CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/23/2026 2.a. Candidate or Committee Name: John E. Haynes

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026

4. Campaign Address: 305 Hardison Dr

City: Franklin State: TN Zip Code: 37064 Phone: 6154153127

5. Candidate Home Address: 305 Hardison Avenue

City: Franklin State: TN Zip Code: 37064 Phone: 6154153127

Candidate Email Address: elderhaynes@gmail.com

6. Office Sought: (include district number, if applicable) County Commissioner - Dist 11

7. Name of Political Treasurer (may be candidate): Katita McCullough

Political Treasurer Email Address: dimples226@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☑ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General

☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☑ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $2,585.13
b.	Total Receipts This Period	$ $1,830.00
c.	Total Disbursements This Period	$ $1,682.92
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $2,732.21
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: John E. Haynes

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000. See *Instructions* for more information.)

b. Itemized Contributions (over $100 from each source this period) ..... $ $1,830.00

c. Loans Received This Reporting Period..... $ _____

d. Interest Received This Reporting Period..... $ _____

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ $1,830.00

16. Disbursements:

a. Total Expenditures (other than loan payments)..... $ $1,682.92
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ _____

c. Total Obligation Payments Made This Period..... $ _____

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... $ $1,682.92

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ _____

b. Itemized In-Kind Contributions Received This Period ..... $ _____

c. Total In-Kind Contributions Received This Period ..... $ _____

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Lindsi Middle Name: _____ Last Name: Green

Address: 1620 Cabot Drive City: FRANKLIN State: TN Zip Code: 37064

Occupation: ADMINISTRATOR Employer: FHA

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 5/28/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Reese

Address: 317 Highland Ave City: FRANKLIN State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$25.00 Date of Contribution: 5/12/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Becca Middle Name: _____ Last Name: Ripley

Address: 2775 Hillsboro Rd City: BRENTWOOD State: TN Zip Code: 37027

Occupation: Business Consult Employer: Globe Trotter Properties

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$50.00 Date of Contribution: 5/13/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Chelsey Middle Name: _____ Last Name: Medley

Address: 2564 Winder Dr City: FRANKLIN State: TN Zip Code: 37064

Occupation: NP Employer: HCA

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$20.00 Date of Contribution: 5/17/2026 Aggregate This Election: $ $0.00

Total Contributions: $ $120.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $120.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Ashley Middle Name: _____ Last Name: Webster

Address: 2248 Winder Cir City: Franklin State: TN Zip Code: 37064

Occupation: Commication Strategist Employer: Pinnacle Financial Partners

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$15.00 Date of Contribution: 5/17/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Sachan

Address: 9115 COCORD HUNT CIRCLE City: BRENTWOOD State: TN Zip Code: 37027

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$10.00 Date of Contribution: 5/21/2026 Aggregate This Election: $ $20.00

Business or Organization Name: _____ **OR**

First Name: Damon Middle Name: _____ Last Name: Rogers

Address: 431 Boyd Mill Avenue City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$100.00 Date of Contribution: 5/22/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Reese

Address: 317 Highland Ave City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$50.00 Date of Contribution: 5/22/2026 Aggregate This Election: $ $75.00

Total Contributions: $ $295.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $295.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Robert Middle Name: _____ Last Name: Smith

Address: 365 Lake Valley Dr City: Franklin State: TN Zip Code: 37069

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $500.00 Date of Contribution: 5/23/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Elizabeth Middle Name: _____ Last Name: Wanczak

Address: 3130 Bush Drive City: Franklin State: TN Zip Code: 37064

Occupation: Substitute Teacher Employer: Staff EZ

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $20.00 Date of Contribution: 5/28/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Rose Mary Middle Name: _____ Last Name: Muirhead

Address: 5007 Penbrook Drive City: Franklin State: TN Zip Code: 37069

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $25.00 Date of Contribution: 5/29/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Megan Middle Name: _____ Last Name: Griffin

Address: 1104 Warrior Dr City: Franklin State: TN Zip Code: 37064

Occupation: Childcare Employer: Nurturing Imaginations

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 5/31/2026 Aggregate This Election: $ $0.00

Total Contributions: $ $890.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $890.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Nancy Middle Name: _____ Last Name: Brown

Address: 413 Chatsworth Ct City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/6/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Jacob Middle Name: _____ Last Name: Adams

Address: 276 Wisteria City: Franklin State: TN Zip Code: 37064

Occupation: Insurance Employer: Auto-Owners

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $200.00 Date of Contribution: 6/13/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Jody Middle Name: _____ Last Name: Smith

Address: 608 Hampden Ct City: Franklin State: TN Zip Code: 37069

Occupation: NP Employer: Vanderbilt

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $500.00 Date of Contribution: 6/14/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Reese

Address: 317 Highland Ave City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $ $50.00 Date of Contribution: 6/18/2026 Aggregate This Election: $ $125.00

Total Contributions: $ $1,690.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,690.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Sachan

Address: 9115 Concord Hunt Circle City: BRENTWOOD State: TN Zip Code: 37027

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$10.00 Date of Contribution: 6/21/2026 Aggregate This Election: $ $30.00

Business or Organization Name: _____ **OR**

First Name: Laurette Middle Name: _____ Last Name: Carle

Address: 416 Figuers Dr City: Franklin State: TN Zip Code: 37064

Occupation: NOT EMPLOYED Employer: NOT EMPLOYED

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$20.00 Date of Contribution: 7/27/2026 Aggregate This Election: $ $0.00

Business or Organization Name: _____ **OR**

First Name: Elizabeth Middle Name: _____ Last Name: Wanczak

Address: 3130 Bush Drive City: Franklin State: TN Zip Code: 37064

Occupation: Substitute Staff Employer: EZ Staff

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$20.00 Date of Contribution: 6/28/2026 Aggregate This Election: $ $40.00

Business or Organization Name: _____ **OR**

First Name: Susan Middle Name: _____ Last Name: Presnell

Address: 4103 Utah Avenue City: NASHVILLE State: TN Zip Code: 37209

Occupation: NP Employer: CVA

Contribution Received For: Primary Election ■General Election Runoff (Local Elections Only)

Amount of Contribution: $$40.00 Date of Contribution: 6/28/2026 Aggregate This Election: $ $0.00

Total Contributions: $ $1,780.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: John E. Haynes
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026
3. Total campaign contributions from preceding page (enter $0 if first page) $ $1,780.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: ______ **OR**
First Name: Katie Middle Name: ______ Last Name: Edwards
Address: 134 Allenhurst Cir City: Franklin State: TN Zip Code: 37067
Occupation: NOT EMPLOYED Employer: NOT EMPLOYED
Contribution Received For: Primary Election ■ General Election Runoff (Local Elections Only)
Amount of Contribution: $ $50.00 Date of Contribution: 6/28/2026 Aggregate This Election: $ $60.00

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Business or Organization Name: ______ **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: ______ City: ______ State: ____ Zip Code: ______
Occupation: ______ Employer: ______
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: $______ Date of Contribution: ______ Aggregate This Election: $ ______

Total Contributions: $ $1,830.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Printing ET **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1411 S Dickerson Rd City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Campaign Materials

Amount of Expenditure: $ $225.35 Date of Expenditure: $ 4/28/2026

Business or Organization Name: TN Democratic Party **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 4900 Centennial Blvd #300 City: NASHVILLE State: TN Zip Code: 37209

Purpose of Expenditure: Vote Builder

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 5/16/2026

Business or Organization Name: Printing ET **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1411 S Dickerson Rd City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Campaign Materials

Amount of Expenditure: $ $673.82 Date of Expenditure: $ 5/27/2026

Business or Organization Name: Printing ET **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1411 S Dickerson Rd City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Campaign Materials

Amount of Expenditure: $ $465.27 Date of Expenditure: $ 6/18/2026

Business or Organization Name: Fifth Third Bankk **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1105 Murfreesboro Rd City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Service Charge - Bank Fee

Amount of Expenditure: $ $3.00 Date of Expenditure: $ 6/10/2026

Total Expenditures: $ $1,467.44

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,467.44

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Church of God **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 915 Green Street City: Franklin State: TN Zip Code: 37064

Purpose of Expenditure: Money Order - Campaign Booklet Ad

Amount of Expenditure: $ $150.00 Date of Expenditure: $ 6/12/2026

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Fifth Third Bankk

Address: 1105 Murfreesboro Rd City: FRANKLIN State: TN Zip Code: 37064

Purpose of Expenditure: Service Charge Bank Fee

Amount of Expenditure: $ $3.00 Date of Expenditure: $ 5/12/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 5/28/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 5/12/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 5/13/2026

Total Expenditures: $ $1,624.40

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,624.40

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.60 Date of Expenditure: $ 5/17/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 5/21/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $5.34 Date of Expenditure: $ 5/22/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $16.48 Date of Expenditure: $ 5/23/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $0.88 Date of Expenditure: $ 5/28/2026

Total Expenditures: $ $1,649.26

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,649.26

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.05 Date of Expenditure: $ 5/29/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 5/31/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 6/6/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $4.84 Date of Expenditure: $ 6/13/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $16.48 Date of Expenditure: $ 6/14/2026

Total Expenditures: $ $1,675.35

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: John E. Haynes

2. Reporting Period: Start Date: 4/1/2026 End Date: 4/25/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,675.35

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $1.86 Date of Expenditure: $ 6/18/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $0.56 Date of Expenditure: $ 6/21/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $0.88 Date of Expenditure: $ 6/27/2026

Business or Organization Name: ACTBLUE **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: PO BOX 962017 City: BOSTON State: MA Zip Code: 02196

Purpose of Expenditure: BANKING FEE

Amount of Expenditure: $ $4.27 Date of Expenditure: $ 6/28/2026

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: $ _____ Date of Expenditure: $ _____

Total Expenditures: $ $1,682.92

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)