

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)	2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Leanne C		OFFICE USE ONLY <div style="font-size: 1.5em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 06 2023</div> <div style="color: blue; font-weight: bold;">BY: A Boals</div>	
	NICKNAME LAST SUFFIX Haynes			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5112 Antony Ct. Arlington TX 76017			
	AREA CODE PHONE NUMBER EXTENSION (817) 247-8769			
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr Lee G		Date Received Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Chastain		Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6404 Saddle Ridge Rd. Arlington TX 76016		Date Processed	
	AREA CODE PHONE NUMBER EXTENSION (817) 683-2150		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9 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)			
10 PERIOD COVERED	11 ELECTION			
	Month Day Year Month Day Year THROUGH Month Day Year 01 / 01 / 2023 03 / 27 / 2023			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			AISD School Board - Place 7	
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

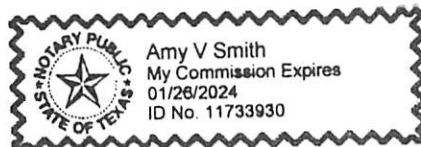
15 C/OH NAME Leanne C Haynes		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,503.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,474.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,888.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Leanne Haynes this the 4th day of April, 2023, to certify which, witness my hand and seal of office.

[Signature] Amy V. Smith Notary Public TX
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Leanne C Haynes, and my date of birth is 10/01/1982.
My address is 5112 Antony Ct., Arlington, Texas, 76017, USA.
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 4th day of April, 2023.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Leanne C Haynes

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,340.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 163.70
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,451.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 23.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes				3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Smith			7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code [REDACTED] Ft Worth TX 76112			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 1/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krista Grant			Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly Potter-Harvey			Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 1/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Cox-Brown			Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 13	
2 FILER NAME Leanne C Haynes				3 Filer ID (Ethics Commission Filers)	
4 Date 1/31/2023		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Smith		7 Amount of contribution (\$) \$100.00	
		6 Contributor address; City; State; Zip Code [REDACTED] Chula Vista CA 91910			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 2/1/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla Dearston		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/1/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Defrang		Amount of contribution (\$) \$100.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/1/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Guzman		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Hendricks 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Colopy Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76015	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Wirth Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton Davis Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes				3 Filer ID (Ethics Commission Filers)
4 Date 2/7/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Finnicum			7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 2/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timi Hazle			Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 2/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leanne Rand			Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 2/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Tunnell			Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara Williams 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76010	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wilbanks Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Brady Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Smith Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris McMorrough 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Mendez Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Shelley Contributor address; City; State; Zip Code [REDACTED] Arlignton TX 76016	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Smith Contributor address; City; State; Zip Code [REDACTED] Chula Vista CA 91910	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton Davis 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Cypher Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Brown Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Sullins Contributor address; City; State; Zip Code [REDACTED] Austin TX 78739	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Gruber 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Rodriguez Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Jeter Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caren Nugent Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paige McConnell 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karrie Hermance Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andi Nicklas Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Long Contributor address; City; State; Zip Code	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

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Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragina Shelley 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Cypher Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Godfrey Contributor address; City; State; Zip Code	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leanne Haynes Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 13
2 FILER NAME Leanne C Haynes				3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meg Anderson			7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 2/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Daley			Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76005				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 3/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hao Pham			Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 3/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Cooley			Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Tyler 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Zedler Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucila Seri Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Haynes Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 1	
2 FILER NAME Leanne C Haynes				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 0.00	
5 Date 3/10/2023		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Defrang 7 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013		8 Amount of Contribution \$ 158.70 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 9 In-kind contribution description T Posts	
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 1/20/2023		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly Harvey Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013		Amount of Contribution \$ 5.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. In-kind contribution description Website	
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)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 2	2 FILER NAME Leanne C Haynes		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/2023	5 Payee name Patriot Print Fulfillment, LLC			
6 Amount (\$) 649.50	7 Payee address; 106 A E Petcher Ct. Ste 120	City; Arlington	State; TX	Zip Code 76012
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 3/21/2023	Candidate / Officeholder name TX Decision Intel			
Amount (\$) 493.00	Payee address; 3 Duskview Lane	City; Edgecliff Village TX	State; TX	Zip Code 76134
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door Hangers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 3/19/2023	Candidate / Officeholder name Patriot Print Fulfillment, LLC			
Amount (\$) 810.00	Payee address; 106 A E Petsche Ct. Ste 120	City; Arlington	State; TX	Zip Code 76012
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Leanne C Haynes	3 Filer ID (Ethics Commission Filers)			
4 Date 3/13/2023	5 Payee name Patriot Print Fulfillment, LLC				
6 Amount (\$) 1106.86	7 Payee address; 106 A E Petsche Ct. Ste 120	City; State; Zip Code Arlington TX 76012			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign signs			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 3/10/2023	Payee name YourTees				
Amount (\$) 308.51	Payee address; 305 W Fork Dr	City; State; Zip Code Arlington TX 76012			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign shirts			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name Anedot				
Amount (\$) 83.20	Payee address; 1340 Poydras St	City; State; Zip Code New Orleans LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 G: 1	2 FILER NAME Leanne C Haynes	3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2023	5 Payee name Tarrant County Clerk	
6 Amount (\$) 23.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 100 W Weatherford Fort Worth TX 76196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Business Expense	(b) Description DBA
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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