

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">DARRYL      W</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Haynes</div>	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 1.2em; margin-top: 10px;">04-10-15P03:43 RCV</div> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX,      APT / SUITE #,      CITY,      STATE,      ZIP CODE <div style="font-size: 1.2em; margin-top: 5px;">2106 MELISSA DIANE      MANSfield      TX 76063</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em; margin-top: 5px;">(682)      554-5701</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Pamela</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Haynes</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY,      STATE,      ZIP CODE <div style="font-size: 1.2em; margin-top: 5px;">2106 MELISSA DIANE      MANSfield      TX 76063</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em; margin-top: 5px;">(682)      554-5701</div>		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.2em; margin-top: 5px;">1 / 28 / 2015      3 / 31 / 15</div>		
11 ELECTION	ELECTION DATE Month      Day      Year <div style="font-size: 1.2em; margin-top: 5px;">5 / 9 / 2015</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)      13 OFFICE BOUGHT (if known) <div style="font-size: 1.2em; margin-top: 5px;">MANSfield City Council Place - 4</div>		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Darryl W. Haynes 15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

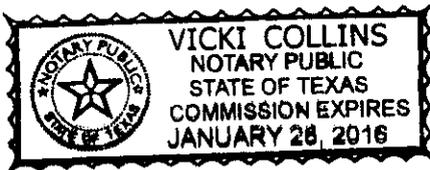
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 426
	4.	TOTAL POLITICAL EXPENDITURES	\$ 426
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37.51
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

### 18 AFFIDAVIT



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.

Darryl W. Haynes  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darryl W. Haynes, this the 10th day of April, 20 15, to certify which, witness my hand and seal of office

Vicki Collins Vicki Collins City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>DARRYL W. HAYNES</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-25-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kim Schlieker</i>	7 Amount of contribution (\$) <i>2.000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>MANSFIELD, TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>CITIZEN</i>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F		2 FILER NAME <i>DARRYL W HAYNES</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-12-15</i>		5 Payee name <i>KIWANIS CLUB OF MANSFIELD</i>			
6 Amount (\$)		7 Payee address; City; State; Zip Code <i>MANSFIELD TX 76063</i>			
8 PURPOSE OF EXPENDITURE		8(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>		8(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-12-15</i>		Payee name <i>FROST BANK</i>			
Amount (\$) <i>20.00</i>		Payee address; City; State; Zip Code <i>MANSFIELD TX 76063</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OPERATING EXPENSES</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3-1-15</i>		Payee name <i>PICKLED MANSFIELD SOCIETY</i>			
Amount (\$) <i>350.00</i>		Payee address; City; State; Zip Code <i>MANSFIELD TX 76063</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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