CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 28 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Freda G. Ms NAME SUFFIX NICKNAME LAST RECEIVED Powell APT / SUITE #; CITY: ZIP CODE CANDIDATE / ADDRESS / PO BOX; APR 06 2023 **OFFICEHOLDER** P O Box 9543, Amarillo, Texas 79105-9543 **MAILING ADDRESS** CITY SECRETARY'S Change of Address CITY OF AMARILLO **EXTENSION** AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806 341-8280 PHONE Receipt # Amount \$ MS / MRS / MR **FIRST** MI 6 CAMPAIGN **TREASURER** Lvnda Ms Date Processed NAME LAST NICKNAME -SUFFIX Date Imaged Smith STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE **CAMPAIGN** TREASURER 509 Olsen Circle, Amarillo, Texas 79106 **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN **TREASURER** PHONE (806 433-8294 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Day Year COVERED 27 / 23 23 **THROUGH ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Year Description ■ General Special 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Council Member, Place 2 Mayor 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| OAIIII AIOI | TIMANOE NEI ONI | | |
|--|---|---|--|
| 15 C/OH NAME Freda Powell | | 16 Filer ID (Ethics Commission Filers) | |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | ER THAN \$ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF | \$ 20,083.20 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 14,674.72 | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD | * 29,020.03 | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD | NS AS OF THE \$ | |
| THE RESERVE THE PARTY OF THE PROPERTY OF THE PARTY OF THE | swear, or affirm, under penalty of perjury, that the accompanying rep quired to be reported by me under Title 15, Election Code. | ort is true and correct and includes all information | |
| Notate | V Public, State of Texas ary ID #12865543-6 Signatures 09-20-2025 | are of Candidate or Officeholder | |
| Please complete either option below: | | | |
| | | | |
| (1) Affidavit | | | |
| NOTARY STAMP/SEA | | ¥ | |
| Sworn to and subscribed | Frada Domald | this the day of April, | |
| 20 to certify signature of officer administr | which, witness my hand and seal of office. Printed name of officer administering oath | ASST CITY Secretary Title of officer administering oats | |
| | OR | | |
| (2) Unsworn Declarati | ion | | |
| Munama ia | and my data | of hirth in | |
| My name is, and my date of birth is My address is,,,, | | | |
| Wy address is | (street) (city) | (state) (zip code) (country) | |
| Executed in | County, State of , on the day o | of, 20 (year) | |
| | Cianatura | of Candidate/Officeholder (Declarant) | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILE | 19 FILER NAME 20 Filer ID (Ethics Con | | |
|---|---|--------------|--------------------|
| Freda | Powell | | |
| | EDULE SUBTOTALS E OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 20,083.20 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | 4. SCHEDULE E: LOANS | | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 14,674.72 | |
| 6. | 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 FUNDS | | \$ |
| 10. | 0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. | 2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |
| 12. | | | |

SCHEDULE A1

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| The requested information is not applicable, 50 No. include time page in the report. | | | |
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| The | Instruction Guide explains how to complete this for | m. | 1 Total pages Schedule A1: 23 |
| ² FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Don and Twanna Powell | | 7 Amount of contribution (\$) |
| 01/23/2023 | 6 Contributor address; City; S P O Box 468, Amarillo, Texas 791 | State; Zip Code | 1,000.00 |
| 8 Principal occup | pation / Job title (See Instructions) 9 | | ions) |
| Date | Full name of contributor out-of-state PAC (ID# | * | Amount of contribution (\$) |
| 02/09/2023 | Bob and Jackie Pearson Contributor address; City; S P O Box 598, Spearman, Texas 7 | State; Zip Code | 500.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date | Full name of contributor out-of-state PAC (ID: | *: | Amount of contribution (\$) |
| 02/09/2023 | Howard Smith Contributor address; City; S 1616 South Polk Street, Amarillo, Texa | State; Zip Code S 79102 | 300.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC (ID: | #) | Amount of contribution (\$) |
| 02/21/2023 | Mary Emeny Contributor address; City; 203 West 8th Street, Suite 530, Amarillo, Texa | State; Zip Code | 250.00 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | ATTACH ADDITIONAL COPIES OF | TUIC COUEDIII E AC'AI | EEDED |
| | If contributor is out-of-state PAC, please see instruct | | |

