

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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: STATE: ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: | | CITY: STATE: ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit |
| 10 PERIOD COVERED | Month Day Year | THROUGH | Month Day Year |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

OFFICE USE ONLY

Date Received

RECEIVED

APR 2 2026

[Signature]

Date (Hand-Delivered or Date Postmarked)

| | |
|----------------|-----------|
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

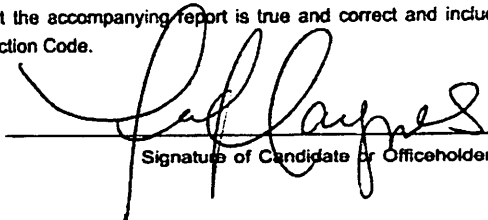
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------------|---|--|
| 15 C/OH NAME Leanne 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6,515.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,893.93 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 7,145.36 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

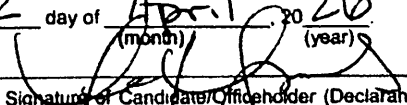
NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Leanne Haynes, and my date of birth is October 1, 1982
 My address is 5112 Antony Ct., Arlington TX 76017 US
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 2 day of April, 2026
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | |
|--|-------------|
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 6,515.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,893.93 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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: 7 |
| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/13/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Kevin & Mendi Schutte 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/14/2026 | Full name of contributor out-of-state PAC (ID#: _____) Barbara Heizer Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/15/2026 | Full name of contributor out-of-state PAC (ID#: _____) Monica Ingram Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/16/2026 | Full name of contributor out-of-state PAC (ID#: _____) Robyn Talton Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012 | 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: 7 |
| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/19/2026 | 5 Full name of contributor Alison Laws out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/25/2026 | Full name of contributor Shannon Reilly out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/26/2026 | Full name of contributor Rodney Smith out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/09/2026 | Full name of contributor John Hibbs out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/14/2026 | 5 Full name of contributor Justin Chapa out-of-state PAC (ID# _____) 6 Contributor address; [REDACTED] Arlington TX 76017 City; State; Zip Code | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/23/2026 | Full name of contributor Margaret Margaret out-of-state PAC (ID# _____) Contributor address; [REDACTED] Arlington TX 76016 City; State; Zip Code | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/01/2026 | Full name of contributor Steven Poole out-of-state PAC (ID# _____) Contributor address; [REDACTED] Fort Worth TX 76107 City; State; Zip Code | Amount of contribution (\$) 2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/01/2026 | Full name of contributor Amy Ceamal out-of-state PAC (ID# _____) Contributor address; [REDACTED] Arlington TX 76094 City; State; Zip Code | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|---|
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| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/01/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) David Whitehead ----- 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76014 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/02/2026 | Full name of contributor out-of-state PAC (ID#: _____) Ruth Beasley ----- Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/03/2026 | Full name of contributor out-of-state PAC (ID#: _____) Kimberly Leman ----- Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/05/2026 | Full name of contributor out-of-state PAC (ID#: _____) Kristen & Dixon J Holman ----- Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017 | Amount of contribution (\$) 50.00 |
| 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: 7 |
| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/06/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Carlton | 7 Amount of contribution (\$) 25.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/16/2026 | Full name of contributor out-of-state PAC (ID#: _____) Todd Pagitt | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Bowie & Leslie Hogg | Amount of contribution (\$) 150.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/22/2026 | Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP | Amount of contribution (\$) 2,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Austin TX 78760 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/23/2026 | 5 Full name of contributor Cumutt & Hafer LLP out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Arlington TX 76010 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/12/2026 | Full name of contributor Dan Dipert out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Arlington TX 76013 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/27/2026 | Full name of contributor Polly A Walton out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Arlington TX 76012 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/02/2026 | Full name of contributor Robert Richardon out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Arlington TX | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
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| 2 FILER NAME Leanne Haynes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/01/2026 | 5 Full name of contributor Susan Malone out-of-state PAC (ID#: _____) 6 Contributor address; Arlington TX City; State; Zip Code | 7 Amount of contribution (\$) 150.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/01/2026 | Full name of contributor Aaron Fisher out-of-state PAC (ID#: _____) Contributor address; Arlington TX City; State; Zip Code | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/01/2026 | Full name of contributor Ethan McDaniel out-of-state PAC (ID#: _____) Contributor address; Arlington TX City; State; Zip Code | Amount of contribution (\$) 40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
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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 FILER NAME Leanne Haynes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/20/2026 | 5 Payee name Tractor Suply | |
| 6 Amount (\$) 55.73 | 7 Payee address; City: State: Zip Code 1550 HWY 157 N Mansfield TX 76063 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description T posts For sign placement |
| | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/20/2026 | Payee name Zach Davis | |
| Amount (\$) 1,750.00 | Payee address; City: State: Zip Code Arlington TX <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sign placement |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/15/2026 | Payee name Anedot | |
| Amount (\$) 88.20 | Payee address; City: State: Zip Code 1340 Poydras Street New Orleans LA <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Online donation platform |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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