

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 Powell	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P O Box 9543	APT / SUITE #;	CITY; STATE; ZIP CODE Amarillo, TX 79105-9543
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 341-8280	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lynda	MI
	NICKNAME	LAST Smith	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 5109 Olsen Circle,		CITY; STATE; ZIP CODE Amarillo Texas 79106
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 21		THROUGH Month Day Year 3 / 31 / 21
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) City of Amarillo Council Member, Place 2	13 OFFICE SOUGHT (if known) City of Amarillo Council Member Place 2	
14 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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	■ GENERAL	Amarillo Association of Realtors, Political Action Committee, Non Corporate	
		COMMITTEE ADDRESS	
		5601 Enterprise Circle, Amarillo, Texas 79106-4631	
		COMMITTEE CAMPAIGN TREASURER NAME	
SPECIFIC	Denise Price		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	5601 Enterprise Circle, Amarillo, Texas 79106-4631		

OFFICE USE ONLY

Date Received

RECEIVED

MAR 31 2021

CITY SECRETARY'S
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

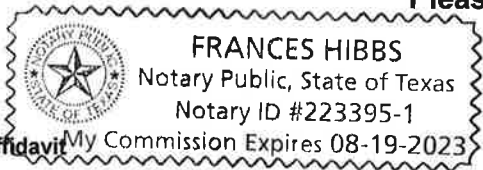
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 8,275.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 234.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 234.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,982.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Frederic Powell

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Frederic Powell this the 31 day of March, 2021, to certify which, witness my hand and seal of office.
Frances Hibbs Frances Hibbs City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,275.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 234.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Six (6)
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Martinez	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5609 Mary Dell Drive, Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean and Carmen Roper	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7725 Baughman Drive, Amarillo, TX 79121		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 03/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Sims	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 48 Amarillo, TX 79105		
Principal occupation / Job title (See Instructions) Lawyer		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)

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Moore - Mckee	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 1300 S. Harrison, #202, Amarillo, TX 79101	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike or Liz Hughes	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code P O Box 51149 Amarillo, TX 79159	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. H. Brian, Jr.	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code P O Box 9238 Amarillo, TX 79105	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 03/01/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David T. Hudson	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7413 Park Ridge Dr., Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Xcel Energy

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William or Bev Harris	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 7802 Stuyvesant Ave., Amarillo, TX 79121	\$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard and Linda Brown	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 3004 S. Hyden St., Amarillo, TX 79109	\$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 03/04/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason and Shannon Herrick	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 7901 Valcour Dr., Amarillo, TX 79119-6268	\$1,000.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions)
Date 03/05/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary and Sally Jennings	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4503 Greenwich Place, Amarillo, TX 79119-6452	\$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Freda Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/08/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trevor or Sarah Caviness</i>	7 Amount of contribution (\$) <i>\$200.00</i>
	6 Contributor address; City; State; Zip Code <i>3001 S. Ong Street, Amarillo, TX 79109</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Caviness Beef Packers, LLC</i>
Date <i>03/08/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Street Properties</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>4500 S. Soncy, Amarillo, TX 79119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Street Toyota</i>
Date <i>03/09/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia R. Walker</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>5 Teal Court, Amarillo, TX 79106</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>03/09/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>P.J. and J.Z. Harpole</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>7703 Pebblebrook Dr., Amarillo, TX 79119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Rogers, MAI <hr/> 6 Contributor address; City; State; Zip Code 5304 Tawney, Amarillo, TX 79106	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate Appraiser		9 Employer (See Instructions)
Date 03/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel or Carol Lovelady <hr/> Contributor address; City; State; Zip Code 2817 Crockett, Amarillo, TX 79109	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Lovelady Christy & Associates
Date 03/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward W. Bradley <hr/> Contributor address; City; State; Zip Code 3002 S. Lipscomb, Amarillo, TX 79109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Bradley Management, LLC
Date 03/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Mc Cartt <hr/> Contributor address; City; State; Zip Code 2603 W. 26th St., Amarillo, TX 79109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Freda Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/20/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy Gassaway</i>	7 Amount of contribution (\$) <i>\$250.00</i>
	6 Contributor address; City; State; Zip Code <i>PO Box 3423, Amarillo, TX 79116</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Amarillo Area Black Chamber of Commerce</i>
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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Powell	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2021	5 Payee name City of Amarillo	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code P O Box 1971 Amarillo, TX 79105-1971	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought City of Amarillo Council Member Place 2
		Office held City of Amarillo Council Member Place 2
Date 02/10/2021	Payee name United States Postal Service	
Amount (\$) 134.00	Payee address; City; State; Zip Code 505 East 9th Avenue Amarillo, Texas 79105-9998	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Post Office Box Service Fee
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought City of Amarillo Council Member Place 2
		Office held City of Amarillo Council Member Place 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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