# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Ms. Freda	мі <b>G</b> .	OFFICE USE ONLY	
NAME	nickname last Powell	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P O Box 9543, Amarillo, Texa	as 79105-9543	APR 2 8 2023 City Secretary	
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	1006	
5 CANDIDATE/ OFFICEHOLDER PHONE	(806 ) 341-8280	EXTENSION	Date Hand delivered of Date Bostmarked  Receipt #   Amount \$	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount 9	
TREASURER NAME	Ms. Lynda		Date Processed	
	NICKNAME LAST Smith	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT 509 Olsen Circle, Amarillo, T	r / SUITE #; CITY; Texas 79106	STATE; ZIP CODE	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(806) 433-8294	EXTENSION		
9 REPORT TYPE	January 15 30th day befor	re election Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Reporting Limit  Month	Day Year	
COVERED	Month Day Year 3 / 27 / 23	THROUGH 4	/ 26 / 23	
11 ELECTION	ELECTION DATE  Month Day Year Print  5 / 6 / 23 ■ Gen	Description		
12 OFFICE	OFFICE HELD (if any)  Council Member, Place 2	2 13 OFFICE SOUGHT (if know Mayor	n)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTI THE CANDIDATE / OFFICEHOLDER. THESE EXPENDIT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE R	TUDES MAY HAVE REEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
* valengementenske stell - Menty      * ParkEll	SPECIFIC COMMITTEE CAMPAIGN	TREASURER NAME		
2.	COMMITTEE CAMPAIGN	N TREASURER ADDRESS		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

OAIIII AIOI	TI III/III/III		
15 C/OH NAME Freda Powell		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN S	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s) \$	21,732.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	31,961.57
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L. OF REPORTING PERIOD	AST DAY \$	18,790.83
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$	9
	swear, or affirm, under penalty of perjury, that the accompanying report is to	rue and correc	t and includes all information
re	quired to be reported by me under Title 15, Election Code.		
	$\mathcal{L}_{i}$	1	Tewell
	_ Till	ca to	ewell
	Signature of 0	Candidate or (	Officeholder
	10000		
	Please complete either option belo	ow:	
(1) Affidavit	STEPHANIE COGGINS Notary Public, State of Texas Notary ID #12500548-4 My Commission Expires 09-20-2025		
NOTARY STAMP/SEA	AL.		
	before me by Freda Powell this th	e 28th	day of April.
20 23 , to certify  Signature of officer administr	which, witness my hand and seal of office.  COOGNO STEP COOGNOS  ering oath  Printed name of officer administering oath	Ti	ity Secretary tle of officer administering oath
	OR		
(2) Unsworn Declarat			
My name is	, and my date of birth	is	
My address is			
	(street) (city)	(state) (zi	code) (country)
Executed in	County, State of, on the day of	onth)	20 (year)
	in aways (mo	n.u.i)	(year)
9	Signature of Car	ndidate/Officeh	older (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER Freda	Powell	20 Filer ID (Ethics Co	mmissi	on Filers)
	EDULE SUBTOTALS E OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,732.37
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,006.13
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	31,961.57
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.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			7.
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

## 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: 16		
<sup>2</sup> FILER NAME Freda Pov	veil	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Sandra Watts	7 Amount of contribution (\$)		
03/27/2023	6 Contributor address; City; State; Zip Code 5 Willow Bridge Drive, Amarillo, Texas 79106	500.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	l ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
03/27/2023	Donise and Ernie Williams  Contributor address; City; State; Zip Code  3101 Sequoia Street, Amarillo, Texas 79107	100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
03/27/2023	Larry Baxter  Contributor address; City; State; Zip Code  1808 North Arthur Street, Amarillo, Texas 79107	300.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Sharon and Steve Dalrymple	Amount of contribution (\$)		
03/27/2023	Contributor address; City; State; Zip Code 1521 South Rusk Street, Amarillo, Texas 79102-2321	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	inctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		

