CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
NAME	Mrs	Leanne	C	Date Received		
330000000000000000000000000000000000000	NICKNAME	LAST Haynes	SUFFIX	RECEIVED		
1 CANIDIDATE /	4000000 400 00V	-	OTATE: ZID CODE	_		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		CITY; STATE; ZIP CODE rlington TX 76017	APR 0 6 2023		
Change of Address				BY: 4 Boals		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER PHONE	(817)	247-8769				
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$		
TREASURER	Mr	Lee	G	Date Processed		
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	NICKIVAIVIE	Chastain	30111X	Date Imaged		
		Chascain				
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE		
TREASURER	6404 Saddle F	Ridge Rd.	Arlington	TX 76016		
ADDRESS						
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	, , ,					
	(817)	683-2150				
9 REPORT TYPE	January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Mont	h Day Year		
COVERED	01	01 / 2023	THROUGH 03	/ 27 / 2023		
	/					
11 ELECTION	ELECTION DA	TE	ELECTION TY	PE .		
	Month Day	Year Primary	Runoff Other Description	n		
	05 / 06	/ 2023 X General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kn	own)		
			AISD School Bo	ard - Place 7		
44 NOTICE EDOM	THIS BOY IS FOR NOTION	CE OF BOLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURE	S MADE BY POLITICAL COMMITTEES TO SUPPORT		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE C	ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)		COMMITTEE NAME	RED TO REPORT THIS IN CRIMATION ONE!	III THE RECEIVE NOTICE OF COOK EXILERENCINES.		
	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
Additional Pages	GENERAL					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
	<u> </u>					
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	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 LAS OF REPORTING PERIOD	\$1,888.93					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ 0.00					
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below:							
(1) Affidavit	Amy V Smith My Commission Expires 01/26/2024 ID No. 11733930						
NOTARY STAMP/SEA		114h Marcil					
	Ů (4th day of April,					
20 23 , to certify	which, witness my hand and seal of office.	MARINI PULLE TX					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath					
Ban (Skrew)	OR						
(2) Unsworn Declarati	on						
My name is Leanne C H	aynes, and my date of birth is	10/01/1982					
My address is 5112 Anto	ny Ct. , Arlington , Te	exas , 76017 USA					
Executed in Tarrant	(street) (city)	state) (zip code) (country) , 20 ²³ (year)					
	Signature of Candi	date/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)				
	Leanne C Haynes					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,340.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$163.70				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00				
4.	SCHEDULE E: LOANS	\$0.00				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$3,451.07				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$0.00					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$23.00					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ 0.00				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$0.00				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$ 0.00				

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME Leanne C Hayne					3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2023	5 Full name of contributor Allen Smith	out-of-state PAG)	7 Amount of contribution (\$) \$500.00
	6 Contributor address;	City; Ft Worth		Zip Code 76112	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instru	ctions)
Date 1/31/2023	Full name of contributor Krista Grant	out-of-state PAC	; (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address;	City; Arlington	State;	Zip Code 76016	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date 1/31/2023	Full name of contributor Holly Potter-Harvey Contributor address;	out-of-state PAC			Amount of contribution (\$) \$50.00
	Contributor address,	Arlington		76013	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date 1/31/2023	Full name of contributor Courtney Cox-Brown	out-of-state PAC	; (ID#:		Amount of contribution (\$) \$50.00
	Contributor address;	City; Arlington	State;	Zip Code 76016	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
	ATTACH ADDIT				

SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Leanne C Hayne	s				
4 Date 1/31/2023	5 Full name of contributor Robert Smith	out-of-state PAG	C (tD#:)	7 Amount of contribution (\$) \$100.00
					1
	6 Contributor address;	City;	State;	Zip Code	İ
		Chula Vis	ta CA	91910	
8 Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instru	ctions)
Date	Full name of contributor	Out-of-state PAG	C (ID#:	,	Amount of contribution (fit)
2/1/2023	Karla Dearston				Amount of contribution (\$) \$50.00
	Contributor address;	City;	State;	Zip Code	
		Arlington	тx	76016	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
2/1/2023	Roger Defrang				\$100.00
					1
	Contributor address;	City;	State;	Zip Code	
		Arlington	тx	76013	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
			<u> </u>		
Date	Full name of contributor	out-of-state PAG	: (ID#:	,	Amount of contribution (\$)
2/1/2023	Michelle Guzman		, (IO#		\$50.00
					-
	Contributor address;	City;	State;	Zip Code	
		Arlington	ТX	76017	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
			•		
	ATTACH ADDIT				
I	If contributor is out-of-state PAC	, pivase see instr	action gui	ue for additional	raporung radunaments.

SCHEDULE A1

The	Instruction Guide explains how		1 Total pages Schedule A1:		
2 FILER NAME Leanne C Haynes	В				3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2023	5 Full name of contributor Alicia Hendricks 6 Contributor address;	City;	State;	Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ations)
Date 2/1/2023	Full name of contributor Michelle Colopy Contributor address;	City;	State;	Zip Code 76015	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)					tions)
Date 2/1/2023	Full name of contributor Lauren Wirth Contributor address;	out-of-state PAC	State;	Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Arlington	TX Empl	76013 oyer (See Instruc	tions)
Date 2/1/2023	Full name of contributor Linton Davis Contributor address;	out-of-state PAC City; Arlignton		Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	ATTACH ADDITI				
	If contributor is out-of-state PAC	. please see instr	uction qui	de for additional	reporting requirements.

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	s form.		1 Total pages Schedule A1:
2 FILER NAME Leanne C Hayne					3 Filer ID (Ethics Commission Filers)
4 Date 2/7/2023	5 Full name of contributor Charles Finnicum 6 Contributor address;	out-of-state PAG City; Arlington	State;	Zip Code 76013	7 Amount of contribution (\$) \$100.00
8 Principal occ	upation / Job title (See Instructions)	loyer (See Instruc	ctions)		
Date 2/12/2023	Full name of contributor Timi Hazle Contributor address;	out-of-state PAG City; Arlington	State;	Zip Code 76013	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date 2/14/2023	Full name of contributor Leanne Rand Contributor address;	out-of-state PAC City; Arlington	State;	Zip Code 76006	Amount of contribution (\$) \$200.00
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date 2/14/2023	Full name of contributor Jan Tunnell Contributor address;	out-of-state PAG City; Arlington		Zip Code 76001	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	etions)
	ATTACH ADDIT	ONAL COPIES	OF THIS S	SCHEDULE AS I	NEEDED
	If contributor is out-of-state PAC	. please see Instr	uction gui	de for additional	reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

The	Instruction Guide explains how		1 Total pages Schedule A1:			
2 FILER NAME Leanne C Hayne					3 Filer ID (Ethics Commission Filers)	
4 Date 2/16/2023	5 Full name of contributor Tamara Williams 6 Contributor address;	City;	State;		7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					ctions)	
Date 2/23/2023	Full name of contributor David Wilbanks Contributor address;	City;	State;		Amount of contribution (\$) \$250.00	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)	
Date 2/24/2023	Full name of contributor Charles Brady Contributor address;	City;			Amount of contribution (\$) \$500.00	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)	
Date 2/24/2023	Full name of contributor Rodney Smith Contributor address;	City;		Zip Code 76001	Amount of contribution (\$) \$250.00	
Principal occup	Principal occupation / Job title (See Instructions)			loyer (See Instruc	tions)	
	ATTACH ADDITION	ONAL COPIES	OF THIS S	SCHEDUI F AS A	NEEDED	
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

The	e Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Leanne C Hayne	:S				
4 Date	5 Full name of contributor	out-of-state PAC	(lD#:		7 Amount of contribution (\$)
2/25/2023	Chris McMorough				\$50.00
	6 Contributor address;	City;	State;	Zip Code	1
		Arlington	тx	76017	
8 Principal occu	upation / Job title (See Instructions)		9 Empl	oloyer (See Instruc	ctions)
					•
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
2/28/2023	Cindy Mendez				\$50.00
	Contributor address;	City;	State;	Zip Code	
		Arlington	тx	76017	
Principal occur	pation / Job title (See Instructions)			loyer (See Instruc	ational
Fillioipai coo.,	Matter / Job tille (Job monacher)		Emp.	oyer (366 manus	xions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
2/28/2023	Regina Shelley				\$50.00
	Contributor address;	City;	State;		1
		Arlignton	тx	76016	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
	T				T
Date 3/2/2023	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/2/2023	Robert Smith			J	\$100.00
	Contributor address;	City;	State:	Zip Code	1
		Chula Vista	A CA	91910	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
	ATTACHADDIT	IONAL COPIES O	F THIS S	CHEDULE AS I	MEEDED
	If contributor is out-of-state PAC				

SCHEDULE A1

The	Instruction Guide explains how		1 Total pages Schedule A1:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Leanne C Hayne	s				
4 Date	5 Full name of contributor	Out of state PAG	(ID#:		7 Amount of contribution (\$)
3/12/2023	Linton Davis	out-of-state PAC	, (ID#:		\$100.00
	Davis				
	6 Contributor address;	City;	State;	Zip Code	
		Arlington	тx	76017	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
	,		Jp.	is to the second	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (6)
3/12/2023	Cheryl Cypher	_			Amount of contribution (\$) \$25.00
	Contributor address;	City;	State;	Zip Code	
		Arlington	ТX	76017	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
3/20/2023	Susan Brown				\$100.00
	Combile the control of the control o	O#			
	Contributor address;	City;	State;	Zip Code	
		Arlington	TX	76017	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	/ID#-	,	Amount of contribution (\$)
4/5/2023	Jamie Sullins	out-or-state FAC	10#		\$250.00
	Contributor address;	City;	State;	Zip Code	
		Austin	TX	78739	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	ATTACH ADDIT				

SCHEDULE A1

Th	ne Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAM				3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2023	5 Full name of contributor Laurie Gruber 6 Contributor address;	out-of-state PAC	State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occ	cupation / Job title (See Instructions)	ctions)		
Date 3/28/2023	Full name of contributor Brenda Rodriguez Contributor address;	_	C (ID#:) State; Zip Code	Amount of contribution (\$) \$50.00
Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	I ctions)
Date 3/30/2023	Full name of contributor Amy Jeter Contributor address;	_	State; Zip Code	Amount of contribution (\$) \$20.00
Principal occ	supation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 3/27/2023	Full name of contributor Caren Nugent Contributor address;		C (ID#:) State; Zip Code	Amount of contribution (\$) \$10.00
Principal occ	supation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDITION If contributor is out-of-state PAC,		OF THIS SCHEDULE AS I uction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Leanne C Hayne			3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/2023	5 Full name of contributor ut-of-state PAC Paige McConnell	7 Amount of contribution (\$) \$35.00		
	6 Contributor address; City;	State; Zip Code		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date 3/24/2023	Full name of contributor	Amount of contribution (\$) \$50.00		
	Contributor address; City;	State; Zip Code		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 3/22/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) \$50.00	
	Contributor address; City;	State; Zip Code		
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 3/12/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) \$15.00	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDUL EAS A	JEEDED.	
	If contributor is out-of-state PAC, please see instru			

SCHEDULE A1

The	e instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Leanne C Hayne				3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2023	5 Full name of contributor Joe Steece 6 Contributor address;		C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$10.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 2/20/2023	Full name of contributor Amanda Kemp	out-of-state PAC	; (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 3/19/2023	Full name of contributor Bowie Hogg	_	C (ID#:)	Amount of contribution (\$) \$200.00
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	ztions)
Date 3/12/2023	Rodney Smith		C (ID#:)	Amount of contribution (\$) \$20.00
	Contributor address;	City;	State; Zip Code	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITION If contributor is out-of-state PAC,		OF THIS SCHEDULE AS Nuction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to com	mplete this	form.	1 Total pages Schedule A1:
2 FILER NAME Leanne C Haynes				3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2023	5 Full name of contributor out		: (ID#:)	7 Amount of contribution (\$) \$20.00
		City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 3/12/2023	Full name of contributor out		; (ID#:)	Amount of contribution (\$) \$20.00
	Contributor address; Ci		State; Zip Code	
Principal occup	Deation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 3/29/2023	Full name of contributor out-	ut-of-state PAC	(ID#:)	Amount of contribution (\$) \$40.00
	Contributor address; Cit	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 1/26/2023	Full name of contributor out-	t-of-state PAC	(ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; Cit	ity;	State; Zip Code	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please		OF THIS SCHEDULE AS Nuction guide for additional r	

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:
2 FILER NAME Leanne C Hayne					3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2023	5 Full name of contributor Meg Anderson 6 Contributor address;	out-of-state PAC City; Arlington	State;	Zip Code 76006	7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruc	ctions)
Date 2/16/2023	Full name of contributor Carol Daley Contributor address;	out-of-state PAC	C (ID#:	Zip Code	Amount of contribution (\$) \$150.00
		Arlington	тx	76005	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date 3/12/2023	Full name of contributor Hao Pham Contributor address;	out-of-state PAC		Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date 3/12/2023	Full name of contributor Jay Cooley Contributor address;	out-of-state PAC City; Arlington		Zip Code 76016	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
	ATTAOU ADDIT				
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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

The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:		
2 FILER NAME Leanne C Hayne					3 Filer ID (Ethics Commission Filers)		
4 Date 3/12/2023	5 Full name of contributor Janice Tyler 6 Contributor address;	City;	State;	Zip Code	7 Amount of contribution (\$) \$50.00		
		Armigeon		76017			
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruc	tions)		
Date 3/12/2023	Full name of contributor William Zedler	out-of-state PAC	; (ID#:		Amount of contribution (\$) \$100.00		
	Contributor address;	City;	State;	Zip Code			
		Arlington	ТX	76017			
Principal occuj	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)		
Date 3/31/2023	Full name of contributor Lucila Seri	out-of-state PAC) (ID#:		Amount of contribution (\$) \$200.00		
	Contributor address;	City;	State;	Zip Code			
Principal occup	 pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)		
Date 3/31/2023	Full name of contributor	out-of-state PAC	; (ID#:		Amount of contribution (\$) \$150.00		
	Contributor address;	City;	State;	Zip Code			
		Arlington	TX	76017			
Principal occupation / Job title (See Instructions)				oyer (See Instruc	tions)		
	ATTACH ADDITE	ONAL COPIES	OF THIS S	CHEDULE AS N	NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.					1 Total pages Schedule A2:		
2 FILER NAME Leanne C Haynes					3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KINI	D POLITICAL CON	TRIBUTIO	NS	\$0.00		
5 Date 3/10/2023					8 Amount of Contribution \$ 158.70	9 In-kind contribution description T Posts	
		Arlington TX	76013		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	Lupation / Job title (FOR NON-	UDICIAL) (See Instruction	ons) 11 En	nploye	er (FOR NON-JUDICI	· · · · · · · · · · · · · · · · · · ·	
12 Contributor's	principal occupation (FOR JUI	DICIAL)	13 Co	ontribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDIO	CIAL)	15 La	w firm	of contributor's spou	se (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 Holly Harvey Contributor address;	City; Sta	ate; Zip Coo	de	Amount of Contribution \$	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 JUI	DICIAL)	Co	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDIO	CIAL)	La	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 f contributor is out-of-state	ADDITIONAL COPIES PAC, please see Inst				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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	il Committee Leg	al Services	Sataries/Wag	es/Contract Labor	Other (enter a cate	gory not listed above)
Credit Card Payment	TI	ne Instruction Guide explain	ns how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethi	cs Commission Filers)
2	Leanne C H	aynes				
4 Date	5 Payee name					
3/29/2023	Patriot Pr	int Fulfillment, LLC				
6 Amount (\$)	7 Payee addres	·s;		City;	State;	Zip Code
649.50	106 A E Pe	tche Ct. Ste 120		Arlington	ТX	76012
8	(a) Category (So	e Categories listed at the top of this	schedule) (b) Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE	Printing D	Expense	1	Campaign sign	ns	
OF		-	1			
EXPENDITURE						
	(c) Ched	k if travel outside of Texas. Complete Se	chedule T.	Check if Austin	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct		Officeholder name		Office sought		Office held
expenditure to benefit C/OF	<u> </u>					
Date	Payee name					
3/21/2023	TX Decision	n Intel				
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
493.00	3 Duskview	Lane		Edgecliff '	VillageTX	76134
					-	
	Category (See	Categories listed at the top of this se	chedule)	Description		
PURPOSE	Printing E			Door Hangers		
OF	********	where		g		
EXPENDITURE						
	Check	cif travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder livir	ng expense
Complete ONLY if direct		Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ı					
D.11	Boyco name					
Date 3/19/2023	Payee name	int Fulfillment, LLC				
3/13/2023	PACTION PI	int ruilliment, but				
Amount (\$)	Payee addres	s·		City;	State;	Zip Code
	•	sche Ct. Ste 120		Arlington	TX	76012
810.00	100 A E FE	some cc. See 120		Allington	17	70012
	0:1:	<u> </u>		D		
		Categories listed at the top of this so	chedule)	Description		
PURPOSE OF	Printing E	xpense		Campaign sign	ıs	
EXPENDITURE						
	Check	if travel outside of Texas, Complete Sc	chedule T.	Check if Austin,	, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate /	Officeholder name		Office sought	-	Office held
expenditure to benefit C/OH	I			_		
I I	ATTAC	HADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED	

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
Codif 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)			
CloutCauraymon	The instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
2	Leanne C Haynes					
4 Date	5 Payee name					
3/13/2023	Patriot Print Fulfillment, LLC					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
1106.86	106 A E Petsche Ct. Ste 120	Arlington	TX 76012			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Printing Expense	Campaign sig	ns			
OF						
EXPENDITURE		ļ				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	1					
Date	Payee name	-				
3/10/2023	YourTees					
Amount (\$)	Payee address;	City;	State; Zip Code			
308.51	305 W Fork Dr	Arlington	TX 76012			
		-				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Printing Expense	Campaign shir	rts			
OF	Fillicing Expense	Campaign snii				
EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
	Anedot					
Amount (\$)	Payee address;	Cit.:	State: 7in Code			
	•	City;	State; Zip Code			
83.20	1340 Poydras St	New Orlean	s LA 70112			
						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Fees	Anedot				
EXPENDITURE						
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH						
	ATTACH ADDITIONAL CODIES OF THE	POUEDINE AS VEE	DED			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED			

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense Proced Committee Legal Services Significant Committee The Instruction Guide explains h	inting Expense Travel Out Of District Other (enter a category not listed above) ow to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Leanne C Haynes	3 Filer ID (Ethics Commission Filers)			
	-				
4 Date	5 Payee name				
1/27/2023	Tarrant County Clerk				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
23.00 Reimbursement from political contributions intended	100 W Weatherford	Fort Worth TX 76196			
8	(a) Category (See Categories listed at the top of this schedu	ute) (b) Description			
PURPOSE OF EXPENDITURE	Business Expense DBA				
	(c) Check if travel outside of Texas. Complete Schedul	eT. 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 (\$)	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description			
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED			