

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: 34				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST FREDA	MI GAIL	OFFICE USE ONLY Date Received <h2 style="color:blue;">RECEIVED</h2> APR 06 2017 # CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST POWELL	SUFFIX				
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS <input type="checkbox"/> Change of Address				ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 9543, AMARILLO, TEXAS 79105-9543		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 341-8280	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	FIRST LYNDA	MI	Receipt #	Amount \$		
	NICKNAME	LAST SMITH	SUFFIX	Date Processed			
	7 CAMPAIGN TREASURER ADDRESS ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3611 SONCY RD., STE 4C, AMARILLO, TEXAS 79119			
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 372-4720	EXTENSION				
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 01	Day 16	Year 2017	THROUGH	Month 03	Day 30	Year 2017
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month 05	Day 06	Year 2017	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description	
12 OFFICE CITY COUNCIL PLACE 2	OFFICE HELD (if any) NONE			13 OFFICE SOUGHT (if known) CITY COUNCIL PLACE 2			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

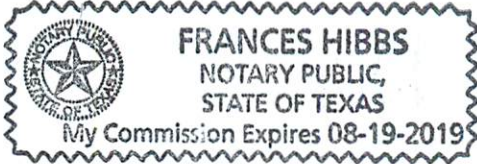
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME FREDA GAIL POWELL	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME AMARILLO MATTERS
		COMMITTEE ADDRESS PO Box 1532, Amarillo, TX 79105
		COMMITTEE CAMPAIGN TREASURER NAME ANDREW HALL
		COMMITTEE CAMPAIGN TREASURER ADDRESS PO BOX 1532, Amarillo, TX 79105


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)	\$ 20,774.61
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 75.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,698.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said FREDA GAIL POWELL, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Frances Hibbs
 Printed name of officer administering oath

CAH Secretary
 Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME FREDA GAIL POWELL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,774.61
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,190.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ -0-
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 75.78
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 152.91
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ -0-
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 100.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ -0-
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ -0-
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME <p style="text-align: center;">FREDA GAIL POWELL</p>		3 Filer ID (Ethics Commission Filers)
4 Date 03/15 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY BAKER 6 Contributor address; City; State; Zip Code 3120 LINDA, AMARILLO, TX 79109	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK BELEW Contributor address; City; State; Zip Code 79124 310 CANYON CREST, AMARILLO, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLIFF BICKERSTAFF Contributor address; City; State; Zip Code 2604 HAWTHORNE, AMARILLO, TX 79109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM BIVINS Contributor address; City; State; Zip Code PO BOX 15305, AMARILLO, TX 79105	Amount of contribution (\$) 300.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/23 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANICE BULTON 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 40 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BOYCE Contributor address; City; State; Zip Code 35 OLDHAM CIR., AMARILLO, TX 79109	Amount of contribution (\$) 200 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON BOYD Contributor address; City; State; Zip Code 809 S. TYLER, AMARILLO, TX 79101	Amount of contribution (\$) 500 ⁰⁰
Principal occupation / Job title (See Instructions) JEWELER		Employer (See Instructions) DUNCAN + BOYD
Date 03/18 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. H. BRIAN, JR. Contributor address; City; State; Zip Code PO BOX 9238, AMARILLO, TX 79105	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) COURTNEY, COUNTISS LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/23 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD BROWN 6 Contributor address; City; State; Zip Code P.O. BOX 9418, AMARILLO, TX 79105	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) BROWN & FORTUNATO
Date 03/21 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BRYANT Contributor address; City; State; Zip Code 7713 BAUGHMAN, AMARILLO, TX 79121	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CINDI BULLA Contributor address; City; State; Zip Code 2700 WESTERN, AMARILLO, TX 79109	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNETTE CARLISLE Contributor address; City; State; Zip Code 1216 S. LAMAR, AMARILLO, TX 79102	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">FREDA GAIL POWELL</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>03/23 2017</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>DENNIS CLOUNCH</p>	7 Amount of contribution (\$) <p>\$ 100⁰⁰</p>
6 Contributor address; City; State; Zip Code <p>7706 PEBBLEBROOK, AMARILLO, TX 79109</p>		
8 Principal occupation / Job title (See Instructions) <p>PRINTER</p>		9 Employer (See Instructions) <p>C+B PRINTING</p>
Date <p>03/17 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>BILL COUNTISS</p>	Amount of contribution (\$) <p>100⁰⁰</p>
Contributor address; City; State; Zip Code <p>P O BOX 9238, AMARILLO, TX 79105</p>		
Principal occupation / Job title (See Instructions) <p>LAWYER</p>		Employer (See Instructions) <p>COURTEY, COUNTISS, LLP</p>
Date <p>03/24 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>ROGER COX</p>	Amount of contribution (\$) <p>150⁰⁰</p>
Contributor address; City; State; Zip Code <p>2821 CROCKETT, AMARILLO, TX 79109</p>		
Principal occupation / Job title (See Instructions) <p>LAWYER</p>		Employer (See Instructions) <p>UNDERWOOD LAW FIRM</p>
Date <p>03/23 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>AL CUNNINGHAM</p>	Amount of contribution (\$) <p>150⁰⁰</p>
Contributor address; City; State; Zip Code <p>PO BOX 15167, AMARILLO, TX 79105</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">FREDA GAIL POWELL</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>03/20 2017</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">PATILOU DAWKINS</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">2806 TRAVIS, AMARILLO, TX 79109</p>	7 Amount of contribution (\$) <p style="text-align: center;">250⁰⁰</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p>03/20 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">PATRICIA CATHCART DISON</p> Contributor address; City; State; Zip Code <p style="text-align: center;">4811 CAPE COLONY DR, AMARILLO TX 79119</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>02/06 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DONALD SMITH ELLIS</p> Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 32552, AMARILLO, TX 79120</p>	Amount of contribution (\$) <p style="text-align: center;">500⁰⁰</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">BANK PRESIDENT</p>		Employer (See Instructions) <p style="text-align: center;">FIRST BANK SOUTHWEST</p>
Date <p>03/24 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">LILIA ESCAJEDA</p> Contributor address; City; State; Zip Code <p style="text-align: center;">PO BOX 3304, AMARILLO, TX 79120</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/20 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY LOU FERRO 6 Contributor address; City; State; Zip Code 1218 AUSTIN, AMARILLO, TX 79102	7 Amount of contribution (\$) 50 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE FORTUNATO Contributor address; City; State; Zip Code 1710 S. HARRISON, AMARILLO, TX 79102	Amount of contribution (\$) 100 ⁵⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEA ANN FULTON Contributor address; City; State; Zip Code 2820 BROKEN ARROW, AMARILLO, TX 79112	Amount of contribution (\$) 150 ⁵⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL GILLILAND Contributor address; City; State; Zip Code 2806 S. HUGHES, AMARILLO, TX 79109	Amount of contribution (\$) 250 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/20 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL HARPOLE 6 Contributor address; City; State; Zip Code PO BOX 30481 AMARILLO, TX 79120	7 Amount of contribution (\$) 224 ⁶¹
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL HARRIS Contributor address; City; State; Zip Code 7802 STUYVESANT AMARILLO, TX 79121	Amount of contribution (\$) 200 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY HEMPHILL Contributor address; City; State; Zip Code 1513 HACIENDA AMARILLO, TX 79111	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON HERRICK Contributor address; City; State; Zip Code 7901 VALCOUR DR. AMARILLO, TX 79119	Amount of contribution (\$) 1000 ⁰⁰
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) PANTERA ENERGY

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/21 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN HICKS 6 Contributor address; City; State; Zip Code 6301 BAYSWATER RD. AMARILLO, TX 79109	7 Amount of contribution (\$) 20 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/25 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUE & DAVID HUDSON Contributor address; City; State; Zip Code 7807 TRIPP AMARILLO, TX 79121	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUE & DAVID HUDSON Contributor address; City; State; Zip Code 7807 TRIPP AMARILLO, TX 79121	Amount of contribution (\$) 200 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIZ & MICHAEL HUGHES Contributor address; City; State; Zip Code 2806 PARKER AMARILLO, TX 79109	Amount of contribution (\$) 2000 ⁰⁰
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) FAMILY MEDICINE CENTERS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/06 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON JELINEK 6 Contributor address; City; State; Zip Code 5909 FORDHAM DR. AMARILLO, TX 79109	7 Amount of contribution (\$) 100 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY S. JENNINGS Contributor address; City; State; Zip Code 4503 GREENWICH PL. AMARILLO, TX 79119	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELA JOHNSON Contributor address; City; State; Zip Code UNKNOWN	Amount of contribution (\$) 5 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANE JUETT Contributor address; City; State; Zip Code 2400 W. 26th AMARILLO, TX 79109	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 02/24 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA KALKA 6 Contributor address; City; State; Zip Code 2622 CURTIS DR AMARILLO, TX 79109	7 Amount of contribution (\$) 50 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY KALKA Contributor address; City; State; Zip Code 2622 CURTIS AMARILLO, TX 79109	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK KEFFLER Contributor address; City; State; Zip Code PO BOX 50825 AMARILLO, TX 79105	Amount of contribution (\$) 200 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON & PAULA KERN Contributor address; City; State; Zip Code 1104 OREGON DR. OSWEGO, KS 67356	Amount of contribution (\$) 70 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDITH KERR	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code PO BOX 774 AMARILLO, TX 79105		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN LAND	Amount of contribution (\$) 20⁰⁰
Contributor address; City; State; Zip Code 5713 TAWNEY AVE. AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDETTE LANDESS	Amount of contribution (\$) 150⁰⁰
Contributor address; City; State; Zip Code 8 TEAL COURT AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAD & JENNIFER LARDIE	Amount of contribution (\$) 150⁰⁰
Contributor address; City; State; Zip Code 2721 VIRGINIA CIRCLE AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 02/27 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMUEL & CAROL LOVELADY 6 Contributor address; City; State; Zip Code 2817 CROCKETT AMARILLO, TX 79109	7 Amount of contribution (\$) 200 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. PAUL MATNEY Contributor address; City; State; Zip Code 3918 EATON AMARILLO, TX 79109	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUSTY McGUIRE Contributor address; City; State; Zip Code 6016 DREYFUSS RD AMARILLO, TX 79106	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD & GERRY McKAY Contributor address; City; State; Zip Code 3203 S. ONG AMARILLO, TX 79109	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/23 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTH MILLER 6 Contributor address; City; State; Zip Code 6712 SANDIE DR. AMARILLO, TX 79109	7 Amount of contribution (\$) 100 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEE MILLER Contributor address; City; State; Zip Code 5315 BERGET AMARILLO, TX 79106	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON MINER Contributor address; City; State; Zip Code 1108 BROADMOOR AMARILLO, TX 79106	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON & DONNA MOORE Contributor address; City; State; Zip Code 1300 S. HARRISON #800 AMARILLO, TX 79101	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON NICHOLSON	7 Amount of contribution (\$) 20⁰⁰
	6 Contributor address; City; State; Zip Code UNKNOWN	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN & GAIL NOTESTINE Contributor address; City; State; Zip Code 2606 ROYAL RD. AMARILLO, TX 79106	Amount of contribution (\$) 200⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY O'BRIEN Contributor address; City; State; Zip Code PO BOX 15305 AMARILLO, TX 79105	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) JA RANCH
Date 01/21 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS OVERSTREET Contributor address; City; State; Zip Code PO BOX 35 PRAIRIE VIEW, TX 77446	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See instructions) LAWYER		Employer (See Instructions) SELF

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">FREDA GAIL POWELL</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>03/17 2017</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>MORRIS OVERSTREET</p> 6 Contributor address; City; State; Zip Code <p>P.O. BOX 35 PRAIRIE VIEW, TX 77446</p>	7 Amount of contribution (\$) <p>1000⁰⁰</p>
8 Principal occupation / Job title (See Instructions) <p>LAWYER</p>		9 Employer (See Instructions) <p>SELF</p>
Date <p>03/13 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>GLEN PARKEY</p> Contributor address; City; State; Zip Code <p>PO BOX 2966 AMARILLO, TX 79105</p>	Amount of contribution (\$) <p>250⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>02/08 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>GLEN PHILLIPS</p> Contributor address; City; State; Zip Code <p>17901 S. US HWY 287 AMARILLO, TX 79118</p>	Amount of contribution (\$) <p>250⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>ROSIE E GENTRY POWELL</p> Contributor address; City; State; Zip Code <p>1727 JENNIFER AMARILLO, TX 79109</p>	Amount of contribution (\$) <p>30⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORANCE RANDON	7 Amount of contribution (\$) 25 ⁰⁰
6 Contributor address; City; State; Zip Code 6306 RUTGERS AMARILLO, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN RHODES	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code 3524 RUTSON AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMETT RICE	Amount of contribution (\$) 300 ⁰⁰
Contributor address; City; State; Zip Code 2505 TECKLA AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS RINEY	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code 320 S. POLK, STE 600 AMARILLO, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">FREDA GAIL POWELL</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>02/21 2017</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>GLORIA ROBERTS</p>	7 Amount of contribution (\$) <p>100⁰⁰ -</p>
6 Contributor address; City; State; Zip Code <p>3305 WHITECOTTON AMARILLO, TX 79121</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p>03/17 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>JIM SCHOOLER</p>	Amount of contribution (\$) <p>150⁰⁰ -</p>
Contributor address; City; State; Zip Code <p>PO BOX 7841 AMARILLO, TX 79114</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>03/21 2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>EDWARD R. SCOTT, JR</p>	Amount of contribution (\$) <p>500⁰⁰ -</p>
Contributor address; City; State; Zip Code <p>6003 TUSCANY VILLAGE AMARILLO, TX 79119</p>		
Principal occupation / Job title (See Instructions) <p>DEVELOPER / MANAGER</p>		Employer (See Instructions) <p>SELF</p>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/01 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE SHIELDS 6 Contributor address; City; State; Zip Code 8102 CITYVIEW DR AMARILLO, TX 79118	7 Amount of contribution (\$) 150 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLYN & ROBERT SIMMONS Contributor address; City; State; Zip Code 6309 SUNCREST WAY AMARILLO, TX 79124	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL SIMS Contributor address; City; State; Zip Code P.O. BOX 48 AMARILLO, TX 79105	Amount of contribution (\$) 250 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAMELA & DAVID SIMON Contributor address; City; State; Zip Code 7128 BLUEBONNET AMARILLO, TX 79108	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/20 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALLY & JOHN SKAGES 6 Contributor address; City; State; Zip Code 2601 BOWIE AMARILLO, TX 79109	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK & DONNA SORIA Contributor address; City; State; Zip Code 409 S. MONROE AMARILLO, TX 79101	Amount of contribution (\$) 50⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON & TINA STITT Contributor address; City; State; Zip Code 7216 QUEENS PL. AMARILLO, TX 79109	Amount of contribution (\$) 200⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD & CLAUDIA STUART Contributor address; City; State; Zip Code 7816 CANODE DR AMARILLO, TX 79121	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/17 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONI & PATRICK SWINDELL 6 Contributor address; City; State; Zip Code 112 W. 8th, STE 301 AMARILLO, TX 79101	7 Amount of contribution (\$) 50 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELORES THOMPSON Contributor address; City; State; Zip Code PO BOX 3576 AMARILLO, TX 79116	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM VILARDELL Contributor address; City; State; Zip Code PO BOX 20400 AMARILLO, TX 79114	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA & STEPHEN WALTON Contributor address; City; State; Zip Code 2102 JULIAN BLVD AMARILLO, TX 79102	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/14 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD WARE 6 Contributor address; City; State; Zip Code 3012 HUGHES ST. AMARILLO, TX 79109	7 Amount of contribution (\$) 500⁰⁰
8 Principal occupation / Job title (See Instructions) BANKER		9 Employer (See Instructions) AMARILLO NAT'L BANK
Date 03/15 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK WARE Contributor address; City; State; Zip Code 37 OLDHAM CIRCLE AMARILLO, TX 79109	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) AMARILLO NAT'L BANK
Date 03/24 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM J. WARE Contributor address; City; State; Zip Code PO BOX 1 AMARILLO, TX 79105	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN J. & BOB WENGER Contributor address; City; State; Zip Code 3729 KILEEN AMARILLO, TX 79109	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERYL & ROBERT BENTLEY	7 Amount of contribution (\$) 500 ⁰⁰
6 Contributor address; City; State; Zip Code 7403 PARK RIDGE DR. AMARILLO, TX 79119		
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) UPSHAW INSURANCE
Date 03/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM BESSELMAN	Amount of contribution (\$) 25 ⁰⁰
Contributor address; City; State; Zip Code #4 GUNN CT. AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON BROWN	Amount of contribution (\$) 50 ⁰⁰
Contributor address; City; State; Zip Code 1107 14 TH ST. CANYON, TX 79015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAIR BUCKNER	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 301 S. POLK, STE 422 AMARILLO, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center;">FREDA GAIL POWELL</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>03/26/2017</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>LEON & SUE CHURCH</p>	7 Amount of contribution (\$) <p>75⁰⁰</p>
6 Contributor address; City; State; Zip Code <p>6903 CAYMAN CT. AMARILLO, TX 79124</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p>03/26/17</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>PABLO DIAZ-ESQUIVEL</p>	Amount of contribution (\$) <p>100⁰⁰</p>
Contributor address; City; State; Zip Code <p>1600 COULTER STE 703 AMARILLO, TX 79106</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>03/23/2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>DENISE CARRINGTON</p>	Amount of contribution (\$) <p>20⁰⁰</p>
Contributor address; City; State; Zip Code <p>3401 BRENNAN BLVD, # 15 AMARILLO, TX 79121</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>03/27/2017</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>KATHY & DAN DOWDY</p>	Amount of contribution (\$) <p>150⁰⁰</p>
Contributor address; City; State; Zip Code <p>2501 S. VAN BUREN AMARILLO, TX 79109</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/ 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENITA GUERRERO 6 Contributor address; City; State; Zip Code 2113 S. HARRISON AMARILLO, TX 79109	7 Amount of contribution (\$) 20 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. ED FANCHER Contributor address; City; State; Zip Code 2028 S. AUSTIN #1204 AMARILLO, TX 79109	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA & BILL HAWKINS Contributor address; City; State; Zip Code 3518 KENSINGTON PL. AMARILLO, TX 79121	Amount of contribution (\$) 250 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAM & JOE JONES Contributor address; City; State; Zip Code 3911 EATON DR. AMARILLO, TX 79109	Amount of contribution (\$) 100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/ 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES & EVELYN KING 6 Contributor address; City; State; Zip Code 7100 GAINSBOROUGH RD AMARILLO, TX 79106	7 Amount of contribution (\$) 2500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM B. MARTIN Contributor address; City; State; Zip Code 7707 NEWENGLAND PKWY AMARILLO, TX 79119	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETICIA NIEGOS Contributor address; City; State; Zip Code 3505 GEORGIA ST. AMARILLO, TX 79109	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHY & STAN MORRIS Contributor address; City; State; Zip Code 6308 CALUMST AMARILLO, TX 79106	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/ 2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY E. TAYLOR	7 Amount of contribution (\$) 250 ⁰⁰
6 Contributor address; City; State; Zip Code 6 WOODSTONE AMARILLO, TX 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES & BARBARA WHITTON	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 7844 AMARILLO, TX 79114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG & JULIE MITCHELL	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code 1201 S. TAYLOR AMARILLO, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/ 2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENNY KING	Amount of contribution (\$) 20 ⁰⁰
Contributor address; City; State; Zip Code 5825 FORDHAM DR. AMARILLO, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOROTHY RAY	7 Amount of contribution (\$) 10⁰⁰
6 Contributor address; City; State; Zip Code 3911 OZARK AMARILLO, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMARILLO ASSN. OF REALTORS	Amount of contribution (\$) 2000⁰⁰
Contributor address; City; State; Zip Code 5601 ENTERPRISE AMARILLO, TX 79106		
Principal occupation / Job title (See Instructions) REALTORS		Employer (See Instructions)
Date 03/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARON WILLIAMS	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 3610 VAN TASSEL AMARILLO, TX 79121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,190.00	
5 Date 03/30/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY COYNE	8 Amount of Contribution \$ \$1,190.00	9 In-kind contribution description Marketing services
7 Contributor address; City; State; Zip Code 3807 Doris Dr., Amarillo, Texas 79109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Marketing Services		11 Employer (FOR NON-JUDICIAL)(See Instructions) MARY COYNE MARKETING COMMUNICATIONS	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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 FREDA GAIL POWELL	3 Filer ID (Ethics Commission Filers)
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4 Date 03/21/2017	5 Payee name ABC SIGNS
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6 Amount (\$) \$75.78	7 Payee address; City; State; Zip Code 7607 River Road Amarillo, Texas 79108
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME FREDA GAIL POWELL	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 152.91
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5 Date 03/13/2017	6 Payee name C&B Marketing
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7 Amount (\$) \$115.29	8 Payee address; City; State; Zip Code 2400 SW 6th Ave., Amarillo, TX 79106
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/20/2017	Payee name C&B Marketing
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Amount (\$) \$37.62	Payee address; City; State; Zip Code 2400 SW 6th Ave., Amarillo, TX 79106
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME FREDA POWELL	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2017	5 Payee name CITY OF AMARILLO	
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2010 Estes St. Amarillo, TX 79107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees [filing fee for office]	(b) Description <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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED