

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS. FIRST FREDA MI G. ----- NICKNAME LAST SUFFIX POWELL	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 9543, AMARILLO, TEXAS 79105-9543		Date Received RECEIVED APR 04 2019 CITY SECRETARY'S CITY OF AMARILLO
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 342-8280	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS. FIRST LYNDA MI ----- NICKNAME LAST SUFFIX SMITH	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5109 OLSEN CIRCLE, AMARILLO, TEXAS 79106		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 372-4720		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2019 THROUGH 03 / 25 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY OF AMARILLO COUNCIL PLACE TWO	13 OFFICE SOUGHT (if known) CITY OF AMARILLO COUNCIL PLACE TWO	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

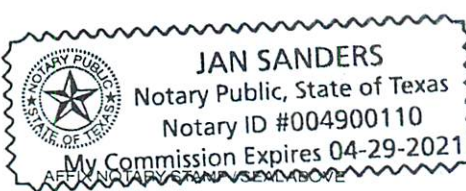
14 C/OH NAME FREDA GAIL POWELL	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 4,225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,225.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,112.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Freda Powell

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said FREDA GAIL POWELL, this the 4th day of MAY, 2019, to certify which, witness my hand and seal of office.

Jan Sanders

Signature of officer administering oath

Jan Sanders

Printed name of officer administering oath

Asst City 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	\$ 4,225.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME
Freda Gail Powell

3 Filer ID (Ethics Commission Filers)

4 Date
03/21/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Howard Batson

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
9110 Lundy Lane Amarillo, TX 79119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Ron Boyd

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1014 S. Van Buren St. Amarillo, TX 79101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
John R. Skaggs

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
2601 Bowie St. Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Richard McKay, M.D.

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
3203 S. Ong St. Amarillo, TX 79109

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

03/12/2019

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mr. or Mrs. Stanton Morris, Jr.

7 Amount of contribution (\$)

100.00

6 Contributor address;

6308 Calumet

City; State; Zip Code

Amarillo, TX 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/18/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Claudette Landess

Amount of contribution (\$)

250.00

Contributor address;

9 Teal Court

City; State; Zip Code

Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Dee Miller

Amount of contribution (\$)

250.00

Contributor address;

5315 Berget

City; State; Zip Code

Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Oth Miller

Amount of contribution (\$)

250.00

Contributor address;

6712 Sandie Drive

City; State; Zip Code

Amarillo, TX 79109

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 03/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew H. Hall 6 Contributor address; City; State; Zip Code 500 S. Taylor, LB 249 Amarillo, TX 79101	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon J. Hemphill Contributor address; City; State; Zip Code 1513 Hacienda Dr. Amarillo, TX 79111	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William J. Ware Contributor address; City; State; Zip Code P.O. Box 1 Amarillo, TX 79105	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Martin Contributor address; City; State; Zip Code 7707 New England PKWY. Amarillo, TX 79119	Amount of contribution (\$) 100.00
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

03/25/2019

5 Full name of contributor

Richard Ware

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

P.O. Box 1

City; State; Zip Code

Amarillo, TX 79105

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/25/2019

Full name of contributor

Daniel A. Dowdy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2501 S. Van Buren St.

City; State; Zip Code

Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2019

Full name of contributor

Richard M. High, M.D.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

2500 Teckla Blvd.

City; State; Zip Code

Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2019

Full name of contributor

Beverly Harris

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

7802 Stuyvesant Ave.

City; State; Zip Code

Amarillo, TX 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
03/25/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Paul J. Harpole

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
7703 Pebblebrook Dr. Amarillo, TX 79119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/24/2019

Full name of contributor out-of-state PAC (ID#: _____)
Johnny Mize

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
7720 Stuyvesant Amarillo, TX 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/25/2019

Full name of contributor out-of-state PAC (ID#: _____)
Mrs. John Notestine

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
2606 Royal Rd. Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Pat Patterson

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
HCR 2, Box 1A Spearman, TX 79081

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

03/11/2019

5 Full name of contributor

Blaine D. Roberts

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

2818 S. Lipscomb St.

City; State; Zip Code

Amarillo, TX 79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/20/2019

Full name of contributor

John Mozola

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

2808 S. Bonham

City; State; Zip Code

Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2019

Full name of contributor

William C. Boyce

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

35 Oldham Circle

City; State; Zip Code

Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2019

Full name of contributor

David Hudson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

7807 Tripp Ave.

City; State; Zip Code

Amarillo, TX 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 03/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Grayson Martin 6 Contributor address; City; State; Zip Code 1914 NW 19th Ave. Amarillo, TX 79107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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