

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|---|---|----------------------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00087625 | 2 Total pages filed: 8 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Jamie L. | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Haynes | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7669 Canyon Dr. Amarillo, TX 79110 | | | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST John T. | MI | |
| | NICKNAME | LAST Haynes | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7669 Canyon Dr. Amarillo, TX 79110 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (806) | 681-3421 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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) | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH |
| | 01 | 01 | 2024 | 01/25/2024 |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |
| | 03 | 05 | 2024 | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) |
| | | | | State Representative District 86 |

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|---|---|
| 13 C / OH NAME Haynes, Jamie L. (Mrs.) | 14 Filer ID (Ethics Commission Filers) 00087625 |
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| | | | |
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| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | | |
|--------------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 125.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,845.24 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 23,226.62 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 167,284.91 |
| 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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| | | |
|--|---|---|
| 18 FILER NAME Haynes, Jamie L. (Mrs.) | | 19 Filer ID (Ethics Commission Filers) 00087625 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,845.24 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 23,226.62 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8 |
| 2 FILER NAME Haynes, Jamie L. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087625 |
| 4 Date 01/06/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jennifer | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Amarillo, TX 79109 | | |
| 8 Principal occupation / Job title (See Instructions) Registered Dietitian | | 9 Employer (See Instructions) Sedexo |
| Date 01/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donop, Jan | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Brady, TX 76825 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doshier, David | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79118 | | |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self-Employed |
| Date 01/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdy, Edward | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79109 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) American Land Title |
| Date 01/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Diane | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78245 | | |
| Principal occupation / Job title (See Instructions) Financial Advisor | | Employer (See Instructions) LPL Financial |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8 |
| 2 FILER NAME Haynes, Jamie L. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087625 |
| 4 Date 01/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houlette, Gary <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) Houlette & Garland |
| Date 01/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luabhan, Rodney <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meynig, Lorie <hr/> Contributor address; City; State; Zip Code Austin, TX 78736 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) Homemaker |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Melissa <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roddie Motley, Kathy <hr/> Contributor address; City; State; Zip Code Plano, TX 75075 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

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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| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/8 | 2 FILER NAME Haynes, Jamie L. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087625 |
| 4 Date 01/25/2024 | 5 Payee name Anedot, INC | |
| 6 Amount (\$) \$63.51 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Anedot Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fees for reporting period. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/18/2024 | Payee name Bar Z Winery | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 19290 Farm to market 1541 Canyon, TX 79015 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/01/2024 | Payee name Hazlitt Industries LLC | |
| Amount (\$) \$3,046.52 | Payee address; City; State; Zip Code 3500 South Dupont Highway Dover, DE 19901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultants |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 7/8 | 2 FILER NAME Haynes, Jamie L. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087625 |
| 4 Date 01/09/2024 | 5 Payee name Nichols, Krystal | |
| 6 Amount (\$) \$2,900.00 | 7 Payee address; City; State; Zip Code 2015 W COUNTY ROAD 388 Happy, TX 79042 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising/Consultant |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/09/2024 | Payee name Nichols, Krystal | |
| Amount (\$) \$2,900.00 | Payee address; City; State; Zip Code 2015 W COUNTY ROAD 388 Happy, TX 79042 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising/Consultant |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/18/2024 | Payee name Whitney Russell Printing | |
| Amount (\$) \$131.93 | Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Invites |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|-------------|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/8 | 2 FILER NAME Haynes, Jamie L. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087625 | |
| 4 Date 01/09/2024 | 5 Payee name Whitney Russell Printing | | |
| 6 Amount (\$) \$13,984.66 | 7 Payee address; City; State; Zip Code PO Box 664 Amarillo, TX 79105 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |