

# 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: <span style="font-size: 2em; color: blue;">8</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <span style="font-size: 1.5em; color: blue;">MS.</span> FIRST: <span style="font-size: 1.5em; color: blue;">FREDA</span> MI: <span style="font-size: 1.5em; color: blue;">G.</span> NICKNAME: _____      LAST: <span style="font-size: 1.5em; color: blue;">POWELL</span> SUFFIX: _____	<b>OFFICE USE ONLY</b> <hr/> Date Received <span style="font-size: 2em; color: blue;">RECEIVED</span> <span style="font-size: 1.5em; color: blue;">APR 26 2019</span> <span style="color: blue;">FA</span> CITY SECRETARY'S CITY OF AMARILLO <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.5em; color: blue;">P.O. Box 9543    AMARILLO, TX    79105</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <span style="font-size: 1.5em; color: blue;">(806)    342-8280</span>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <span style="font-size: 1.5em; color: blue;">MS.</span> FIRST: <span style="font-size: 1.5em; color: blue;">LYNDA</span> MI: _____ NICKNAME: _____      LAST: <span style="font-size: 1.5em; color: blue;">SMITH</span> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.5em; color: blue;">5109 OLSEN CIR.    AMARILLO, TX    79106</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <span style="font-size: 1.5em; color: blue;">(806)    372-4720</span>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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      THROUGH      Month    Day    Year <span style="font-size: 1.5em; color: blue;">03 / 25 / 2019      04 / 25 / 2019</span>		
11 ELECTION	ELECTION DATE Month    Day    Year <span style="font-size: 1.5em; color: blue;">05 / 04 / 2019</span>	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) <span style="font-size: 1.5em; color: blue;">CITY OF AMARILLO COUNCIL PLACE TWO</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em; color: blue;">CITY OF AMARILLO COUNCIL PLACE TWO</span>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME FREDA G. POWELL 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>TEXAS REALTORS PAC</u>
	COMMITTEE ADDRESS	<u>P.O. BOX 295305 KERRVILLE, TX 78029</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>LANCE LACY</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>P.O. BOX 2246 AUSTIN, TEXAS 78768</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>1,200<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,050<sup>29</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>24,679<sup>70</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

18 AFFIDAVIT



**FRANCES HIBBS**  
NOTARY PUBLIC,  
STATE OF TEXAS  
My Commission Expires 08-19-2019

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Freda Powell, this the 26 day of April, 20 19, to certify which, witness my hand and seal of office.

Frances Hibbs  
Signature of officer administering oath

Frances Hibbs  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **FREDA G. POWELL** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<b>AMARILLO MATTERS</b>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<b>P.O. BOX 1532 AMARILLO, TX 79105</b>
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<b>P.O. BOX 1532, AMARILLO, TX 79105</b>

Additional Pages

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

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **FREDA G. POWELL**, this the **26<sup>th</sup>** day of **APRIL**, 20 **19**, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Freda G. Powell**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/26/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Cheryl Bentley**

7 Amount of contribution (\$)

**\$250.<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**7403 Park Ridge Amarillo TX 79119**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/26/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Cliff Bickerstaff**

Amount of contribution (\$)

**\$100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**2604 Hawthorne Amarillo TX 79109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/26/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**David Sirmon**

Amount of contribution (\$)

**\$100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**500 S. Fillmore Amarillo TX 79101**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/26/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Mrs. David L. Gleason**

Amount of contribution (\$)

**\$100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**P.O. Box 50477 Amarillo TX 79159**

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 G. Powell*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/28/19*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Thelma J. Ward*

7 Amount of contribution (\$)

*\$50.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*P.O. Box 3563 Amarillo Tx 79116*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/22/19*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Robert Wenger*

Amount of contribution (\$)

*\$200.<sup>00</sup>*

Contributor address; City; State; Zip Code

*3729 Kileen Amarillo TX 79109*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/24/19*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Stacy Sharp*

Amount of contribution (\$)

*\$50.<sup>00</sup>*

Contributor address; City; State; Zip Code

*7909 Continental Amarillo TX 79119*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/23/19*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Mary Lee Crawford*

Amount of contribution (\$)

*\$100.<sup>00</sup>*

Contributor address; City; State; Zip Code

*4605 23<sup>rd</sup> St Tuscaloosa AL 35401*

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 G. Powell*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/23/19*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Edward W. Bradley*

7 Amount of contribution (\$)

*\$250.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*3002 S. Lipscomb Amarillo TX 79109*

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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**

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,200 <sup>00</sup>
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	\$ 4,050 <sup>29</sup>
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	\$

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>FREDA G. POWELL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/13/2019</b>	<b>5</b> Payee name <b>OFF THE HOOK</b>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <b>626 S. POLK, STE 200, AMARILLO, TX 79101</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <b>04/23/19</b>	Payee name <b>MARY COYNE</b>	
Amount (\$) <b>4050.29</b>	Payee address; City; State; Zip Code <b>3807 DORIS, AMARILLO, TX 79109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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