

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087625		2 Total pages filed: 25		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamie L.	MI MI	ELECTRONICALLY FILED 02/24/2026	
	NICKNAME	LAST Haynes	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
Receipt #			Amount		
Date Processed					
Date Imaged					
5 ORIGINAL PERIOD COVERED	Month Day Year 01/23/2026	THROUGH		Month Day Year 02/21/2026	

6 EXPLANATION OF CORRECTION
In-Kind Donations were overlooked and have now been submitted to 8-day report

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087625	2 Total pages filed: 25
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamie L.	MI
	NICKNAME	LAST Haynes	SUFFIX
OFFICE USE ONLY			
			Date Received ELECTRONICALLY FILED 02/24/2026
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7669 Canyon Dr. Amarillo, TX 79110		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST JT	MI
	NICKNAME	LAST Haynes	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7669 Canyon Drive Amarillo, TX 79110		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(806) 681-3421			
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/23/2026	THROUGH	Month Day Year 02/21/2026
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)	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) 00087625
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <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)	\$ 47,475.93
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 102,242.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 108,056.89
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) 00087625
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 42,180.52
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,295.41
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	\$ 102,242.85
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: 1/9 Rpt: 5/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-TEX DAIRY <hr/> 6 Contributor address; City; State; Zip Code FRIONA, TX 79035	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY, DENNIS <hr/> Contributor address; City; State; Zip Code FRIONA, TX 79035	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APFFA PAC #542 <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BATENHORST, MARY <hr/> Contributor address; City; State; Zip Code HARTLEY, TX 79044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENTLEY, TODD <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79110	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) OPTIMUM SOLUTIONS		Employer (See Instructions) CEO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, JAMIE <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79119	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARNSECCA, TYLER <hr/> Contributor address; City; State; Zip Code DALHART, TX 79022	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) DIRTWORK		Employer (See Instructions) SELF
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, WADE <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEVRIES, DON <hr/> Contributor address; City; State; Zip Code DALHART, TX 79022	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) MORNING STAR DAIRY		Employer (See Instructions) AG
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOSHIER, DAVID <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EGAN, RON <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79109	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEARN, SHA <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ANB		Employer (See Instructions) BANKER
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWKINS, HEDI <hr/> Contributor address; City; State; Zip Code PHOENIX, AZ 85086	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 02/05/2026	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 (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERSHEY, DOUG <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79015	Amount of Contribution (\$) \$150.00
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: 4/9 Rpt: 8/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESTER, J	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code AMARILLO, TX 79119		
8 Principal occupation / Job title (See Instructions) PRIVATE		9 Employer (See Instructions) PRIVATE
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IVY, ED	Amount of Contribution (\$) \$20.26
Contributor address; City; State; Zip Code AMARILLO, TX 79119		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	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) SELF		Employer (See Instructions) SELF
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRKLAND, PERRY	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code VEGA, TX 79092		
Principal occupation / Job title (See Instructions) FEEDYARD OWNER		Employer (See Instructions) SELF
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LATHEN, DOUG	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code DAHART, TX 79022		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATNEY, BOB <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) TRUCKING		9 Employer (See Instructions) SELF
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCBRIDE, DEBORAH <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 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDONALD, JOSHUA <hr/> Contributor address; City; State; Zip Code MULESHOE, TX 79347	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEELY, JEFF <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ALERA		Employer (See Instructions) INSURANCE
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, JAMES <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79159	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE, GLENN <hr/> 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNIEDERJAN, WILLIAM <hr/> Contributor address; City; State; Zip Code DALHART, TX 79022	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SISSEL, DELLA <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CURRIE <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUBLETT, JERRY <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYBESMA, ROGER <hr/> 6 Contributor address; City; State; Zip Code DALHART, TX 79022	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) DAIRY		9 Employer (See Instructions) SELF
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LIONSHARE LLC <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79124	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JERRY DON <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) TOUTFIT		Employer (See Instructions) OFS
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOOLEY, RANDY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANBEEK, GAYLE <hr/> Contributor address; City; State; Zip Code DALHART, TX 79022	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) HIGHTOWER CPA		Employer (See Instructions) ACCOUNTANT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCENT, TODD <hr/> 6 Contributor address; City; State; Zip Code CANYON, TX 79015	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) FARM & RANCH		9 Employer (See Instructions) SELF
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, BILL <hr/> Contributor address; City; State; Zip Code FRIONA, TX 79035	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) FARMER
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, RYAN <hr/> Contributor address; City; State; Zip Code FARWELL, TX 79325	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) FARMER
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMSON, SARAH <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) HOPE CHOICE		Employer (See Instructions) NURSE
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WININGS, DICK <hr/> Contributor address; City; State; Zip Code DALHART, TX 79022	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/25
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITCHER, JAMES <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79119	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) TRINITY MINISTRIES		9 Employer (See Instructions) PASTOR

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/25	
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/06/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billboard Sign	8 Amount of contribution (\$) \$1,995.00	9 In-kind contribution description Billboard Sign
	7 Contributor address; City; State; Zip Code Amarillo, TX 76901	<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)			
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sign Helpers	Amount of contribution (\$) \$900.41	In-kind contribution description
	Contributor address; City; State; Zip Code Amarillo, TX 76901	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Triangle Realty	Amount of contribution (\$) \$1,200.00	In-kind contribution description Accent West
	Contributor address; City; State; Zip Code Amarillo, TX 79019	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 15/25	
2 FILER NAME Haynes, Jamie L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087625	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/06/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Triangle Realty	8 Amount of contribution (\$) \$1,200.00	9 In-kind contribution description Accent West
	7 Contributor address; City; State; Zip Code Amarillo, TX 76901	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 16/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 01/26/2026	5 Payee name 5411	
6 Amount (\$) \$3,464.50	7 Payee address; City; State; Zip Code 3500 S DuPont Hwy Dover, DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 TEAM
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2026	Payee name 5411	
Amount (\$) \$6,956.68	Payee address; City; State; Zip Code 3500 DUPONT HWY DOVER, DE 19901	
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 TEAM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2026	Payee name 5411	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 3500 DUPONT HWY DOVER, DE 19901	
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 TEAM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 17/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/10/2026	5 Payee name 5411	
6 Amount (\$) \$2,350.08	7 Payee address; City; State; Zip Code 3500 DUPONT HWY DOVER, DE 19901	
8 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 TEAM
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name ANB	
Amount (\$) \$8.00	Payee address; City; State; Zip Code 410 S TAYLOR AMARILLO, TX 79101	
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 SERVICE FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name DALHART TEXAN	
Amount (\$) \$283.00	Payee address; City; State; Zip Code 410 DENROCK AVENUE DALHART, TX 79022	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 18/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 01/26/2026	5 Payee name FACEBOOK	
6 Amount (\$) \$439.47	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
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 BOOST
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2026	Payee name FACEBOOK	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
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 BOOST
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name FACEBOOK	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
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 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 19/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/17/2026	5 Payee name FACEBOOK	
6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
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 BOOST
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name GOOGLE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAINVIEW, CA 94043	
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 AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name GOOGLE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAINVIEW, CA 94043	
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 AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 20/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/17/2026	5 Payee name GOOGLE	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAINVIEW, CA 94043	
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 AD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2026	Payee name GOOGLE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1600 AMPHITHEATRE MOUNTAINVIEW, CA 94043	
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 AD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name GREY MEDIA	
Amount (\$) \$20,000.00	Payee address; City; State; Zip Code 4370 PEACHTREE RD ATLANTA, GA 30319	
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 COMMERCIALS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 21/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/09/2026	5 Payee name ISBELL, QUENTIN	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 33006 HARRIS DRIVE AMARILLO, TX 79103	
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 COMMERCIALS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name MAILCHIMP	
Amount (\$) \$191.88	Payee address; City; State; Zip Code 405 ANGLER AVE 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 AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name RUMBLEUP.COM	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 2021 L ST NE STE 101 WASHINGTON, DC 20037	
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 TEXTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 22/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 02/19/2026	5 Payee name SINCLAIR BROADCASTING
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6 Amount (\$) \$17,000.00	7 Payee address; City; State; Zip Code 10706 BEAVER DAM ROAD HUNT VALLEY, MD 21030
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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 AD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2026	Payee name SWFL PRINT
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Amount (\$) \$11,719.23	Payee address; City; State; Zip Code 1925 Trade Center Way Suite 1 Naples, FL 34109
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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 EXPN Description
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/04/2026	Payee name SWFL PRINT
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Amount (\$) \$9,381.90	Payee address; City; State; Zip Code 1925 TRADE WAY CENTER SUITE 1 NAPLES, FL 34109
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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 PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 23/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 02/17/2026	5 Payee name SWFL PRINT	
6 Amount (\$) \$11,719.23	7 Payee address; City; State; Zip Code 1925 TRADE CENTER WAY NAPLES, FL 34109	
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 AD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2026	Payee name THE CLAUDE NEWS	
Amount (\$) \$60.00	Payee address; City; State; Zip Code PO BOX 778 CLAUDE, TX 79019	
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 AD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2026	Payee name WELCOME PARDNER LLC	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 6700 WENTWORTH DRIVE AMARILLO, TX 79109	
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 MAILINGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 24/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
4 Date 01/30/2026	5 Payee name WHITNEY RUSSELL PRINTING	
6 Amount (\$) \$2,773.26	7 Payee address; City; State; Zip Code PO BOX 664 AMARILLO, TX 79105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 PRINTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2026	Payee name WHITNEY RUSSELL PRINTING	
Amount (\$) \$200.70	Payee address; City; State; Zip Code PO BOX 664 AMARILLO, TX 79105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 PRINTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2026	Payee name WHITNEY RUSSELL PRINTING	
Amount (\$) \$357.25	Payee address; City; State; Zip Code PO BOX 664 AMARILLO, TX 79105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 PRINTING
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: 25/25	2 FILER NAME Haynes, Jamie L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087625
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4 Date 02/10/2026	5 Payee name WHITNEY RUSSELL PRINTING
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6 Amount (\$) \$3,563.45	7 Payee address; City; State; Zip Code PO BOX 664 AMARILLO, TX 79105
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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 PRINTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name WHITNEY RUSSELL PRINTING
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Amount (\$) \$464.22	Payee address; City; State; Zip Code PO BOX 664 AMARILLO, TX 79105
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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 PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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