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Revised 8/17/2020

SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: Coretta and Donnie Gardner | 7 Amount of contribution (\$) | | |
| 02/21/2023 | 6 Contributor address; City; State; Zip Code 1500 Timothy Lane, Amarillo, Texas 79118 | 100.00 | | |
| 8 Principal occup | pation / Job title (See Instructions) 9 Employer (See In | structions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 02/21/2023 | Claudia and Harold Stuart | 400.00 | | |
| 02.2 2020 | Contributor address; City; State; Zip Code | 100.00 | | |
| | 7816 Canode Drive, Amarillo, Texas 79121 | | | |
| Principal occup | eation / Job title (See Instructions) Employer (See In | structions) · | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 02/21/2023 | Belinda Taylor Contributor address; City; State; Zip Code COO4 Novement Drive Amerilla, Toyan 70124 | 100.00 | | |
| Principal occup | 6901 Newport Drive, Amarillo, Texas 79124 Dation / Job title (See Instructions) Employer (See Instructions) | structions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | | |
| 02/24/2023 | Mickey and James Campbell Contributor address; City; State; Zip Code | 250.00 | | |
| | 6202 Elmhurst, Amarillo, Texas 79106 | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See In | structions) | | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
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| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | |
| 02/24/2023 | 6 Contributor address; City; State; 410 South Taylor, Amarillo, Texas 791 | Zip Code 105 500.00 |
| 8 Principal occup | | eyer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 02/24/2023 | | 79106 1,500.00 |
| Principal occup | eation / Job title (See Instructions) Emplo | oyer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| O2/04/2023 Richard Ware Contributor address; City; State; Zip Code P O Box 1, Amarillo, Texas 79105 | | 000.00 |
| Principal occup | pation / Job title (See Instructions) Emplo | oyer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 03/26/2023 | Mary Lee and Eddie Crawford Contributor address; City; State; 4605-23rd Avenue, Tuscaloosa, Alabama 35 | Zip Code 100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | |
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SCHEDULE A1

| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: |
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| 2 FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/06/2023 | 5 Full name of contributor out-of-state PAC (II Bev and Bill Harris 6 Contributor address; City; | D#:) State; Zip Code | 7 Amount of contribution (\$) 1,000.00 |
| | 7802 Stuyvesant Avenue, Amarillo, Te | exas 79121 | • |
| 8 Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (I | D#: | Amount of contribution (\$) |
| 03/06/2023 | Contributor address; City; | State; Zip Code | 100.00 |
| | 1905 North Jefferson Street, Amarillo, | | |
| Principal occup Minister | eation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date 03/06/2023 | Full name of contributor out-of-state PAC (I | D#: | Amount of contribution (\$) 809.02 |
| | Contributor address; City: 1718 East 6th Avenue, Amarillo, | State: Zip Code Texas 79102 | 009.02 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) . |
| Date | | D#: | Amount of contribution (\$) |
| 03/06/2023 | Donald Nicholson Contributor address; City; | State; Zip Code | 50.00 |
| Principal occu | 3111 Janet Drive, Apartment A, Amarillo, Texpation / Job title (See Instructions) | Employer (See Instructi | ons) |
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| ² FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) . |
| 4 Date | Full name of contributor out-of-state PAC (ID#:) Bill Brian, Jr. | | 7 Amount of contribution (\$) |
| 03/08/2023 | 6 Contributor address; City; P O Box 9238, Amarillo, To | State; Zip Code exas 79105 | 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC Kathryn Cornett | (ID#:) | Amount of contribution (\$) |
| 03/08/2023 | Contributor address; City; 22 Fairway Drive, Canyon, | State; Zip Code | 250.00 |
| | 22 Fallway Drive, Carlyon, | 16xa5 / 9015 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 03/08/2023 | Richard Dambold | | 150.00 |
| | Contributor address; City; 5109 Olsen Circle, Amarillo, | State; Zip Code Texas 79106 | 130.00 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | cions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 03/08/2023 | Lilia Escajeda Contributor address; City; | State; Zip Code | 100.00 |
| | P O Box 3304, Amarillo, 7 | Texas 79120 | 100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
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| If the requested information is not applicable, DO NOT include this page in the report. | | | | |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: George Harwood | | | |
| 03/08/2023 | 6 Contributor address; City; State P O Box 1605, Amarillo, Texas 7910 | | | |
| 8 Principal occu Attorney | pation / Job title (See Instructions) 9 Em | nployer (See Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: Deb and Rick Keffler | Amount of contribution (\$) | | |
| 03/08/2023 | Contributor address; City; State 7807 Christina Avenue, Amarillo, Te | 100.00 | | |
| Principal occup | | nployer (See Instructions) | | |
| Date 03/08/2023 | Full name of contributor out-of-state PAC (ID#: | 100.00 | | |
| Principal occup | pation / Job title (See Instructions) | nployer (See Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/08/2023 | Donna Moore-McKee Contributor address; City; State 1300 South Harrison, No. 202, Amarillo, 7 | 30.00 | | |
| Principal occup | pation / Job title (See Instructions) | nployer (See Instructions) | | |
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SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | |
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| The | instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | |
| 03/08/2023 | 6 Contributor address; City; State; Zi 10 Pine Valley Lane, Amarillo, Texas 79 | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employe | r (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | Amount of contribution (\$) | |
| 03/08/2023 | Contributor address; City; State; Zi 3209 Hawthorne Drive, Amarillo, Texas 79109 | 100.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | |
| 03/08/2023 | Contributor address; City; State; Zi | 50.00 | |
| Principal occup | eation / Job title (See Instructions) Employe | r (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 03/08/2023 | Contributor address; City; State; Zi | 00.00 | |
| 6307 Calumet Road, Amarillo, Texas 79106-2804 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. | | | |

Revised 8/17/2020

| If the requested information is not applicable, DO NOT include this page in the report. | | | |
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| The | Instruction Guide explains how to complete this fo | rm. | 1 Total pages Schedule A1: |
| ² FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID | #) | 7 Amount of contribution (\$) |
| 03/09/2023 | 6 Contributor address; City; 3504 Farwell, Amarillo, Texas 79 | State; Zip Code 109-4038 | 25.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instruction | ons) |
| Date | Full name of contributor out-of-state PAC (ID | # | Amount of contribution (\$) |
| 03/09/2023 | Contributor address; City; | State; Zip Code | 50.00 |
| | 6502 Bear Drive, Amarillo, Texas | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | |)#:) | Amount of contribution (\$) |
| 03/09/2023 | | State; Zip Code | 25.00 |
| Principal occup | No. 4 Gunn Court, Amarillo, Texa | Employer (See Instructi | ons) |
| D-1- | | | Amount of contribution (C) |
| Date | Full name of contributor out-of-state PAC (IE Ruth Bryant |)#:) | Amount of contribution (\$) |
| 03/09/2023 | Contributor address; City; 1615 Bryan Place, No. 19, Amarillo, To | State; Zip Code exas 79102 | 70.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
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| The | Instruction Guide explains how to complete thi | s form. | 1 Total pages Schedule A1: |
| ² FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Jenny and Paul Harpole | | 7 Amount of contribution (\$) |
| 03/09/2023 | 6 Contributor address; City; 7703 Pebblebrook Drive, Amarillo, 7 | State; Zip Code 「exas 79119 | 500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PA Teresa and Charles Kenedy | C (ID#:) | Amount of contribution (\$) |
| 03/09/2023 | Contributor address; City; 1914 South Highland Street, Amaril | State; Zip Code lo, Texas 79103 | 200.00 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | cions) |
| Date | Full name of contributor out-of-state PA Jim Bob Lane | C (ID#:) | Amount of contribution (\$) |
| 03/09/2023 | Contributor address; City; 3217 Bowie Street, Amarillo, T | State; Zip Code | 500.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor out-of-state PA Judy and Dennis Nelson | .C (ID#:) | Amount of contribution (\$) |
| 03/09/2023 | Contributor address; City; | State; Zip Code | 200.00 |
| Principal occu | 130 Nelson Road, Spearman, pation / Job title (See Instructions) | Employer (See Instruc | tions) |
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| I | If contributor is out-of-state PAC inlease see Inst | | |

SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# | 7 Amount of contribution (\$) | | |
| 03/09/2023 | 6 Contributor address; City; State; Zip Code | 1,000.00 | | |
| | No. 5 Edgewater Drive, Amarillo, Texas 79106 | 9 | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Inst | trùctions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/09/2023 | Earl C. Smith | 200 00 | | |
| 00/00/2020 | Contributor address; City; State; Zip Code | 200.00 | | |
| | 320 South Polk Street, Suite 300, Amarillo, Texas 79101-1426 | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Inst | tructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/09/2023 | Roy Urrutia Contributor address; City; State; Zip Code | 100.00 | | |
| · | 7213 Bayswater Road, Amarillo, Texas 79109 | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/09/2023 | Mark Zimmer | 200 00 | | |
| 03/03/2023 | Contributor address; City; State; Zip Code | 200.00 | | |
| | 4412 Charlene, Amarillo, Texas 79106 | | | |
| Principal occu | pation / Job title (See Instructions) Employer (See Ins | tructions) | | |
| | | | | |
| | | | | |
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| 27.4 | | | | |
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

| If the reques | ted information is not applicable, DO NOT include this page in t | ne report. |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) |
| 03/10/2023 | 6 Contributor address; City; State; Zip Code 16 Hunsley Hills Boulevard, Canyon, Texas 79015 | 250.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tructions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 03/10/2023 | Mary Dee and Bill Countiss Contributor address; City; State; Zip Code 3805 Carlton Drive, Amarillo, Texas 79109 | 250.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See Ins | tructions) |
| Date 03/10/2023 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code 1700 South Washington Street, Amarillo, Texas 79102 | 30.00 |
| Principal occuj | pation / Job title (See Instructions) Employer (See Ins | tructions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 03/10/2023 | Evelyn King Contributor address; City; State; Zip Code 7100 Gainsborough, Amarillo, Texas 79106 | 50.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | structions) |
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SCHEDULE A1

| n are reques | ted information is not applicable, be not inc | bage in the | |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| ² FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Gail Notestine | | 7 Amount of contribution (\$) |
| 03/10/2023 | 6 Contributor address; City; 2606 Royal Road, Amarillo, Tex | State; Zip Code | 100.00 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC P. C. Sirmon | (ID#:) | Amount of contribution (\$) |
| 03/10/2012 | Contributor address; City; Amarillo, Texas 79101 | State; Zip Code | 250.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) . |
| Date | | (ID#: | Amount of contribution (\$) |
| 03/10/2023 | Georgia Hawks Swift Contributor address; City; 2401 Southwest 26th Avenue, Amarillo, Tex | State; Zip Code as 79109-1901 | 50.00 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 03/10/2023 | Nancy and Phil Woodall Contributor address; City; | State; Zip Code | 25.00 |
| :·· | 3921 Woodfield, Amarillo, Texa | s 79109 | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruc | tions) ' |
| | | | |
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| | ATTACH ADDITIONAL COPIES (| | |

SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/10/2023 | 5 Full name of contributor out-of-state PAC (ID#: | 200.00 | |
| | 2612 Juniper, Amarillo, Texas 79109 | 200100 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer | (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 03/13/2023 | Felix G. Collard, III Contributor address; City; State; Zity No. 10 Edgewater, Amarillo, Texas 7910 | 250.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 03/13/2023 | Lilia Escajeda Contributor address; City; State; Zij P O Box 3304, Amarillo, Texas 79120 | 100.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 03/13/2023 | Michele Fortunato Contributor address; City; State; Zig 1710 South Harrison Street, Amarillo, Texas 7 | 100.00 | |
| Principal occup | pation / Job title (See Instructions) Employe | (See Instructions) | |
| g v | | | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see instruction guide f | | |

