

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: <u>8</u>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Leanne	MI C	OFFICE USE ONLY			
	NICKNAME	LAST Haynes	SUFFIX	Date Received RECEIVED <i>BY: [Signature]</i> JAN 15 2026			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5112 Antony Court Arlington, TX 76017			Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 247-8769	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jack	MI T				
	NICKNAME	LAST Goodyear	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 2107 Tretorn Court Arlington, TX 76017						
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 808-2764	EXTENSION				
9 REPORT TYPE	<input checked="" 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 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	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month 5 / Day 6 / Year 23		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) AISD Board of Trustees, Place 7			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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME					
		COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

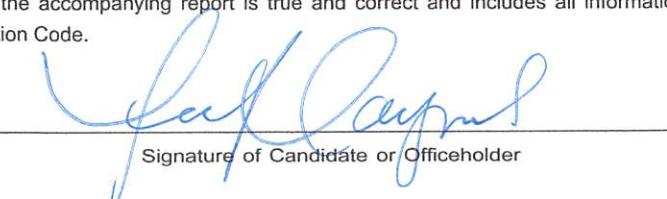
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Leanne 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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2450.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 32.90
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2524.29
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

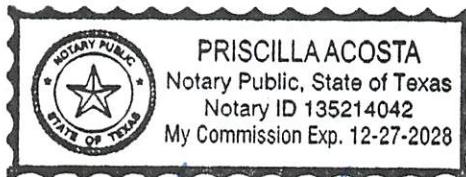
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leanne Haynes this the 15 day of January,
20 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Leanne 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	\$ 2450.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 300.00
4. SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32.90
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: <u>3</u>
2 FILER NAME Leanne Haynes			3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2025	5 Full name of contributor Justin Chapa	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] Arlington, TX 76017	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/30/2025	Full name of contributor Caren Nugent	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] Arlington, TX 76016	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor David Wilbanks	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] TX 76013	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor Charles Brady	out-of-state PAC (ID#: <u> </u>) Contributor address; [REDACTED] Arlington, TX 76001	Amount of contribution (\$) 1,000.00
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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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME Leanne Haynes			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2025	5 Full name of contributor Candace Chastain	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED] Arlington, TX 76016	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/30/2025	Full name of contributor Susan Godfrey	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED] Arlington, TX 76012	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor Sarah & Chris McMurrough	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED] Arlington, TX 76017	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor Matthew Milliron	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED] Arlington, TX 76017	City; State; Zip Code	
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: <u>3</u>
2 FILER NAME Leanne Haynes			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor Cassy Long	out-of-state PAC (ID#: <u> </u>) 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/31/2025	Full name of contributor Jennifer Smith	out-of-state PAC (ID#: <u> </u>) 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 12/31/2025	Full name of contributor Karla Hernandez	out-of-state PAC (ID#: <u> </u>) Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
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.			

PLEDGED CONTRIBUTIONS**SCHEDULE B**

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

<p>The Instruction Guide explains how to complete this form.</p> <p>2 FILER NAME Leanne Haynes</p> <p>4 TOTAL OF UNITEMIZED PLEDGES</p>				1 Total pages Schedule B:	
<p>5 Date 12/30/2025</p> <p>6 Full name of pledgor David Wilbanks</p> <p>7 Pledgor address; [REDACTED] TX 76013</p>				<p>3 Filer ID (Ethics Commission Filers)</p> <p>8 Amount of Pledge \$ 300.00</p> <p>9 In-kind contribution description</p>	
<p>Check if travel outside of Texas. Complete Schedule T.</p>					
<p>10 Principal occupation / Job title (See Instructions)</p>		<p>11 Employer (See Instructions)</p>			
<p>Date</p>		<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>Pledgor address; City: State: Zip Code</p>		Amount of Pledge \$	In-kind contribution description
<p>Check if travel outside of Texas. Complete Schedule T.</p>					
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>			
<p>Date</p>		<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>Pledgor address; City: State: Zip Code</p>		Amount of Pledge \$	In-kind contribution description
<p>Check if travel outside of Texas. Complete Schedule T.</p>					
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>			
<p>Date</p>		<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>Pledgor address; City: State: Zip Code</p>		Amount of Pledge \$	In-kind contribution description
<p>Check if travel outside of Texas. Complete Schedule T.</p>					
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

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 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:	2 FILER NAME Leanne Haynes		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Payee name Anedot		
6 Amount (\$) 32.90	7 Payee address; 1340 Poydras St. City: New Orleans State: LA Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Online donation platform
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
Date		Payee name	
Amount (\$)		Payee address;	City; State; Zip Code
		Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office held
Date		Payee name	
Amount (\$)		Payee address;	City; State; Zip Code
		Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. 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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			