#### 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 fo	orm.	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#:) Pattilou Dawkins		7 Amount of contribution (\$)
03/27/2023	6 Contributor address; City: 2805 South Travis Street, Amarillo, Te	State; Zip Code Xas 79109	250.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ions)
Date		)#:)	Amount of contribution (\$)
03/27/2023	Clifford Collen, Jr.  Contributor address; City;	State; Zip Code	500.00
	1607 South Rusk Street, Amarillo, Tex	as 79102	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	·	of-state PAC (ID#:) Amount of contribution	
03/27/2023	Sandra and Bill Gilliland  Contributor address; City;	State; Zip Code	500.00
	500 South Taylor, LB 249, Amarillo, Te		000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	· ·	)#:)	Amount of contribution (\$)
03/27/2023	Janice Hodges  Contributor address; City;	State; Zip Code	1,200.00
	3507 Danbury Drive, Amarillo, Te	exas 79109	.,
Principal occur	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
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 (\$)
03/27/2023	6 Contributor address; City; State; Z 5107 Olsen Circle, Amarillo, Texas 791	500.00
8 Principal occu		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/28/2023	Carol and Brian Bruckner  Contributor address; City; State; Z	250.00
	2618 South Hayden, Amarillo, Texas 79	9109
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/28/2023	Contributor address; City; State; Z	1,000.00
Principal occup	7800 New England Parkway, Amarillo, Texas pation / Job title (See Instructions)  Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
03/28/2023	Terry and Mark White  Contributor address; City; State; Zi  3517 Kensington Place, Amarillo, Texas 7912	100.00
Principal occup		er (See Instructions)
	<del></del>	
	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS NEEDED

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
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 (\$)
03/28/2023	6 Contributor address; City; State; Zip Code 512 Laurel Wood Road, Burleson, Texas 76028-6398	500.00
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/28/2023	Morris L. Overstreet  Contributor address; City; State; Zip Code	500.00
:	P O Box 9278, Amarillo, Texas 79105-9278	000.00
Principal occup	ation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
03/30/2023	Donna and Ross Clopton  Contributor address; City; State; Zip Code	200.00
	705 South Tyler, No. 4, Amarillo, Texas 7910	1
Principal occup	ation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/30/2023	Patrice and Bill Murray  Contributor address; City; State; Zip Code	20.00
Principal occur	812 Tarrytown Avenue, Amarillo, Texas 79121-17	<u></u>
	* ·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	AS NEEDED onal reporting requirements.

## SCHEDULE A1

sted information is not applicable, DO NOT include this page in the	
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
veil	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Mark Bivins	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code P O Box 708, Amarillo, Texas 79105	500.00
pation / Job title (See Instructions)  9 Employer (See Instructions)	[ ctions)
Full name of contributor out-of-state PAC (ID#:)  Rene and Jeff Brain	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
	tions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Vernon Conner  Contributor address; City; State; Zip Code  1337 Northwest 12th Avenue, Amarillo, Texas 79107	100.00
	stlons)
Full name of contributor out-of-state PAC (ID#:)  Mariorie Ellis	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
	tions)
	Instruction Guide explains how to complete this form.    Veil

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16
<sup>2</sup> FILER NAME Freda Pov	vell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Cari and Mike Good		7 Amount of contribution (\$)
04/04/2023	6 Contributor address; City; P O Box 50485, Amarillo, Texa	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
•			
Date		C (ID#:)	Amount of contribution (\$)
04/04/2023	Rhonda Fjetland		500.00
	Contributor address; City; 1400 Park Circle S, Amarillo, Texas	State; Zip Code 70109_4023	500.00
		<u> </u>	- Inna
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ionsy
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
04/04/2023	Rex Vermillion		100 00
0-7/0-7/2020	Contributor address; City;	State; Zip Code	100.00
	2811 South Bonham, Amarillo, Texa		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ilons)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/04/2023	Carol and James Hicks		F00 00
04/04/2023	Contributor address; City;	State; Zip Code	500.00
	P O Box 3717, Amarillo, Texas	<u> </u>	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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	ATTACH ADDITIONAL COPIES	OE THIS SCUENIII E AS A	IFENED
	ATTACH ADDITIONAL COPIES  If contributor is out-of-state PAC, please see insti		

#### 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: 16	
2 FILER NAME Freda Pov	vell		3 Filer ID (Ethlos Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Sharon Brown	(ID#:)	7 Amount of contribution (\$)	
04/06/2023	6 Contributor address; City;	State; Zip Code	100.00	
	1107 14th Street, Canyon,	Texas /9015		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
04/08/2023	Meaghan L. Collier		<b>5</b> 0.00	
04/06/2023	Contributor address; City;	State; Zip Code	50.00	
	5602 Southwest 43rd Avenue, Amarillo,	Texas 79109-5202		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)	
Date	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)	
04/08/2023	Berna Steptoe		<b>50.00</b>	
04/00/2023	Contributor address; City;	State; Zip Code	50.00	
	815 Monette Drive, Glenn Height	s, Texas 75154		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)	
04/08/2023	Teamsters 577 D.R.I.V.E. Fund		2 500 00	
	P O Box 1609, Amarillo, Texas	State; Zip Code 70105-1600	3,500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16			
2 FILER NAME Freda Pow	ell	3 Filer ID (Ethics Commission Filers)			
4 Date	Full name of contributor out-of-state PAC (ID#:)  Shannon Barnett	7 Amount of contribution (\$)			
04/12/2023	6 Contributor address; City; State; Zip Code 2805 South Bowie Street, Amarillo, Texas 79109	60.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Warren Coble	Amount of contribution (\$)			
04/12/2023	Contributor address; City; State; Zip Code	125.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#:)  Verlene Dickson  Contributor address; City; State; Zip Code	Amount of contribution (\$)			
	8304 Makenna Court, Amarillo, Texas 79119	200.00			
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Bev and Bill Harris	Amount of contribution (\$)			
04/12/2023	Contributor address; City; State; Zip Code 7802 Stuyvesant Avenue, Amarillo, Texas 79121	500.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	,				

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16	
2 FILER NAME Freda Pow	əll		3 Filer ID (Ethics Commission Filers)	
4 Date	Sue and David Hudson		7 Amount of contribution (\$)	
04/12/2023	6 Contributor address; City; 7413 Park Ridge Drive, Amarillo	State; Zip Code , Texas 79119	200.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)	
04/12/2023	Contributor address; City;	State; Zip Code	200.00	
9 Teal Court, Amarillo, Texas 79106  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date		ID#:)	Amount of contribution (\$)	
04/12/2023	Sandy and Paul Matney  Contributor address; City;  3918 Eaton, Amarillo, Tex	State; Zip Code (as 79109	50.00	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (	1D#:)	Amount of contribution (\$)	
04/12/2023	Oth Miller  Contributor address; City;	State; Zip Code	500.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		as 79109-5047 Employer (See Instruct	ions)	
7 mopar occup	and the loss managements)	Employer (GGO Morrado		
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# 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: 16	
2 FILER NAME Freda Powe	eli		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID	7 Amount of contribution (\$)		
04/12/2023	6 Contributor address; City; State; Zip Code 7213 Bayswater Road, Amarillo, Texas 79109		100.00	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (IE	»#:)	Amount of contribution (\$)	
04/13/2023			300.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	•	)#:)	Amount of contribution (\$)	
04/13/2023	Dee Miller  Contributor address; City;  5315 Berget Drive, Amarillo,	State; Zip Code Fexas 79106.	500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (III  Janie and Ed Bradley	D#:)	Amount of contribution (\$)	
04/18/2023	Contributor address; City;  3002 South Lipscomb, Amarillo,	State; Zip Code Texas 79109	1,000.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF	· THIS SCHEDULE AS N	EEDED	

## SCHEDULE A1

•		, , , , , , , , , , , , , , , , , , ,			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16			
2 FILER NAME Freda Powe	ell	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#: Carol and Sam Lovelady	7 Amount of contribution (\$)			
04/18/2023	6 Contributor address; City; State; 2817 Crockett Street, Amarillo, Texa	Zip Code as 79109 500.00			
8 Principal occu	11.	loyer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
04/18/2023	Letricia Niegos  Contributor address; City; State;	Zip Code 50.00			
	25 Country Club, Canyon, Texas	s 79015			
Principal occup	eation / Job title (See Instructions) Emplo	loyer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:  Judy and Marcus Norris	Amount of contribution (\$)			
04/18/2023	Contributor address; City; State;	Zip Code 250.00			
	10 North Primrose Place, Amarillo, Texas 79	9016-4000			
Principal occup	eation / Job title (See Instructions) Emplo	loyer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
04/18/2023	Contributor address; City; State;	Zip Code 1,000.00			
	P O Box 1, Amarillo, Texas 79105				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS S If contributor is out-of-state PAC, please see Instruction guid				

## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16		
2 FILER NAME Freda Powe	ell	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Nathalie Cantly	7 Amount of contribution (\$)		
04/19/2023	6 Contributor address; City; State; Zip Code	28.00		
	7530 Monk Street, Amarillo, Texas 79108-5706			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/19/2023	Nea! Nossaman  Contributor address; City; State; Zip Code	100.00		
	1615 Bryan Street, No. 23, Amarillo, Texas 79102	100.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/19/2023	Brenda Sadler	100.00		
	Contributor address; City; State; Zip Code	100.00		
	3507 Paramount Boulevard, Amarillo, Texas 79109-4628			
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/19/2023	Carol and Howard Smith  Contributor address; City; State; Zip Code	500.00		
	1616 South Polk Street, Amarillo, Texas 79102	500.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
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# SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16			
2 FILER NAME Freda Pow	ell .	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Christine and Mark Godinez	7 Amount of contribution (\$)			
04/20/2023	6 Contributor address; City; State; Zip Code 3219 South Spring Street, Amarillo, Texas 79103	100.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Cynthia and Bill Byrd	Amount of contribution (\$)			
04/20/2023	Contributor address; City; State; Zip Code	100.00			
	4001 Van Tassel Street, Amarillo, Texas 79121				
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
04/20/2023	Tina and Eddy Sauer	500.00			
	P O Box 50847, Amarillo, Texas 79159	300.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
04/04/2023	Bernice and David Longmiles	20.00			
• •	Contributor address; City; State; Zip Code	20.00			
4004 Cypress Gardens Drive, Fort Worth, Texas 76123  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# 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 f	orm.	1 Total pages Schedule A1: 16	
2 FILER NAME Freda Powe	ell		3 Filer ID (Ethics Commission Filers)	
4 Date	Nancy Boles	,		
03/29/2023	6 Contributor address; City; 3524 Meadow Drive, Amarillo, Texas	State; Zip Code	40.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		ID#:)	Amount of contribution (\$)	
03/27/2023	Warren Williams  Contributor address; City; State; Zip Code  7701 Pineridge Drive, Amarillo, Texas 79119		96.80	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		ID#:)	Amount of contribution (\$)	
03/27/2023	Susan and Brad Burks  Contributor address; City; State; Zip Code  3506 Farwell Drive, Amarillo, Texas 79109-4038		96.80	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)	
03/30/2023	Savannah Tarbet  Contributor address; City;  5309 South Milam Street, Amarillo	State; Zip Code	48.25	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
		THIS CONTINUE AS N		

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#### SCHEDULE A1

If the reques	sted 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: 16
2 FILER NAME Freda Pow	ell	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Warren Williams	7 Amount of contribution (\$)
04/08/2023	6 Contributor address; City; State; Zip Code	96.80
8 Principal occu	7701 Pineridge Drive, Amarillo, Texas 79119  pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/09/2023	Mary Fay Moore  Contributor address; City; State; Zip Code	96.80
Principal occur	2808 South Travis Street, Amarillo, Texas 79109 pation / Job title (See Instructions)  Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mildred Rugger	Amount of contribution (\$)
04/12/2023	Contributor address; City; State; Zip Code 1020 Cimarron Trail, Canyon, Texas 79015	96.80
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Jerri and Bill Glover	Amount of contribution (\$)
04/16/2023	Contributor address; City; State; Zip Code 5707 Berget Drive, Amarillo, Texas 79106	242.45
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