Revised 8/17/2020

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
|--|---|---------------------------------------|--|
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/13/2023 | 5 Full name of contributor out-of-state PAC (ID# | 7 Amount of contribution (\$) | |
| | 6 Contributor address; City; State; Zip Code 1513 Hacienda Drive, Amarillo, Texas 79111 | 30.00 | |
| 8 Principal occur | pation / Job title (See Instructions) 9 Employer (See Instructions) | structions) | |
| Date | Full name of contributor out-of-state PAC (ID# | Amount of contribution (\$) | |
| 03/13/2023 | Gary Jennings Contributor address; City; State; Zip Code 4503 Greenwich Place, Amarillo, Texas 7911 | 250.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) Amount of contribution (\$) | |
| 03/13/2023 | John Marmaduke Contributor address; City; State; Zip Code P O Box 33251, Amarillo, Texas 79120 | 250.00 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | structions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| 03/13/2023 | Denise and Andrew Marshall Contributor address; City; State; Zip Code 7903 Patriot Drive, Amarillo, Texas 79119 | 1,000.00 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | structions) | |
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SCHEDULE A1

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| The | instruction Guide explains how to | complete this | form. | 1 Total pages Schedule A1: |
| ² FILER NAME Freda Pov | vell | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Paul Matney | | C (ID#:) | 7 Amount of contribution (\$) |
| 03/13/2023 | 6 Contributor address; 3918 Eaton Street, Amaril | | State; Zip Code | 100.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruct | tions) |
| Date | Full name of contributor Debra Montgomery | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/13/2023 | Contributor address; 100 North Timbercreek Dr | City; rive Amari | State; Zip Code | 50.00 |
| | | | iio, Texas 73110 | |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | iions) |
| Date | Full name of contributor | out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 03/13/2023 | Susie and Frank Self | | | 100.00 |
| | Contributor address; 19420 Chaparral Road | c _{ity;} d, Canyo | State; Zip Code n, Texas 79015 | 100.00 |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date | Full name of contributor | out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| 03/13/2023 | Susie and Frank Self Contributor address; | City; | State; Zip Code | 100.00 |
| | 19420 Chaparral Road | d, Canyo | n, Texas 79015 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | |
| ² FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | Sylvia and Rod Nugent 5 Full name of contributor out-of-state PAC (ID#:) Sylvia and Rod Nugent | | 7 Amount of contribution (\$) | |
| 03/14/2023 | 6 Contributor address; City; 11508 Royalshire Drive, Dallas, Texa | State; Zip Code S 75230-2914 | 500.00 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructi | ons) | |
| Date | | (ID#:) | Amount of contribution (\$) | |
| 03/14/2023 | Janice and David Ponder Contributor address; City; | State; Zip Code | 25.00 | |
| | 4 Sutton Place, Amarillo, Texas | | 20.00 | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instructi | ons) . | |
| Date | | (ID#:) | Amount of contribution (\$) | |
| 03/14/2023 | Betty Solis Contributor address; City; | State; Zip Code | 100.00 | |
| | 3319 Edenburg Drive, Amarillo, | Texas 79106 | 100100 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructi | ons) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 03/14/2023 | | State; Zip Code | 50.00 | |
| | P O Box 3576, Amarillo, Texas 79116 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ons) | |
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SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/16/2023 | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer | (See Instructions) |
| Date 03/16/2023 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) Code 1-4146 |
| Principal occup | eation / Job title (See Instructions) Employer | (See Instructions) |
| Date: 03/16/2023 | Full name of contributor out-of-state PAC (ID#: Lil and T. N. Withrow Contributor address; City; State; Zip 4303 Omaha Street, Amarillo, Texas 791 | 50.00 |
| Principal occup | pation / Job title (See Instructions) Employer | (See Instructions) |
| Date 03/16/2023 | Full name of contributor out-of-state PAC (ID#: | 300.00 |
| Principal occup | pation / Job title (See Instructions) Employer | (See Instructions) |
| ** | ATTACH ADDITIONAL COPIES OF THIS SCHE | DUI FAS NEEDED |
| | If contributor is out-of-state PAC, please see Instruction guide fo | |

| ii tile reques | ted information is not applicable, DO NOT Inc | nuce uns page in the | epoit. | |
|--|---|--------------------------------|---------------------------------------|--|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Freda Pov | vell | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | Date 5 Full name of contributor out-of-state PAC (ID#:) Martha and Roy Jarnagin, Jr. | | 7 Amount of contribution (\$) | |
| 03/20/2023 | 6 Contributor address; City; 3227 Travis Street, Amarillo, Te | State; Zip Code XAS 79109 | 250.00 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC Mary Jane and David Johnson | (ID#:) | Amount of contribution (\$) | |
| 03/20/2023 | Contributor address; City; 810 South Avondale Street, Amarillo, | State; Zip Code Texas 79106 | 250.00 | |
| Principal occup | vation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 03/20/2023 | Sue Lawrence Contributor address; City; 2217 South Ong Street, Amarillo, Tex | State; Zip Code (as 79109 | 100.00 | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | |
| 03/20/2023 | Melissa and Ray Kalka Contributor address; City; 2622 Curtis Drive, Amarillo, Tex | State; Zip Code | 100.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| | ATTACH ADDITIONAL COPIES C | DE THIS SCHEDULE AS N | FEDED | |
| | If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

| 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: | | |
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | | |
| 03/20/2023 | 6 Contributor address; City; State; Zip Coo 2622 Curtis Drive, Amarillo, 7910 | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See | e Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/20/2023 | Barbara Richardson Contributor address; City; State; Zip Cool 16 Quadrille, Amarillo, Texas 791 | 100.00 | | |
| Principal occup | eation / Job title (See Instructions) Employer (See | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/24/2023 | Contributor address; City; State; Zip Coo 1317 Northwest 13th Avenue, Amarillo, Texas 791 | 100.00 | | |
| Principal occup | pation / Job title (See Instructions) Employer (Sec | e Instructions) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| 03/24/2023 | Clendell Mallory Contributor address; City; State; Zip Cod 1707 Plantivigne Drive, Texarkana, Texas 75501 | 50.00 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see instruction guide for ad | | | |

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
|--------------------------------------|--|---------------------------------------|--|--|
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 03/24/2023 | 5 Full name of contributor out-of-state PAC (ID#:) Peggy Bruckner | 7 Amount of contribution (\$) | | |
| 03/24/2023 | 6 Contributor address; City; State; Zip Code 22 Edgewater Drive, Amarillo, Texas 79106 | 60.00 | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | ctions) | | |
| Date | Full name of contributor out-of-state PAC (ID#:) Patricia Hill Dison | Amount of contribution (\$) | | |
| 03/24/2023 | Contributor address; City; State; Zip Code 4811 Cape Colony Drive, Amarillo, Texas 79119 | 250.00 | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | |
| 03/24/2023 | Patricia Walker Contributor address; City; State; Zip Code | 100.00 | | |
| 5 Teal Court, Amarillo, Texas 79106 | | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | ctions) | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | |
| 03/24/2023 | Linda Brian Contributor address; City; State; Zip Code | 50.00 | | |
| | 11 Didrickson Lane, Amarillo, Texas 79124 | | | |
| Principal occuj | pation / Job title (See Instructions) Employer (See Instru | ctions) | | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

SCHEDULE A1

| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: |
|-----------------------------|--|------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Freda Pov | vell | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (II | D#:) | 7 Amount of contribution (\$) |
| 0010110000 | Patty and Robert Bryant | | 400.00 |
| 03/24/2023 | 6 Contributor address; City; | State; Zip Code | 100.00 |
| | P O Box 422, ILWaco, Washington, 98 | 8624-0422 | 100100 |
| 8 Principal occu Retired | pation / Job title (See Instructions) 9 | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC (II | D#: | Amount of contribution (\$) |
| | Ann Hicks | | 400.00 |
| 03/24/2023 | Contributor address; City; | State; Zip Code | 100.00 |
| | 6301 Bayswater Road, Amarillo, | Texas 79109 | 100100 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC (I | D#:) | Amount of contribution (\$) |
| 02/24/2022 | William McCarty, Jr. | | 400 00 |
| 03/24/2023 | Contributor address; City; | State; Zip Code | 100.00 |
| | 7801 Kingsgate Drive, Amarillo, | Texas 79119 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state PAC (I | :D#:) | Amount of contribution (\$) |
| | Rosie and Gentry Powell | ļ | 400 00 |
| 03/24/2023 | Contributor address; City; | State; Zip Code | 100.00 |
| | 1727 Jennifer Drive, Amarillo, Texas | 79107-6644 | 100100 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
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SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | | |
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| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 02/07/2023 | 5 Full name of contributor out-of-state PAC (ID#:) Daniel Guy 6 Contributor address; City; State; Zip Code 3907 Lynette Drive, Amarillo, Texas 79109 | 7 Amount of contribution (\$) 9.41 | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | | |
| Date 03/07/2023 | Full name of contributor out-of-state PAC (ID#:) Michael Timcisko Contributor address; City; State; Zip Code 815 Sunset Terrace, Amarillo, Texas 79106 | Amount of contribution (\$) 242.45 | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | ctions) | | |
| Date 03/15/2023 | Patrick Miller Contributor address; City; State; Zip Code 5204 Floyd Avenue, Amarillo, Texas 79106 | Amount of contribution (\$) 23.97 | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | ctions) | | |
| Date 03/03/2023 | Full name of contributor out-of-state PAC (ID#:) Trudy Hanson Contributor address; City; State; Zip Code 6209 Estacado Lane, Amarillo, Texas 79109 | Amount of contribution (\$) 96.80 | | |
| 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.

SCHEDULE A1

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

| If the requested information is not applicable, 50 NOT include this page in the report. | | | | | | |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | | | |
| ² FILER NAME Freda Pov | vell | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 03/10/2023 | 5 Full name of contributor out-of-state PAC (ID#: | | | | | |
| | 6 Contributor address; City; State; Zi 2811 Crockett Street, Amarillo, Texas 7 | p Code 96.80 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employe | r (See Instructions) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| 03/03/2023 | Contributor address; City; State; Zi | 48.25 | | | | |
| | 7100 Columbia Lane, Amarillo, Texas | 79109 | | | | |
| Principal occup | ation / Job title (See Instructions) Employe | r (See Instructions) | | | | |
| Date 03/17/2023 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| | Howard Gooden Contributor address; City; State; Zi 2700 West 16th Avenue, Apartment 115, Amarillo, Tex | 10.20 | | | | |
| Principal occup | | er (See Instructions) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | | | | |
| 03/20/2023 | Contributor address; City; State; Zi | 70.20 | | | | |
| Principal occup | 3801 Navasota Drive, Amarillo, Texas pation / Job title (See Instructions) Employe | er (See Instructions) | | | | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCH | HEDULE AS NEEDED | | | | |

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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/Officeholder/Political Committee

Event Expense Feas Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Polling Expense
Printing Expense
Selaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District
Other (enter a category not listed above)

| The Instruction Guide explains how to complete this form. | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) | | |
| 2 | Freda Powell | | | | |
| 4 Date | 5 Payee name | | | | |
| 01/18/2023 | City of Amarillo | Olt | State; Zip Code | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | | |
| 100.00 | 601 South Buchanan Street, Amarillo | , rexas /9101 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE | Fees | Application Fil | ling | | |
| OF EXPENDITURE | · | | | | |
| gt e | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | | |
| 9 Complete <u>CNLY</u> if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/O | f Freda Powell | Mayor | Council Member, Place 2 | | |
| Date | Рауее пате | | | | |
| 02/01/2023 | United States Postal Service (USPS) Downtown Amarillo | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | |
| 176.00 505 East 9th Avenue, Amarillo, Texas 79105-9998 | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Fees Post Office Box Service Fee | | | | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/O | f Freda Powell | Mayor | Council Member, Place 2 | | |
| Date | Payee name | | | | |
| 02/06/2023 | мсмс | | | | |
| | INCINC | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | |
| Amount (\$) 8,840.20 | | • | State; Zip Code | | |
| | Payee address; | • | State: Zip Code | | |
| | Payee address: 3807 Doris Drive, Amarillo, Texas 79 | 109-5504 Description | State: Zip Code Fees, Signs, Printing, and | | |
| 8,840.20 | Payee address; 3807 Doris Drive, Amarillo, Texas 79 Category (See Categories listed at the top of this schedule) | Description Professional F Media | | | |
| 8,840.20 PURPOSE OF EXPENDITURE Complete ONLY if direct | Payee address; 3807 Doris Drive, Amarillo, Texas 79 Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name | Description Professional F Media | ees, Signs, Printing, and | | |
| 8,840.20 PURPOSE OF EXPENDITURE | Payee address; 3807 Doris Drive, Amarillo, Texas 79 Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name | Description Professional F Media Check if Aust | ees, Signs, Printing, and | | |

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/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memoriats Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politica | l Committee Legal Ser | 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: 2 | 2 FILER NAME Freda Powell | | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | | | | | |
| 03/07/2023 | Leon Strategie | es | | | | |
| 6 Amount (\$) | 7 Payee address; | | City; | State; Zip Code | | |
| 5,500.00 | 2012 Bear Creek Drive, Leander, Texas 78641 | | | | | |
| 8 | (a) Category (See Cate | egories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE | Consulting Ex | pense | Consulting | | | |
| OF EXPENDITURE | • | • | | | | |
| EXI ENDITORE | (4) | unt a state of Tourse Committee School de T | Ob a state of Assets | TV afficient day fining average | | |
| | | vel outside of Texas. Complete Schedule T. | | n, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate / Office Freda Powell | | Office sought | Office held Council Member, Place 2 | | |
| | rieda Fowei | | Mayor | Council Member, 1 lace 2 | | |
| Date | Payee name | | | | | |
| 03/07/2023 | United States Postal Service (USPS) Downtown Amarillo | | | | | |
| Amount (\$) | Payee address; | | City; | State; Zip Code | | |
| 28.75 | 505 East 9th Avenue, Amarillo, Texas 79105-9998 | | | | | |
| 20.73 | | | | | | |
| | Category (See Cate | gories listed at the top of this schedule) | Description | | | |
| PURPOSE | Consulting Ex | (pense | Overnight Doc | uments | | |
| OF | | • | | | | |
| EXPENDITURE | | | | | | |
| <i>i</i> ' - | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct | Candidate / Office | | Office sought | Office held | | |
| expenditure to benefit C/Oł | ' Freda Pow | ell | Mayor | Council Member, Place 2 | | |
| Date | Payee name | | | | | |
| 02/46/2022 | | | | • | | |
| 03/16/2023 | Whit-Co | | | | | |
| Amount (\$) | Payee address; | | City; | State; Zip Code | | |
| 20.77 | P O Box 664, A | Amarillo, Texas 79105 | | | | |
| 29.77 | | | | | | |
| | Category (See Cate | gories listed at the top of this schedule) | Description | | | |
| PURPOSE | Printing Exper | nse | Endorsement S | Stamp | | |
| OF EXPENDITURE | | | | • | | |
| | | | | | | |
| | | vel outside of Texas. Complete Schedule T. | | n, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Off | | Office sought | Office held | | |
| expenditure to benefit C/OI | ^¹ Freda Powe | | Mayor | Council Member, Place 2 | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |