

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087625		2 Total pages filed: 12		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamie L.	MI MI	ELECTRONICALLY FILED 02/16/2026	
	NICKNAME	LAST Haynes	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Receipt #	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2026	THROUGH	Month Day Year 01/22/2026	Date Imaged	

**6 EXPLANATION OF CORRECTION**  
 There was an error where "OFFICE HELD" was populated with the information that belonged in "OFFICE SOUGHT". The data in "OFFICE HELD" has been removed to properly reflect the OFFICE SOUGHT as no office is currently held by Jamie Haynes.

**7 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087625	<b>2</b> Total pages filed: 12				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamie L.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Haynes	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 02/16/2026		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7669 Canyon Drive  Amarillo, TX 79110			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST JT	MI				
	NICKNAME	LAST Haynes	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7669 Canyon Drive  Amarillo, TX 79110						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(806)	681-3421					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2026		01	22	2026
<b>10</b> 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			
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> 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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<b>13 C / OH NAME</b> Haynes, Jamie L. (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00087625
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.									
<table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,230.52
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	4,282.88
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	168,119.22
<b>OUTSTANDING LOAN TOTALS</b>	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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<b>18 FILER NAME</b> Haynes, Jamie L. (Mrs.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00087625
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,230.52
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,282.88
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 5/12
<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BACA, JAN <hr/> <b>6</b> Contributor address; City; State; Zip Code  VEGA, TX 79092	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BROOKS, SHANNON <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79109	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) SELF
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BURCKLE, ROBERT <hr/> Contributor address; City; State; Zip Code  SOUTHLAKE, TX 76092	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BROUGHES, COLLEEN <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79109	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CASTILLO, ADRIAN <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79110	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) DIST. ATTY OFFICE 47		Employer (See Instructions) ATTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 6/12
<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b> Date 01/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRAMER, JIM <hr/> <b>6</b> Contributor address; City; State; Zip Code  SANTA ROSA BEACH, FL 32459	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) AUSTIN HOSE		<b>9</b> Employer (See Instructions) SELF
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERSHEY, DOUG <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79159	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KUHLMAN, GARY <hr/> Contributor address; City; State; Zip Code  CANYON, TX 79015	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LARY, PAM <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79124	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) PHOTOGRAPHER		Employer (See Instructions) SELF
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAUBHAN, RODNEY <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79159	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 7/12
<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LUST, CAROL <hr/> <b>6</b> Contributor address; City; State; Zip Code  CANYON, TX 79015	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCBRIDE, DAVE <hr/> 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 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCARTY, ALAN <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79119	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) OPTOMETRIST		Employer (See Instructions) SELF
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MORRIS, EDWARD <hr/> 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
Date 01/15/2026	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 8/12
<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b> Date 01/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) QUINN, DAVID <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77024	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) OIL MARKETING		<b>9</b> Employer (See Instructions) GENESIS ENERGY
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SCIVALLY, VICKI <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79102	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SISSEL, DELLA <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79101	Amount of Contribution (\$)  \$20.26
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, TOM <hr/> Contributor address; City; State; Zip Code  ADDISON, TX 75001	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) STATE OF TEXAS		Employer (See Instructions) ATTY
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TATE, LYNN <hr/> Contributor address; City; State; Zip Code  AMARILLO, TX 79119	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 9/12
<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b> Date 01/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS LIONSHARE LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  AMARILLO, TX 79124	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TVERSKY, DEBBIE <hr/> Contributor address; City; State; Zip Code  CANYON, TX 79015	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WALL, LEHMAN <hr/> Contributor address; City; State; Zip Code  BUSHLAND, TX 79012	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) WRCA		Employer (See Instructions) NONPROFIT

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 10/12

2 FILER NAME  
Haynes, Jamie L. (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00087625

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 11/12
<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 1/1 Rpt: 12/12	<b>2</b> FILER NAME Haynes, Jamie L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087625
<b>4</b>	Date 01/21/2026	<b>5</b> Payee name C&B MARKETING	
<b>6</b>	Amount (\$) \$3,842.88	<b>7</b> Payee address; City; State; Zip Code 2400 SW 6TH STREET  AMARILLO, TX 79109	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 01/12/2026	Candidate/Officeholder name KUYKENDALL, KYLER	
	Amount (\$) \$240.00	Office sought 6401 NICK STREET  AMARILLO, TX 79119	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HARD DRIVE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 01/14/2026	Candidate/Officeholder name WELCOME PARDNER LLC	
	Amount (\$) \$200.00	Office sought 6700 WENTWORTH DRIVE  AMARILLO, TX 79109	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL AD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			