# SCHEDULE A1

If the requested information is not applicable, bo NOT include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16			
2 FILER NAME Freda Powe	ell	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Emily Masters	7 Amount of contribution (\$)			
04/21/2023	6 Contributor address; City; State; Zip Code 1512 South Austin Street, Amarillo, Texas 79102	48.25			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)  Richard Brown	Amount of contribution (\$)			
04/21/2023	Contributor address; City; State; Zip Code 3004 South Hayden Street, Amarillo, Texas 79109	242.45			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions) .			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/29/2023	Carmen and Dean Roper  Contributor address; City; State; Zip Code  7725 Baughman Drive, Amarillo, Texas 79121-1753	100.00			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/27/2023	Contributor address; City; State; Zip Code	23.97			
Principal occu	8400 Jill Court, Amarillo, Texas 79119  pation / Job title (See Instructions) Employer (See Instru	uctions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additions	NEEDED			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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 A2: 2			
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
Freda Powell		4570			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:  Betty and Roy Bara	)	8 Amount of Contribution \$	9 In-kind contribution description	
04/12/2023		Zip Code	998.13	Event Fundraiser	
	7415 Southwest 45th Avenue, Amarillo, Tex	as 79119	Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
Owner		La Fiesta	Grande Restaurar	nts	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
The state of the s					
Date	Full name of contributor	)	Amount of	In-kind contribution	
	Jamie Beckham		Contribution \$	description Event Fundraiser	
04/19/2023	Contributor address; City; State;	Zip Code	412.50		
1520 Courth Austin Street Amerilla Toyos 70102			Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
Self-Em	ploved	Not Ap	plicable		
		Contrib	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)  Law fir		Law firr	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
lis.					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 2		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Freda Powell		- The ID (Ellies of	The state of the s		
rieua ro	well				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution	
	Teresa and Charles Kenedy		Contribution \$	description	
	Teresa and Orianes Reneas		595.50	Event Fundraiser	
04/27/2023	7 Contributor address; City; State;	Zip Code	000.00	i	
	1914 South Highland Street, Amarillo, Texas 7910	13-4908		1 2	
	1914 South Highland Street, Amarilo, Texas 7516	70 1000	Check if travel outsi	ide of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
Retired		Not App	licable		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
46 16	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR SODICIAL)			* ×	
	Full name of contributor Out-of-state PAC (ID#:	1			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description	
			Contribution ¢	I	
				ļ.	
	Contributor address; City; State;	Zip Code			
			Check if travel outs	ide of Texas. Complete Schedule T.	
	(FOR NON HIRIOTAL) (See Instructions)		(FOR NON HIDICI	AL)(See Instructions)	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
			77 901 W 100 W 100 W 100 W		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	tributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spou	use (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ς <u>κ</u>				
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED		
	If contributor is out of state DAC please see Instruct			na 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Freda Powell 4 Date 5 Payee name 03/30/2023 FCG Mail, LLC 6 Amount (\$) 7 Payee address; 558 East Castle Pines Parkway, Suite B-4, Box 333, Castle Pines, Colorado 1,862.00 80108 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Push Cards, 4 x 9, and Postage Printing Expense PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Freda Powell Council Member, Place 2 Mayor Payee name Date 04/17/2023 **MCMC** State: Zip Code Amount (\$) Payee address; 3807 Doris Drive, Amarillo, Texas 79109-5504 18,077.75 Description Category (See Categories listed at the top of this schedule) Professional Fees, Printing, and Media Advertising Expense PHRPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Freda Powell Mayor Council Member, Place 2 Payee name Date 04/17/2023 FCG Mail, LLC Zip Code Amount (\$) Payee address; City: 558 East Castle Pines Parkway, Suite B-4, Box 333, Castle Pines, Colorado 11.993.07 80108 Category (See Categories listed at the top of this schedule) Description Advertising Expense Direct Mail Production and Postage PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Freda Powell Mayor Council Member, Place 2 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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
Glft/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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Freda Powell 4 Date 5 Payee name United States Postal Service (USPS) Downtown Amarillo 04/17/2023 7 Payee address; City; State: Zip Code 6 Amount (\$) 505 East 9th Avenue, Amarillo, Texas 79105-9998 28.75 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Fees Priority Mail Express PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Freda Powell Council Member, Place 2 Mayor Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code Amount (\$) Payee address; City; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED