

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

6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Leanne C
NICKNAME LAST SUFFIX
Haynes

OFFICE USE ONLY

Date Received

RECEIVED

APR 24 2026

BY: *[Signature]*

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
5112 Antony Court Arlington TX 76017

Change of Address

Date Hand-delivered or Date Postmarked
emailed

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 247-8769

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Jack T
NICKNAME LAST SUFFIX
Goodyear

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
2107 Tretorn Court Arlington TX 76017

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 808-2764

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 / 1 / 26 THROUGH 4 / 22 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 2 / 26 General Special

12 OFFICE

OFFICE HELD (If any)
Arlington ISD School Board, Place 7

13 OFFICE SOUGHT (if known)
Arlington ISD School Board, Place 7

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
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 1,960.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,273.65

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5,831.71

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 10/01/1982
My address is 5112 Anthony Ct. Arlington TX 76017 USA
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 24 day of April, 2024
(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	\$ 1,960.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,273.65
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 **2**

2 FILER NAME
Leanne Haynes

3 Filer ID (Ethics Commission Filers)

4 Date
04/01/2026

5 Full name of contributor out-of-state PAC (ID# _____)
IncrediPawn LLC

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Fort Worth TX 76112**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/09/2026

Full name of contributor out-of-state PAC (ID# _____)
TREPAC-Texas REALTORS PAC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78768**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/13/2026

Full name of contributor out-of-state PAC (ID# _____)
Elizabeth Calvo

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] **Waxahachie TX 75167**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/02/2026

Full name of contributor out-of-state PAC (ID# _____)
Charles Brady

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
[REDACTED] **Dr. 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

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

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1 Total pages Schedule A1 **2**

2 FILER NAME
Leanne Haynes

3 Filer ID (Ethics Commission Filers)

4 Date
04/14/2026

5 Full name of contributor out-of-state PAC (ID# _____)
Jeff McCurdy

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Arlington TX 76017**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/17/2026

Full name of contributor out-of-state PAC (ID# _____)
Beth Ann Woodard

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
[REDACTED] **Arlington TX 76017**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/17/2026

Full name of contributor out-of-state PAC (ID# _____)
Franya Wilhelm

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
04/19/2026

Full name of contributor out-of-state PAC (ID# _____)
Carlson Sharpless

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code
[REDACTED] **Dallas TX 75243**

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.

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: 1	2 FILER NAME Leanne Haynes	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2026	5 Payee name Patriot Print Fulfillment	
6 Amount (\$) 2,494.25	7 Payee address: 106 A.E. Petsche Ct STE 120 <small>Check if individual's residence address.</small>	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 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	Candidate / Officeholder name	Office sought Office held

Date 04/05/2026	Payee name YourTees	
Amount (\$) 779.40	Payee address: 305 W. Fork Dr <small>Check if individual's residence address.</small>	City: Arlington State: TX Zip Code: 76012
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Shirts
	<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 (\$)	Payee address: <small>Check if individual's residence address.</small>	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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