CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how	to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS.	FIRST Freda	M G		OFFICE USE ONLY	
NAME	NICKNAME	Powell	SI	UFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P O Box 954		city; state; zi arillo, Texas 79108	5-9543	JAN 18 2022 CITY SECRETARY'S CITY OF AMARILLO	
Change of Address					CITT OF AWARILLS	
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	341-8280	EXTENSION		Date Hand-delivered or Date Postmarked 1/18/22 @4:47 pm Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Lynda	М	" 	Date Processed	
NAME	NICKNAME	LAST	SI	UFFIX		
	Smith				Date Imaged	
7 CAMPAIGN	District Control of the Control of t		SUITE #; CITY;		STATE; ZIP CODE	
TREASURER	5109 Olsen	Circle	Amarillo	,	Texas 79106	
ADDRESS (Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	. 000	272 4720				
FIIONE	(806)	372-4720				
9 REPORT TYPE	January 15	30th day before			15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before	election Exceeded Reporting	d Modified g Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day # Year / 15 / 21	THROUGH	Month 12	Day Year / 31 / 21	
11 ELECTION	ELECTION DA	TE	ELE	CTION TYPE		
	Month Day	Year Primar		Other Description		
	/	Genera		Description		
	/ /					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUG	GHT (if known)	A CONTRACTOR OF THE PROPERTY O	
	City of Amarillo	, Council Member, P	lace 2 City of Ama	arillo, Co	ouncil 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.					
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	<u> </u>					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Files ID	Ethica Commission Ellers)			
Freda Powell		IO FIIET ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$	702.66			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	24,474.54			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$				
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.						
	- Lieda S	Dunt				
	Signature of Ca	auci				
	Signature of Ga	andidate of O	incendider			
	Discourse and the cities and as heles					
	Please complete either option below	v:				
(1) Affidavit	STEPHANIE COGGINS Notary Public, State of Texas Notary ID #12500548-4 My Commission Expires 09-20-2025					
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by Freda Powel this the 18th day of January,						
20 dd, to certify which, witness my hand and seal of office. Stephanie Coggins 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	3				
,	(street) (city) (state) (zip	code) (country)			
Executed in	County, State of , on the day of (month	, 2 h)	0			
	Signature of Candid	date/Officeholo	der (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME Freda Powell 20 Filer ID (Ethics Co		nission Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CO	ITRIBUTIONS	\$ 702.66
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 FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Openitecholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	care (amar a amag	,,		
1 Total pages Schedule F1:	2 FILER NAME Freda Powell	3 Filer ID (Ethics Commission Filers)				
4 Date 08/18/2021	5 Payee name Mary Coyne Marketing Communications					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
330.16	3807 Doris Drive	Amarillo	Texas	79109-5504		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense Outdoor Media Board, Printing, Nemoval, and Return of Vinyl.			•		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Freda Powell	Office sought Council Member, F	Place 2 Counc	Office held cil Member, Place 2		
Date	Payee name					
09/03/2021	Mary Coyne Marketing Communicat	tions				
Amount (\$)	Payee address;	City;	State;	Zip Code		
372.50	3807 Doris Drive	Amarillo	Texas	79109-5504		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Professional Fees, Graphic Design, Layout fo Palo Duro High School Booster Club Program					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH	Freda Powell	Council Member, F	Place 2 Counc	cil 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. Check if Austin, TX, officeholder living exper			expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED			