

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) 00090365		2 Total pages filed: 42	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Jamie L.	MI	
	NICKNAME		LAST Haynes	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7669 Canyon Drive Amarillo, TX 79110			ZIP CODE	
	OFFICE USE ONLY				
	Date Received ELECTRONICALLY FILED 01/15/2026				
	Date Hand-delivered or Date Postmarked				
Receipt #		Amount			
Date Processed					
Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST JT	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 Drive Amarillo, TX 79110				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(806)	681-3421			
8 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)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
		07/01/2025			12/31/2025
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE		
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) State Representative District 86 Randall			12 OFFICE SOUGHT (if known) State Representative District 86	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Haynes, Jamie L. (Mrs.)	14 Filer ID	(Ethics Commission Filers)
		00090365	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	198,122.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	38,951.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	159,171.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Mrs. Jamie L. Haynes

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Haynes, Jamie L. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00090365
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 189,917.08
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,205.86
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	\$ 38,951.36
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: 1/27 Rpt: 4/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBRACHT, DOUG <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79119	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SURGEON
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLRED, DONALD <hr/> Contributor address; City; State; Zip Code VEGA, TX 79092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, CAROL <hr/> Contributor address; City; State; Zip Code BRADY, TX 76825	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PCT 1 COMMISSIONER		Employer (See Instructions) MCCULLOCH COUNTY
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, STEVE <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) CAVINESS BEEF
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APP BIG FAMILY PAC LLC <hr/> Contributor address; City; State; Zip Code ARLINGTON, VA 22206	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/27 Rpt: 5/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AYALA, CARYL 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BACA, BRENT Contributor address; City; State; Zip Code VEGA, TX 79092	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BANNER, BRENDON Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) STREET S		Employer (See Instructions) CITY OF CANYON
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRETT, BRAD Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CATTLE FEEDER		Employer (See Instructions) SELF
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRETT, ROBERT Contributor address; City; State; Zip Code HEREFORD, TX 79045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BEEF SALES		Employer (See Instructions) BARRETT CROFOOT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/27 Rpt: 6/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMEYER, JOHN <hr/> 6 Contributor address; City; State; Zip Code LORAIN, TX 79532	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) EMPLOYEE		9 Employer (See Instructions) TPR
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIDEKAIN, BROOKE <hr/> Contributor address; City; State; Zip Code TUCUMCARI, NM 88401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWLING, ALLY <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOX, VON <hr/> Contributor address; City; State; Zip Code CRYSTAL CITY, TX 78839	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RANCH BROKER		Employer (See Instructions) SELF
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOX, VON <hr/> Contributor address; City; State; Zip Code CRYSTAL CITY, TX 78839	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) RANCHER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/27 Rpt: 7/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRACK, KYLE <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79015	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) PANTECH
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, DANIEL <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79101	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) AUTO INC
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREWER, JIM J <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79101	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) GEOLOGIST		Employer (See Instructions) JBREX CO
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREWER, JIM J <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79101	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) GEOLOGIST		Employer (See Instructions) JBREX CO
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, LISA <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/27 Rpt: 8/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, LISA <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKLES, SCOTT <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79159	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) AG		Employer (See Instructions) SELF
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNCH, KATHY <hr/> Contributor address; City; State; Zip Code HEREFORD, TX 79045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUROUGHS, COLLEEN <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMARATA, SCOTT <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RESTAURANT		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/27 Rpt: 9/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, MATTHEW <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79118	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) AW BROADBAND
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAFFIN, LOWELL <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79121	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPMAN, JUSTIN <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) FAYEBUCK LLC
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESNUT, JEFF <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79105	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) LANDMAN		Employer (See Instructions) CORLENA OIL CO
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTY, PAUL <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/27 Rpt: 10/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, SUSAN <hr/> 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$20.26
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARKE, JULIE <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONSERVATIVE REPUBLICANS OF NE TEXAS <hr/> Contributor address; City; State; Zip Code PITTSBURG, TX 75686	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORMAN, JERRY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CATTLE		Employer (See Instructions) SELF
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE GRAAF, JANEY <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) 11:15 CATTLE FEED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/27 Rpt: 11/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOSHIER, DAVID <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79118	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) RANCH
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOWDY, EDWARD <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79101	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTY		Employer (See Instructions) DOWDY LAW FIRM
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURRETT, ROMNI <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79102	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) 10/4 TRAINING
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYER, JIM J <hr/> Contributor address; City; State; Zip Code FORT DAVIS, TX 79734	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) RANCHER
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRIS, ADAM <hr/> Contributor address; City; State; Zip Code SUGARLAND, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EDUCATION		Employer (See Instructions) LAMAR CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/27 Rpt: 12/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FEATHERSTON, MARTHA <hr/> 6 Contributor address; City; State; Zip Code SAN ANGELO, TX 76094	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEMING, JOANN <hr/> Contributor address; City; State; Zip Code FLINT, TX 75762	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, DENNIS <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) LOCKSMITH		Employer (See Instructions) MASTER KEY
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, SCOTT <hr/> Contributor address; City; State; Zip Code HEREFORD, TX 79045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OPERATOR		Employer (See Instructions) FEEDYARD
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYHURST, ROBERT <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/27 Rpt: 13/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYNES, JT 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$20,000.00
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) SELF
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATH, EDWARD Contributor address; City; State; Zip Code AMARILLO, TX 79108	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICKSON, LISA Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) COS		Employer (See Instructions) STATE OF TEXAS
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERSHEY, DOUG Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERSHEY, DOUG Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/27 Rpt: 14/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERSHEY, DOUG 6 Contributor address; City; State; Zip Code AMARILLO, TX 79159	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLAND, TYLER Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) HOLLAND CPA
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSELSTON, JENNY Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HURST, CLINT Contributor address; City; State; Zip Code FRIONA, TX 79035	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) LONESTAR AG
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGRAM, DARLA Contributor address; City; State; Zip Code AMARILLO, TX 79121	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/27 Rpt: 15/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES, DUNCAN <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78726	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PILOT		9 Employer (See Instructions) UNITED AIRLINES
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GARY <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JOE <hr/> Contributor address; City; State; Zip Code BRADY, TX 76825	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JOE <hr/> Contributor address; City; State; Zip Code BRADY, TX 76825	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) RANCH
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, TY <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79114	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/27 Rpt: 16/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEELING, SCOTT <hr/> 6 Contributor address; City; State; Zip Code HEREFORD, TX 79045	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) KEELING FEEDYARD
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEFFLER, DEB <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79121	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMSEY, KARL <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRKLAND, PERRY <hr/> Contributor address; City; State; Zip Code VEGA, TX 79092	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOLP, LONDON <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79106	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/27 Rpt: 17/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAUBHAN, RODNEY 6 Contributor address; City; State; Zip Code AMARILLO, TX 79159	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEGATE, CAROL SUE Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) TRIANGLE REALTY
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONG, COLTON Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) AG FINANCE		Employer (See Instructions) AGTEX FARM C
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCBRIDE, DAVE Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCBRIDE, DONALD Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/27 Rpt: 18/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEIL, SAMARAH <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79199	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) TRAVEL AGENT		9 Employer (See Instructions) AMARILLO TRAVEL
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKEWORTH, NATHAN <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CARPENTER		Employer (See Instructions) WORTH REMODELING
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORHOUSE, COLETTE <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, JOE <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79121	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ASSOCIATE PASTOR		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUSICK, MARK <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/27 Rpt: 19/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYERS, GRANTE <hr/> 6 Contributor address; City; State; Zip Code VEGA, TX 79092	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) RANCHER		9 Employer (See Instructions) SELF
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEIGHBORS, WENDY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) HOME STAGER		Employer (See Instructions) SELF
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUNN, JEFF <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79121	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) CITIZENS BANK
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, KATHERINE <hr/> Contributor address; City; State; Zip Code ALPINE, TX 79831	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) HOTELIER		Employer (See Instructions) ALPINE TRIP
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERS, MICHAEL <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/27 Rpt: 20/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PFRIMMER, JESSE <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79110	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POSEY, CASEY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) NEELY INSURANCE
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWELL, KENT <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRIEFERT, BILL <hr/> Contributor address; City; State; Zip Code MOUNT PLEASANT, TX 75455	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) SOWNER		Employer (See Instructions) PRIEFERT STEEL
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRIZ, LINDA <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/27 Rpt: 21/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PURHAM, RANDY <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78741	7 Amount of Contribution (\$) \$20.26
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMPY, MALINDA <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) RAMPY INSURANCE
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RATKE, MIKE <hr/> Contributor address; City; State; Zip Code FARWELL, TX 79325	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED, CHRIS <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) REED BEVERAGE
Date 10/04/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) TRAINER		Employer (See Instructions) ADF INTERNATIONAL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/27 Rpt: 22/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODDIE-MOTLEY, KATHY <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75075	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, BRETT <hr/> Contributor address; City; State; Zip Code TYLER, TX 75709	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MARKETING		Employer (See Instructions) SELF
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYDIN, MICHAEL <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77081	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAULSBURY, MARK <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79768	Amount of Contribution (\$) \$4,125.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAULSBURY, MATTHEW <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79768	Amount of Contribution (\$) \$4,125.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SAULSBURY IND

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/27 Rpt: 23/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAULSBURY Jr., CHARLES <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79768	7 Amount of Contribution (\$) \$4,125.00
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAULSBURY Sr., CHARLES <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79768	Amount of Contribution (\$) \$8,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAULSBURY Sr., CHARLES <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHARBAUER, CHRIS <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) RANCHER
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHLEY, BRYAN <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/27 Rpt: 24/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCIVALLY, REID 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMERS, DAVID Contributor address; City; State; Zip Code AMARILO, TX 79119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EQUITIES		Employer (See Instructions) SELF
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SLATON, MONTIE Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, TONY Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DELIVERY		Employer (See Instructions) UPS
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPARKMAN, KYLE Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ORTHODONTIST		Employer (See Instructions) SPARKMAN ORTHODONTICS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/27 Rpt: 25/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPILLER, RACHEL <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79121	7 Amount of Contribution (\$) \$20.26
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) SELF
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STORY, JENNIFER <hr/> Contributor address; City; State; Zip Code SOUTHLAKE TEXAS, TX 76092	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) PATRIOT MOBILE
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVALL, BILL <hr/> Contributor address; City; State; Zip Code FRIONA, TX 79035	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEMPLER, JOHN <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEVELDE, DONNY <hr/> Contributor address; City; State; Zip Code VEGA, TX 79092	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) DAIRYMAN		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/27 Rpt: 26/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, RICHARD <hr/> 6 Contributor address; City; State; Zip Code MILTON, GA 60004	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79110	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OES		Employer (See Instructions) T OUTFIT
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) VOYAGER ENERGY
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BD		Employer (See Instructions) VOYAGER ENERGY
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) BD		Employer (See Instructions) VOYAGER ENERGY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/27 Rpt: 27/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79118	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) OFS		9 Employer (See Instructions) T OUTFIT
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIPPS, DONALD <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) SELF
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMME, MICHAEL <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79110	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) FIELD ENGINEER		Employer (See Instructions) VERIZON WIRELESS
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOOLEY, RANDY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOOLEY, RANDY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/27 Rpt: 28/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOOLEY, RANDY <hr/> 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VESSELS, TIM <hr/> Contributor address; City; State; Zip Code CANYON, TX 79105	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) AUCTIONEER		Employer (See Instructions) PLATINUM AUCTIONS
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIGIL, MATT <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79124	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) DIRTWORK		Employer (See Instructions) SELF
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIGIL, MATTHEW <hr/> Contributor address; City; State; Zip Code CANYON, TX 79014	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTON, CADE <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) J&W SERVICES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/27 Rpt: 29/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEATHERMAN, GARY 6 Contributor address; City; State; Zip Code BRADY, TX 76825	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) CIVIL ENGINEER		9 Employer (See Instructions) WESTERN
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, LH Contributor address; City; State; Zip Code PAMPA, TX 79065	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, PETE Contributor address; City; State; Zip Code AMARILLO, TX 79120	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, BRADY Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MARK Contributor address; City; State; Zip Code AMARILLO, TX 79114	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) THE KNIFE STORE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/27 Rpt: 30/42
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, KEITH <hr/> 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) MICRO TECHNOLOGY
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNGBLOOD, TIM <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OPERATOR		Employer (See Instructions) YOUNGBLOODS CAF
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZUGG, DIANNE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79768	Amount of Contribution (\$) \$4,125.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/2 Rpt: 31/42	
2 FILER NAME Haynes, Jamie L. (Mrs.)				3 Filer ID (Ethics Commission Filers) 00090365	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 09/26/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGRAM, DARLA		8 Amount of contribution (\$) \$64.99		9 In-kind contribution description
7 Contributor address; City; State; Zip Code AMARILLO, TX 79121			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED			11 Employer (FOR NON-JUDICIAL) (See instructions) RETIRED		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRIANGLE REALTY		Amount of contribution (\$) \$2,250.00		In-kind contribution description
Contributor address; City; State; Zip Code AMARILLO, TX 79110			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRIANGLE REALTY		Amount of contribution (\$) \$1,995.00		In-kind contribution description
Contributor address; City; State; Zip Code AMARILLO, TX 79110			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 32/42	
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090365	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRIANGLE REALTY	8 Amount of contribution (\$) \$3,895.87	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code AMARILLO, TX 79110	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 33/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 12/11/2025	5 Payee name 5411	
6 Amount (\$) \$3,464.50	7 Payee address; City; State; Zip Code 3500 S DUPONT HWY DOVER, DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN TEAM
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name ANEDOT	
Amount (\$) \$1,017.28	Payee address; City; State; Zip Code 3723 GREENVILLE AVE STE41002 DALLAS, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name BRETT, ROGERS	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4514 EDINBURGH DRIVE Unit 3 TYLER, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 TRAVEL REIMBURSEMENT FOR TRAINING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 34/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/24/2025	5 Payee name C&B MARKETING	
6 Amount (\$) \$260.70	7 Payee address; City; State; Zip Code 2400 SW 6TH AVE AMARILLO, TX 79106	
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 CHLOROPLAST PIECES FOR SINAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name C&B MARKETING	
Amount (\$) \$8,900.00	Payee address; City; State; Zip Code 2400 SW 6TH AVE AMARILLO, TX 79106	
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 150 LARGE SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name DECIPHER AI	
Amount (\$) \$6,800.00	Payee address; City; State; Zip Code 750 EL CAMINO REAL SUITE 405 BURLINGAME, CA 79119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 TDHD86 POLL, PRINT AD, FB BOOST
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 35/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/03/2025	5 Payee name FIRST FAMILY CHURCH	
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 6101 S. BELL ST AMARILLO, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VENE RENTAL FOR TRAINING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2025	Payee name GIRASOL	
Amount (\$) \$280.00	Payee address; City; State; Zip Code 3201 S COULTER AMARILLO, TX 79106	
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 FOOD FOR TRAINING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name MAILCHIMP	
Amount (\$) \$215.33	Payee address; City; State; Zip Code 405 N. ANGIER NE ATLANTA, GA 30308	
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 EMAIL SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 36/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/24/2025	5 Payee name MAPLE EVENT CENTER	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 77 Elm Terrace Springfield, AL 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENTAL FOR FUNDRAISER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name NELSON WELDING		
Amount (\$) \$560.00	Payee address; City; State; Zip Code PO BOX 1495 CANYON, TX 79015	
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 METAL FABRICATION FOR SINAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name PAM, LARY		
Amount (\$) \$487.12	Payee address; City; State; Zip Code #6 STONERIDGE DRIVE AMARILLO, TX 79124	
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 PHOTOS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 37/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/05/2025	5 Payee name PARTIES PLUS	
6 Amount (\$) \$635.67	7 Payee address; City; State; Zip Code 708 S. TAYLOR AMARILLO, TX 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DRINKS SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name SPREAD THE WORD	
Amount (\$) \$324.75	Payee address; City; State; Zip Code 7717 CHRISTINA AVENUE AMARILLO, TX 79121	
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 EMAIL MARKETING SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name UNITED/MARKETSTREET	
Amount (\$) \$608.40	Payee address; City; State; Zip Code 8761 S COULTER ST AMARILLO, TX 79119	
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 REFRESHMENTS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 38/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/03/2025	5 Payee name UPS STORE	
6 Amount (\$) \$228.46	7 Payee address; City; State; Zip Code 2200 4TH AVE CANYON, TX 79015	
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 TRAINING PRINTOUTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name WEST VUE STUDIO	
Amount (\$) \$356.55	Payee address; City; State; Zip Code 19800 APPALACHIAN TRAIL 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 TABLE RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name WEST VUE STUDIO	
Amount (\$) \$80.06	Payee address; City; State; Zip Code 19800 APPALACHIAN TRIAL 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 TABLECLOTHS RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 39/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/12/2025	5 Payee name WHIT-CO CHECKS	
6 Amount (\$) \$20.34	7 Payee address; City; State; Zip Code 1513 S TYLER AMARILLO, TX 79101	
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 CHECK PRINTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2025	Candidate/Officeholder name Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$429.48	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79106	
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 EMBOSSSED NOTEPADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$450.67	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79106	
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 PALM CARDS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 40/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 10/24/2025	5 Payee name WHITNEY RUSSELL, RUSSELL	
6 Amount (\$) \$2,977.89	7 Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79106	
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 INVITATIONS AND POSTAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$966.45	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 DOOR HANGERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$6,352.11	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 YARD SIGN STAKES BUTTONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 41/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/03/2025	5 Payee name WHITNEY RUSSELL, RUSSELL	
6 Amount (\$) \$43.30	7 Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 BUSINESS CARDS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$360.54	Payee name WHITNEY RUSSELL, RUSSELL	
	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 PALM CARDS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$415.29	Payee name WHITNEY RUSSELL, RUSSELL	
	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 POP-UP BANNER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 42/42	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090365
4 Date 11/04/2025	5 Payee name WHITNEY RUSSELL, RUSSELL	
6 Amount (\$) \$207.65	7 Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 POP UP GRAPHIC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$1,093.16	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 DOOR HANGER REPLACEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$240.66	Payee address; City; State; Zip Code 1500 S. POLK AMARILLO, TX 79101	
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 THANK YOU NOTES/ENVELOPES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held