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:		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY		
NAME	MS. FREDA GAIL NICKNAME LAST POWELL	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	9860-00000-0000-0000-0000-0000-0000-0000	CITY; STATE; ZIP CODE AMARILLO, TX 79105-9543 EXTENSION	JAN 15 2018 CITY SECRETARY'S CITY OF AMARILO Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LYNDA NICKNAME LAST SMITH	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 3611 SONCY RD, STE 4C, AMA		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 372-4720	EXTENSION			
9 REPORT TYPE	January 15 30th day before electrical and a state of the		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07 / 16 / 2017	THROUGH 12	Day Year / 31 / 2017		
11 ELECTION	Month Day Year Primary 05 06 2017 General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any) CITY OF AMARILLO COUNCIL PLACE TWO	13 OFFICE SOUGHT (if known)			
GO TO PAGE 2					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME FREDA GAIL POWELL 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Perdue, Brandon, Fielder, Collins & Mott, LLP 07/17/2017 Contributor address; City; State; Zip Code \$500.00 PO Box 9132, Amarillo, Texas 79105 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Law Firm--attorneys Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers) 16 NOTICE FROM POLITICAL COMMITTEE(S) THE BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENSIVEMENT THE CAMBODATE FOR POLITICAL COMMITTEES TO SUPPORT THE CAMBODATE FOR POLITICAL COMMITTEES TO SUPPORT THE CAMBODATE FOR POLITICAL COMMITTEES TO SUPPORT THE CAMBODATE FOR POLITICAL COMMITTEE TO COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE TYPE COMMITT							
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COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAM		COMMITTEE TYPE	COMMITTEE NAME				
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day of JANUARY, 20 18, to certify which, witness my hand and seal of office. Ben B. Smith Ben B. Smith No Tany	Sworn to and subscri	bed before me. b	y the said FREDA GAIL POWELL	this the 16TH			
Signature of officer administration on the District Print of the No Trans	JANUADY						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Kon & Smith Bou R S in 11						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$