

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	OFFICE USE ONLY		
	NICKNAME	LAST Haynes	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7669 Canyon Drive Amarillo, TX 79110			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); 7669 Canyon Drive Amarillo, TX 79110		APT / SUITE #;	CITY;	STATE;	ZIP CODE
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
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)	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code VEGA, TX 79092	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code BRADY, TX 76825	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code ARLINGTON, VA 22206	
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	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code VEGA, TX 79092	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HEREFORD, TX 79045	
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 6 Contributor address; City; State; Zip Code LORAINE, 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#: _____) BIDEGAIN, BROOKE 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 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 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 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 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) PANTEX
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, DANIEL 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 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 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 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 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 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 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 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 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 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 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 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 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 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	7 Amount of Contribution (\$) \$20.26
	6 Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code PITTSBURG, TX 75686	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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, JANET	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79118	
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	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79118	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79101	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79102	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code FORT DAVIS, TX 79734	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code SUGARLAND, TX 77479	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code SAN ANGELO, TX 76094	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code FLINT, TX 75762	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HEREFORD, TX 79045	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	7 Amount of Contribution (\$) \$20,000.00
	6 Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79108	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ARGYLE, TX 76226	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78726	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code BRADY, TX 76825	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code BRADY, TX 76825	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79114	
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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code HEREFORD, TX 79045	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79121	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code VEGA, TX 79092	
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	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code AMARILLO, TX 79106	
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	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79159	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79199	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79106	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79121	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79118	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79110	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code MOUNT PLEASANT, TX 75455	
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	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code PLANO, TX 75075	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code TYLER, TX 75709	
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	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77081	
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	Amount of Contribution (\$) \$4,125.00
	Contributor address; City; State; Zip Code ODESSA, TX 79768	
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	Amount of Contribution (\$) \$4,125.00
	Contributor address; City; State; Zip Code ODESSA, TX 79768	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79118	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79119	
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	7 Amount of Contribution (\$) \$20.26
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79121	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code SOUTHLAKE TEXAS, TX 76092	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code FRIONA, TX 79035	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code VEGA, TX 79092	
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 6 Contributor address; City; State; Zip Code MILTON, GA 60004	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) OES		9 Employer (See Instructions) T OUTFIT
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON Contributor address; City; State; Zip Code AMARILLO, TX 79110	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) VOYAGER ENERGY
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON 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

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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code AMARILLO, TX 79118	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79109	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79110	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code CANYON, TX 79015	
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	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code CANYON, TX 79015	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code CANYON, TX 79105	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code AMARILLO, TX 79124	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CANYON, TX 79014	
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	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code MIDLAND, TX 79705	
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

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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 TRIANGLE REALTY 7 Contributor address; City; State; Zip Code AMARILLO, TX 79110	8 Amount of contribution (\$) \$3,895.87 9 In-kind contribution description <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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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; 77 Elm Terrace Springfield, AL 78722	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/04/2025	Payee name NELSON WELDING		
Amount (\$) \$560.00	Payee address; City; PO BOX 1495 CANYON, TX 79015	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/10/2025	Payee name PAM, LARY		
Amount (\$) \$487.12	Payee address; City; #6 STONERIDGE DRIVE AMARILLO, TX 79124	State; Zip Code	
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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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; 1513 S TYLER AMARILLO, TX 79101	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$429.48	Payee address; City; 1500 S. POLK AMARILLO, TX 79106	State; Zip Code
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 EMBOSSED NOTEPADS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$450.67	Payee address; City; 1500 S. POLK AMARILLO, TX 79106	State; Zip Code
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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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; 1500 S. POLK AMARILLO, TX 79101	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$360.54	Payee address; City; 1500 S. POLK AMARILLO, TX 79101	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name WHITNEY RUSSELL, RUSSELL	
Amount (\$) \$415.29	Payee address; City; 1500 S. POLK AMARILLO, TX 79101	State; Zip Code
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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held