# 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: 4		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI MS . FREDA GAIL		OFFICE USE ONLY		
NAME	NICKNAME LAST POWELL	SUFFIX	PECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: C	JUL 16 2018 CITY SECRETARY'S CITY OF AMARILLO			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 806 ) 342-8280	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  MS LYNDA	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST		Date Processed		
	SMITH		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 3611 SONCY RD, STE 4C, AM		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 806 ) 372-4720	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 2018	Month  THROUGH  06	Day Year 2018		
11 ELECTION	Month Day Year Primary  05 / 16 / 2018	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					

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	REDA GAIL POW	/ELL 15	Filer ID (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	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 82.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 82.00	
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 13,887.42	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-	
	FRANCES HIB NOTARY PUBLI STATE OF TEXA ssion Expires 08-	Sis & Freda	Rewell	
Sworn to and subscribed day ofJULY		y the saidFREDA GAIL POWELL o certify which, witness my hand and seal of office.	, this the16th	
Signature of officer a	Helely dministering oath	Printed name of officer administering oath	Title of officer administering oath	

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER	9 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	4. SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	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		\$

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credt Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wa	/ages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME FREDA GAIL POWELL		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		Lance Control of the		
03/08//2018	UNITED STATES POSTAL SERVICE	nous-s-			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
82.00	505 SE 9TH AVENUE, AMARILLO, TEXAS 79101				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel or	outside of Texas. Complete Schedule T.		
OF	RENTAL EXPENSEPOST OFFICE	Check if Austin	n, TX, officeholder living expense		
EXPENDITURE	BOX	1			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	<u> </u>	T			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	1	i	utside of Texas. Complete Schedule T.		
EXPENDITURE		L Check if Austin,	a, TX, officeholder living expense		
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				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel out	itside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					