 73848                               |  |
| 8 Principal occupation / Job title (See Instructions)                   |   | 9 Employer (See Instructions)                      |
| Date<br>11/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Camarata, Scott | Amount of Contribution (\$) \$100.00               |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109                                |  |
| Principal occupation / Job title (See Instructions)<br>Restaurant Owner |   | Employer (See Instructions)<br>Owner Cafe Marizons |
| Date<br>07/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Clark, Susan    | Amount of Contribution (\$) \$20.24                |
|   | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                                  |  |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                        |
| Date<br>09/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Corman, Greg    | Amount of Contribution (\$) \$1,000.00             |
|   | Contributor address; City; State; Zip Code<br><br>Burlington, CO 80807                              |  |
| Principal occupation / Job title (See Instructions)<br>Rancher          |   | Employer (See Instructions)<br>Self                |
| Date<br>11/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cowan, Daniel   | Amount of Contribution (\$) \$50.00                |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79118                                |  |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/21 Rpt: 8/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
| <b>4</b> Date<br>12/15/2023                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Daberko, Robin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>11/16/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Davis, Wade<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                        | Amount of Contribution (\$)<br><br>\$150.00              |
| Principal occupation / Job title (See Instructions)<br>farmer    |  | Employer (See Instructions)<br>self                      |
| Date<br>12/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Donell, Steve<br><hr/> Contributor address; City; State; Zip Code<br><br>Bushland, TX 79012                    | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>11/14/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Doshier, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79118                   | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>07/26/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Evans, Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Pampa, TX 79065                      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/21 Rpt: 9/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
| <b>4</b> Date<br>12/03/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Evridge, Grant<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Brady, TX 76825 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retail |   | <b>9</b> Employer (See Instructions)<br>Evridges Inc     |
| Date<br>07/03/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ewing, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79118                   | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)<br>Owner           |   | Employer (See Instructions)<br>Self-Employed             |
| Date<br>11/07/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ewing, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79118                   | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Owner           |   | Employer (See Instructions)<br>Self-Employed             |
| Date<br>10/05/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Farabee, Lynda<br><hr/> Contributor address; City; State; Zip Code<br><br>Levelland, TX 79336               | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)                    |   | Employer (See Instructions)                              |
| Date<br>07/17/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Featherston, Martha<br><hr/> Contributor address; City; State; Zip Code<br><br>San Angelo, TX 76904         | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)                    |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/21 Rpt: 10/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/07/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Franklin, Josh<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00    |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>owner |  | <b>9</b> Employer (See Instructions)<br>Krause            |
| Date<br>08/31/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gaines, Stephanie<br><hr/> Contributor address; City; State; Zip Code<br><br>Dalhart, TX 79022                 | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)                   |  | Employer (See Instructions)                               |
| Date<br>11/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Giles, Kelly<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                       | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)<br>rancher        |  | Employer (See Instructions)<br>self                       |
| Date<br>10/05/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glass, Wesley<br><hr/> Contributor address; City; State; Zip Code<br><br>Sterling City, TX 76951               | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)                   |  | Employer (See Instructions)                               |
| Date<br>11/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Grandpre, Justin<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                   | Amount of Contribution (\$)<br><br>\$2,500.00             |
| Principal occupation / Job title (See Instructions)<br>homemaker      |  | Employer (See Instructions)<br>homemaker                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/21 Rpt: 11/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gray, Kimberlee<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79108 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired |   | <b>9</b> Employer (See Instructions)<br>retired           |
| Date<br>12/31/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guy, Ricky<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106                        | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                               |
| Date<br>12/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hall, Dennis<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109                      | Amount of Contribution (\$)<br><br>\$30.00                |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                               |
| Date<br>10/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hawkins, Heidi<br><hr/> Contributor address; City; State; Zip Code<br><br>Phoenix, AZ 85086                     | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                               |
| Date<br>08/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Herring, Randy<br><hr/> Contributor address; City; State; Zip Code<br><br>Dalhart, TX 79022                     | Amount of Contribution (\$)<br><br>\$250.00               |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
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| <b>The Instruction Guide explains how to complete this form.</b> |   | 1 Total pages Schedule A1:<br>Sch: 9/21 Rpt: 12/52 |
| 2 FILER NAME<br>Haynes, Jamie L. (Mrs.)                          |   | 3 Filer ID (Ethics Commission Filers)<br>00087625  |
| 4 Date<br>10/29/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hershey, Doug | 7 Amount of Contribution (\$) \$100.00             |
|  | 6 Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79159                              |  |
| 8 Principal occupation / Job title (See Instructions)            |   | 9 Employer (See Instructions)                      |
| Date<br>12/12/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hershey, Doug   | Amount of Contribution (\$) \$50.00                |
|  | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79159                                |  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                        |
| Date<br>07/15/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Holley, Andrew  | Amount of Contribution (\$) \$100.00               |
|  | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                                  |  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                        |
| Date<br>10/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houlette, Gary  | Amount of Contribution (\$) \$100.00               |
|  | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                                  |  |
| Principal occupation / Job title (See Instructions)<br>CPA       |   | Employer (See Instructions)<br>Houlette & Garland  |
| Date<br>11/17/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houlette, Gary  | Amount of Contribution (\$) \$500.00               |
|  | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                                  |  |
| Principal occupation / Job title (See Instructions)<br>CPA       |   | Employer (See Instructions)<br>Houlette & Garland  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/21 Rpt: 13/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>12/19/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houlette, Gary<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015  | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CPA |   | <b>9</b> Employer (See Instructions)<br>Houlette & Garland |
| <b>Date</b><br>09/20/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houlette, Gary<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Canyon, TX 79015      | <b>Amount of Contribution (\$)</b><br><br>\$100.00         |
| <b>Principal occupation / Job title (See Instructions)</b><br>CPA   |   | <b>Employer (See Instructions)</b><br>Houlette & Garland   |
| <b>Date</b><br>08/18/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houlette, Gary<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Canyon, TX 79015      | <b>Amount of Contribution (\$)</b><br><br>\$100.00         |
| <b>Principal occupation / Job title (See Instructions)</b><br>CPA   |   | <b>Employer (See Instructions)</b><br>Houlette & Garland   |
| <b>Date</b><br>07/19/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Houlette, Gary<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Canyon, TX 79015      | <b>Amount of Contribution (\$)</b><br><br>\$100.00         |
| <b>Principal occupation / Job title (See Instructions)</b><br>CPA   |   | <b>Employer (See Instructions)</b><br>Houlette & Garland   |
| <b>Date</b><br>10/04/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hutchens, Gary<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>LibertyHill, TX 78642 | <b>Amount of Contribution (\$)</b><br><br>\$2,500.00       |
| <b>Principal occupation / Job title (See Instructions)</b><br>Owner |   | <b>Employer (See Instructions)</b><br>HTeaO                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 11/21 Rpt: 14/52   |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625     |
| <b>4</b> Date<br>11/07/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ingrahm, EJ<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79121 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Executive Sales Associate |   | <b>9</b> Employer (See Instructions)<br>Jason Mitchell Group |
| Date<br>07/22/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>James, Duncan MacKenzie<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78726         | Amount of Contribution (\$)<br><br>\$100.00                  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br>11/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones, Ty<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79114                     | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Principal occupation / Job title (See Instructions)<br>retired                            |   | Employer (See Instructions)<br>retired                       |
| Date<br>10/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones, Ty<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79114                     | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Principal occupation / Job title (See Instructions)<br>retired                            |   | Employer (See Instructions)<br>retired                       |
| Date<br>10/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Keeling, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Hereford, TX 79045                | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Principal occupation / Job title (See Instructions)<br>Cattle Feeder                      |   | Employer (See Instructions)<br>Self                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12/21 Rpt: 15/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>07/21/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Klein, Mandie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79124 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)        |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Knapp, Davy<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106                     | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>Photographer |   | Employer (See Instructions)<br>DKP, Inc                    |
| Date<br>10/04/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kuhlman Brothers Inc.<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015             | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)                 |   | Employer (See Instructions)                                |
| Date<br>12/05/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lasley, W E<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 39119                     | Amount of Contribution (\$)<br><br>\$500.00                |
| Principal occupation / Job title (See Instructions)<br>Retired      |   | Employer (See Instructions)<br>Retired                     |
| Date<br>07/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lundgren, Carlton<br><hr/> Contributor address; City; State; Zip Code<br><br>Brady, TX 76825                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)                 |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 13/21 Rpt: 16/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>10/18/2023                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marsh, Julie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Hereford, TX 79045 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/25/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Maxwell, Brien<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109                 | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>retired   |  | Employer (See Instructions)<br>Retired                     |
| Date<br>09/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McCallister, Lisa<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110              | Amount of Contribution (\$)<br><br>\$20.24                 |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>09/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGuff, Kenneth<br><hr/> Contributor address; City; State; Zip Code<br><br>Lohn, TX 76852                    | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>11/07/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Montgomery, Jeff<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109               | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/21 Rpt: 17/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>08/28/2023                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moorhouse, Ryan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moran, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Brady, TX 76825                        | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>Welder    |   | Employer (See Instructions)<br>Self-Employed               |
| Date<br>12/23/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morgan, Connie<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109                    | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                |
| Date<br>11/16/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morris, Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                     | Amount of Contribution (\$)<br><br>\$200.00                |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                |
| Date<br>10/17/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Myers, Grant<br><hr/> Contributor address; City; State; Zip Code<br><br>Vega, TX 79092                          | Amount of Contribution (\$)<br><br>\$1,500.00              |
| Principal occupation / Job title (See Instructions)<br>Rancher   |   | Employer (See Instructions)<br>Self-Employed               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 15/21 Rpt: 18/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>10/24/2023                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pfrimmer III, Jessee<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79110 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/19/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Powell, Kent<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                             | Amount of Contribution (\$)<br><br>\$40.00                 |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>07/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Quinn, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Brady, TX 76825                            | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>07/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Quinn, Jim<br><hr/> Contributor address; City; State; Zip Code<br><br>Brady, TX 76825                                | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                                |
| Date<br>11/10/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>REIMER, GREG<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                             | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>Sales     |  | Employer (See Instructions)<br>Neurocrine Biosciences      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 16/21 Rpt: 19/52   |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625     |
| <b>4</b> Date<br>10/01/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ramey, Charter<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015    | <b>7</b> Amount of Contribution (\$)<br><br>\$1,500.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Veterinarian |  | <b>9</b> Employer (See Instructions)<br>Self-Employed        |
| <b>Date</b><br>09/24/2023  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ramsey, Christina<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Brady, TX 76825      | <b>Amount of Contribution (\$)</b><br><br>\$100.00           |
| <b>Principal occupation / Job title (See Instructions)</b>                   |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>12/06/2023  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reed, Clifton<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Amarillo, TX 79121       | <b>Amount of Contribution (\$)</b><br><br>\$100.00           |
| <b>Principal occupation / Job title (See Instructions)</b>                   |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>10/11/2023  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rhoades, Jack<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Canyon, TX 79015         | <b>Amount of Contribution (\$)</b><br><br>\$150.00           |
| <b>Principal occupation / Job title (See Instructions)</b>                   |  | <b>Employer (See Instructions)</b>                           |
| <b>Date</b><br>10/28/2023  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richards, Brandalyn<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Hereford, TX 79045 | <b>Amount of Contribution (\$)</b><br><br>\$2,500.00         |
| <b>Principal occupation / Job title (See Instructions)</b><br>Owner          |  | <b>Employer (See Instructions)</b><br>Diamond Cattle Feeders |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>     |   | <b>1</b> Total pages Schedule A1:<br>Sch: 17/21 Rpt: 20/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>12/09/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Roddie Motley, Kathy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75075 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.24        |
| <b>8</b> Principal occupation / Job title (See Instructions)         |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/23/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rose, Zac<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                           | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)<br>Financial Adv |   | Employer (See Instructions)<br>Rose Group                  |
| Date<br>08/28/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schniederjan, Jason<br><hr/> Contributor address; City; State; Zip Code<br><br>Dalhart, TX 79022                  | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                                |
| Date<br>07/27/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Scivally, Reid<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                        | Amount of Contribution (\$)<br><br>\$500.00                |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                                |
| Date<br>10/11/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simmers, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                      | Amount of Contribution (\$)<br><br>\$50.00                 |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 18/21 Rpt: 21/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>11/22/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simmers, David<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired |  | <b>9</b> Employer (See Instructions)<br>retired            |
| Date<br>08/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spain, Kim<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76137                     | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                                |
| Date<br>11/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sparkman, Kyle<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                   | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>Orthodontist     |  | Employer (See Instructions)<br>Sparkman Orthodontics       |
| Date<br>11/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stout, Pat<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106                       | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                     |
| Date<br>12/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stovell, Bill<br><hr/> Contributor address; City; State; Zip Code<br><br>Friona, TX 79035                      | Amount of Contribution (\$)<br><br>\$200.00                |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 19/21 Rpt: 22/52 |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>10/24/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sturgess, Kynan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Hereford, TX 79045 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)              |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>11/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sublett, Jerry<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                    | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Principal occupation / Job title (See Instructions)<br>retired            |   | Employer (See Instructions)<br>retired                     |
| Date<br>09/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Templer, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109                     | Amount of Contribution (\$)<br><br>\$500.00                |
| Principal occupation / Job title (See Instructions)                       |   | Employer (See Instructions)                                |
| Date<br>12/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Thompson, Jerry<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79118                   | Amount of Contribution (\$)<br><br>\$2,000.00              |
| Principal occupation / Job title (See Instructions)<br>Oil Industry Sales |   | Employer (See Instructions)<br>Self                        |
| Date<br>12/31/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Thompson, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Hartley, TX 79044                     | Amount of Contribution (\$)<br><br>\$250.00                |
| Principal occupation / Job title (See Instructions)                       |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 20/21 Rpt: 23/52  |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)                             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625    |
| <b>4</b> Date<br>11/09/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tooley, Randy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)               |   | <b>9</b> Employer (See Instructions)                        |
| Date<br>07/09/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vanbeek, Gayle<br><hr/> Contributor address; City; State; Zip Code<br><br>Dalhart, TX 79022                 | Amount of Contribution (\$)<br><br>\$500.00                 |
| Principal occupation / Job title (See Instructions)                        |   | Employer (See Instructions)                                 |
| Date<br>11/16/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vessels, Tim<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                    | Amount of Contribution (\$)<br><br>\$250.00                 |
| Principal occupation / Job title (See Instructions)<br>Regional Sales Mgr. |   | Employer (See Instructions)<br>Johnson Livestock Waterers   |
| Date<br>11/09/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Warrick, Douglas<br><hr/> Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                | Amount of Contribution (\$)<br><br>\$50.00                  |
| Principal occupation / Job title (See Instructions)<br>Field Tech          |   | Employer (See Instructions)<br>High Plains Water District 1 |
| Date<br>12/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Webb, LH<br><hr/> Contributor address; City; State; Zip Code<br><br>Pampa, TX 79065                         | Amount of Contribution (\$)<br><br>\$1,000.00               |
| Principal occupation / Job title (See Instructions)<br>Realtor             |   | Employer (See Instructions)<br>Self                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A1:<br>Sch: 21/21 Rpt: 24/52 |
| 2 FILER NAME<br>Haynes, Jamie L. (Mrs.)                          |  | 3 Filer ID (Ethics Commission Filers)<br>00087625   |
| 4 Date<br>07/03/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>White, Pete  | 7 Amount of Contribution (\$)<br><br>\$500.00       |
|  | 6 Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79120                             |   |
| 8 Principal occupation / Job title (See Instructions)            |  | 9 Employer (See Instructions)                       |
| Date<br>11/02/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wright, Keith  | Amount of Contribution (\$)<br><br>\$500.00         |
|  | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                                 |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |
| Date<br>12/20/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>haynes, sharon | Amount of Contribution (\$)<br><br>\$3,000.00       |
|  | Contributor address; City; State; Zip Code<br><br>Pampa, TX 79065-6445                             |   |
| Principal occupation / Job title (See Instructions)<br>Retired   |  | Employer (See Instructions)<br>Retired              |
| Date<br>12/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>tooley, randy  | Amount of Contribution (\$)<br><br>\$50.00          |
|  | Contributor address; City; State; Zip Code<br><br>canyon, TX 79015-5862                            |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |
| Date<br>12/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>tooley, randy  | Amount of Contribution (\$)<br><br>\$100.00         |
|  | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015                                 |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                         |



# LOANS

## SCHEDULE E

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 25/52  |
| <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | <b>\$</b> 236.56   |
| <b>5</b> Date of loan<br>12/07/2023   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Haynes, JT | <b>9</b> Loan Amount (\$)<br>\$150,000.00  |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Canyon, TX 79015                       | <b>10</b> Interest Rate  |
|   |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Business Owner           |  | <b>13</b> Employer (See Instructions)<br>Triangle Realty LLC   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|   | <b>18</b> Guarantor address; City; State; Zip Code   |  |
| <b>20</b> Principal occupation  |  | <b>21</b> Employer (See Instructions)  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/27 Rpt: 26/52 | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
|---|--|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>08/30/2023 | <b>5</b> Payee name<br>Accent West |
|-----------------------------|------------------------------------|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,325.00 | <b>7</b> Payee address; City; State; Zip Code<br>320 S Polk St # 601<br><br>Amarillo, TX 79101 |
|------------------------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Print Media |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>10/12/2023 | Payee name<br>Accent West |
|--------------------|---------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,325.00 | Payee address; City; State; Zip Code<br>320 S Polk St # 601<br><br>Amarillo, TX 79101 |
|---------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Print Media |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>11/02/2023 | Payee name<br>Accent West |
|--------------------|---------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,325.00 | Payee address; City; State; Zip Code<br>320 S Polk St # 601<br><br>Amarillo, TX 79101 |
|---------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Print Media |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/27 Rpt: 27/52    | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>12/22/2023                                  | <b>5</b> Payee name<br>Accent West   |  |
| <b>6</b> Amount (\$)<br>\$1,325.00                           | <b>7</b> Payee address; City; State; Zip Code<br>320 S Polk St # 601<br><br>Amarillo, TX 79101 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Print Media    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/07/2023   | Payee name<br>Anderson, Lyn  |  |
| Amount (\$)<br>\$407.28                                      | Payee address; City; State; Zip Code<br>708 S. Taylor<br><br>Amarillo, TX 79101                |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/07/2023   | Payee name<br>Anderson, Lyn  |  |
| Amount (\$)<br>\$1,586.02                                    | Payee address; City; State; Zip Code<br>708 S. Taylor<br><br>Amarillo, TX 79101                |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/27 Rpt: 28/52    | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>12/08/2023                                  | <b>5</b> Payee name<br>Burkett Outdoor Advertising   |   |
| <b>6</b> Amount (\$)<br>\$3,300.00                           | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 50372<br><br>Amarillo, TX 79159        |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Billboards        |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/24/2023   | Payee name<br>C&B Marketing  |   |
| Amount (\$)<br>\$5,371.36                                    | Payee address; City; State; Zip Code<br>2400 SW 6th Ave<br><br>Amarillo, TX 79106              |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Marketing |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/21/2023   | Payee name<br>Choice Media   |   |
| Amount (\$)<br>\$14,437.00                                   | Payee address; City; State; Zip Code<br>11805 I-27 STE A<br><br>Amarillo, TX 79119             |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Marketing |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/27 Rpt: 29/52    | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/22/2023                                  | <b>5</b> Payee name<br>Creative Cannon   |   |
| <b>6</b> Amount (\$)<br>\$335.68                             | <b>7</b> Payee address; City; State; Zip Code<br>2201 Civic Cir #917<br><br>Amarillo, TX 79109           |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Production Crew |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/21/2023   | Payee name<br>Creative Cannon  |   |
| Amount (\$)<br>\$7,864.19                                    | Payee address; City; State; Zip Code<br>2201 Civic Cir #917<br><br>Amarillo, TX 79109                    |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Production Crew |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/29/2023   | Payee name<br>H&Co Create  |   |
| Amount (\$)<br>\$260.88                                      | Payee address; City; State; Zip Code<br>7100 BEESON ST<br><br>AMARILLO, TX 79119                         |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Supplies        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/27 Rpt: 30/52           | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>07/07/2023   | <b>5</b> Payee name<br>Hazlitt Industries   |   |
| <b>6</b> Amount (\$)<br>\$2,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>3500 South Dupont Highway<br><br>Dover, DE 19901 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultants |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>10/11/2023  | Payee name<br>Hazlitt Industries  |   |
| Amount (\$)<br>\$2,933.00   | Payee address; City; State; Zip Code<br>3500 South Dupont Highway<br><br>Dover, DE 19901          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultants |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/06/2023  | Payee name<br>Hazlitt Industries  |   |
| Amount (\$)<br>\$4,999.23   | Payee address; City; State; Zip Code<br>3500 South Dupont Highway<br><br>Dover, DE 19901          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultants |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/27 Rpt: 31/52    | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>12/12/2023                                  | <b>5</b> Payee name<br>Hazlitt Industries   |   |
| <b>6</b> Amount (\$)<br>\$3,392.15                           | <b>7</b> Payee address; City; State; Zip Code<br>3500 South Dupont Highway<br><br>Dover, DE 19901 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultants |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/12/2023   | Payee name<br>Hereford Country Club   |   |
| Amount (\$)<br>\$500.00                                      | Payee address; City; State; Zip Code<br>726 Country Club Dr<br><br>Hereford, TX 79045             |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Venue |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/27/2023   | Payee name<br>Hereford Country Club   |   |
| Amount (\$)<br>\$662.81                                      | Payee address; City; State; Zip Code<br>726 Country Club Dr<br><br>Hereford, TX 79045             |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Venue |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/27 Rpt: 32/52           | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/22/2023   | <b>5</b> Payee name<br>Lamar Advertising Company  |   |
| <b>6</b> Amount (\$)<br>\$11,912.00                                 | <b>7</b> Payee address; City; State; Zip Code<br>5321 Corporate Blvd.<br><br>Baton Rouge, LA 70808            |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Billboards                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/07/2023  | Payee name<br>Life Light Creative   |   |
| Amount (\$)<br>\$1,564.20   | Payee address; City; State; Zip Code<br>10924 Country Club Rd Belle<br><br>Fourche, SD 57717                  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website Design            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/06/2023  | Payee name<br>Mailchimp, LLC  |   |
| Amount (\$)<br>\$43.71  | Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/27 Rpt: 33/52 | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
|---|--|--|

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>11/13/2023 | <b>5</b> Payee name<br>Mailchimp, LLC |
|-----------------------------|---------------------------------------|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$69.00 | <b>7</b> Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308 |
|---------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>07/11/2023 | Payee name<br>Mailchimp, LLC |
|--------------------|------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$73.55 | Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308 |
|------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>08/11/2023 | Payee name<br>Mailchimp, LLC |
|--------------------|------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$73.55 | Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308 |
|------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/27 Rpt: 34/52    | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>09/11/2023                                  | <b>5</b> Payee name<br>Mailchimp, LLC  |   |
| <b>6</b> Amount (\$)<br>\$73.55                              | <b>7</b> Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/11/2023   | Payee name<br>Mailchimp, LLC   |   |
| Amount (\$)<br>\$73.55                                       | Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/14/2023   | Payee name<br>Mailchimp, LLC   |   |
| Amount (\$)<br>\$74.62                                       | Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/27 Rpt: 35/52   | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>12/11/2023                                  | <b>5</b> Payee name<br>Mailchimp, LLC  |   |
| <b>6</b> Amount (\$)<br>\$140.71                             | <b>7</b> Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/13/2023   | Payee name<br>Mailchimp, LLC   |   |
| Amount (\$)<br>\$2,775.00                                    | Payee address; City; State; Zip Code<br>675 Ponce De Leon Avenue<br>Northeast Suite 5000<br>Atlanta, GA 30308          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Email Program |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/31/2023   | Payee name<br>Meta   |   |
| Amount (\$)<br>\$0.26  | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025                                       |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads               |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/27 Rpt: 38/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>08/23/2023   | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$2.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/24/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$2.07   | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/24/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$3.00   | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/27 Rpt: 39/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>08/24/2023   | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$5.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/24/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$7.00   | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/25/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$9.47   | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/27 Rpt: 40/52 | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
|--|--|--|

|                             |                             |
|-----------------------------|-----------------------------|
| <b>4</b> Date<br>08/28/2023 | <b>5</b> Payee name<br>Meta |
|-----------------------------|-----------------------------|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>\$9.92 | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025 |
|--------------------------------|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>08/25/2023 | Payee name<br>Meta |
|--------------------|--------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$10.00 | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>08/29/2023 | Payee name<br>Meta |
|--------------------|--------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$10.22 | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/27 Rpt: 41/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>08/28/2023   | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$15.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>08/28/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$19.42  | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought                      Office held  |
| Date<br>08/28/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$25.00  | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/27 Rpt: 42/52   | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/28/2023                                  | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$25.19                              | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/28/2023   | Payee name<br>Meta   |   |
| Amount (\$)<br>\$26.55                                       | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/30/2023   | Payee name<br>Meta   |   |
| Amount (\$)<br>\$27.42                                       | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/27 Rpt: 43/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>08/31/2023   | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$28.44                                     | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/30/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$35.00  | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/28/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$38.18  | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/27 Rpt: 44/52   | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>09/11/2023                                  | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$50.00                              | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/12/2023   | Payee name<br>Meta   |   |
| Amount (\$)<br>\$75.00                                       | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/24/2023   | Payee name<br>Meta   |   |
| Amount (\$)<br>\$75.00                                       | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/27 Rpt: 45/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/13/2023   | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$75.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/28/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$76.52  | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/11/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$125.00   | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/27 Rpt: 46/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>12/18/2023   | <b>5</b> Payee name<br>Meta  |   |
| <b>6</b> Amount (\$)<br>\$175.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads                   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/27/2023  | Payee name<br>Meta   |   |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>1 Hacker Way<br><br>Menlo Park, CA 94025               |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Ads                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/04/2023  | Payee name<br>Nichols, Krystal   |   |
| Amount (\$)<br>\$2,900.00   | Payee address; City; State; Zip Code<br>2015 W COUNTY ROAD 388<br><br>Happy, TX 79042          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Social Media Marketing/Design |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 22/27 Rpt: 47/52   | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>11/17/2023                                  | <b>5</b> Payee name<br>Paragon Kitchen   |  |
| <b>6</b> Amount (\$)<br>\$1,315.66                           | <b>7</b> Payee address; City; State; Zip Code<br>5500 Bluebird St<br><br>Amarillo, TX 79109    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering               |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/12/2023   | Payee name<br>Rogers, Brett  |  |
| Amount (\$)<br>\$1,000.00                                    | Payee address; City; State; Zip Code<br>4514 Edinburgh Drive<br><br>Tyler, TX 75703            |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Messaging Consultant |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/06/2023   | Payee name<br>Rumble Up, LLC   |  |
| Amount (\$)<br>\$34.00                                       | Payee address; City; State; Zip Code<br>2001 K St NW<br><br>Washington, DC 20006               |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>P2P Texting                  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 23/27 Rpt: 48/52          | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625   |
| <b>4</b> Date<br>11/16/2023   | <b>5</b> Payee name<br>Sir Speedy   |  |
| <b>6</b> Amount (\$)<br>\$369.74                                    | <b>7</b> Payee address; City; State; Zip Code<br>416 SW 8th<br><br>Amarillo, TX 79101       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard Signs     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/29/2023  | Payee name<br>Staked  |  |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>704 N 2nd Ave,<br><br>Canyon, TX 79015              |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard Signs     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/19/2023  | Payee name<br>Sweets and M  |  |
| Amount (\$)<br>\$1,275.64   | Payee address; City; State; Zip Code<br>3300 Coulter St suite 5<br><br>Amarillo, TX 79106   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 24/27 Rpt: 49/52 | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
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| <b>4</b> Date<br>12/04/2023 | <b>5</b> Payee name<br>The Republican Party of Texas |
|-----------------------------|--|

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|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$750.00 | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St<br><br>Austin, TX 78701 |
|----------------------------------|--|

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|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing Fee |
|---------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>11/06/2023 | Payee name<br>Two Knives Catering |
|--------------------|-----------------------------------|

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|-------------------------|---|
| Amount (\$)<br>\$200.00 | Payee address; City; State; Zip Code<br>500 Bluebird St Suite 400<br><br>Amarillo, TX 79109 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering |
|-------------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date<br>08/29/2023 | Payee name<br>Two Knives Catering |
|--------------------|-----------------------------------|

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|-------------------------|---|
| Amount (\$)<br>\$577.50 | Payee address; City; State; Zip Code<br>500 Bluebird St Suite 400<br><br>Amarillo, TX 79109 |
|-------------------------|---|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering |
|-------------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/27 Rpt: 50/52   | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625  |
| <b>4</b> Date<br>11/13/2023                                  | <b>5</b> Payee name<br>Two Knives Catering   |   |
| <b>6</b> Amount (\$)<br>\$4,211.18                           | <b>7</b> Payee address; City; State; Zip Code<br>500 Bluebird St Suite 400<br><br>Amarillo, TX 79109 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Catering    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/01/2023   | Payee name<br>Whitney Russell Printing   |   |
| Amount (\$)<br>\$46.80                                       | Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105                         |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/18/2023   | Payee name<br>Whitney Russell Printing   |   |
| Amount (\$)<br>\$95.87                                       | Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105                         |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 26/27 Rpt: 51/52 | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
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|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>08/28/2023 | <b>5</b> Payee name<br>Whitney Russell Printing |
|-----------------------------|---|

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|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$182.81 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105 |
|----------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>07/18/2023 | Payee name<br>Whitney Russell Printing |
|--------------------|--|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$729.50 | Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105 |
|-------------------------|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>11/14/2023 | Payee name<br>Whitney Russell Printing |
|--------------------|--|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$1,577.21 | Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105 |
|---------------------------|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 27/27 Rpt: 52/52 | <b>2</b> FILER NAME<br>Haynes, Jamie L. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087625 |
|--|--|--|

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|-----------------------------|---|
| <b>4</b> Date<br>10/26/2023 | <b>5</b> Payee name<br>Whitney Russell Printing |
|-----------------------------|---|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$2,427.13 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105 |
|------------------------------------|---|

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|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>11/24/2023 | Payee name<br>Whitney Russell Printing |
|--------------------|--|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$3,524.65 | Payee address; City; State; Zip Code<br>PO Box 664<br><br>Amarillo, TX 79105 |
|---------------------------|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed Materials |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
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