CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed: 10
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR Ms.	FIRST Freda	мі G.	OFFICE	USE ONLY
NAME	NICKNAME	Powell	SUFFIX	Pate Received	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P O Box 954	APT / SUITE #; 3, Amarillo, Texas	CITY; STATE; ZIP CODE S 79105-9543	CITY SEC	1 9 2023 TC
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	CITY OF AMARILLO Date Hand-delivered or Date Postmarked	
OFFICEHOLDER PHONE	(806)	341-8280			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	Ms.	Lynda		Date Processed	
	NICKNAME	Smith	SUFFIX	Date Imaged	43
7 CAMPAIGN TREASURER ADDRESS		no po box please); apt / s ircle, Amarillo, Tex	0.100.0.000	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(806)	PHONE NUMBER 433-8294	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before	Fire and a Mark Sand	treasurer and (Officeholde	
40 050100		Lancaron	Reporting Limit	- I	
COVERED	Month 4	Day Year / 27 / 23	THROUGH 6		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	=	- 77
'	Month Day	Year Primary General	Description	l e	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	m)	
IL OFFICE		ember, Place 2	Mayor	••,	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES I ES MAY HAVE BEEN MADE WITHOUT THE CAN JIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Freda Powell	16 Files	r 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)	\$ 4,133.65		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,626.99		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,297.49		
	swear, or affirm, under penalty of perjury, that the accompanying report is true and co	prrect and includes all information		
	I and a	Powell		
	Signature of Candidate	or Officeholder		
	Please complete either option below:			
STEPHANIE COGGINS Notary Public, State of Texas NOTATION SEAL Notary ID #12500548-4 My Commission Expires 09-20-2025 Sworn to and subscribed before me by Treat Powel this the				
Stephanie (oggins Uty Secretary > Ste	phanie Coggin		
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath		
(2) Unsworn Declarati	or ion			
My name is	, and my date of birth is	•		
My address is		,,		
	(street) (city) (state)	(zip code) (country)		
Executed in	County, State of , on the day of (month)	, 20		
1				

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor		
Fr	reda Powell		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,133.65	
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 CONTRIBUTIONS	\$ 18,626.99	
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.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	nclude this page in the	report.	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 5	
2 FILER NAME Freda Pov	vell		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Kimberly C. Duncan		7 Amount of contribution (\$)	
05/03/2023	6 Contributor address; City; State; Zip Code P O Box 51874, Amarillo, Texas 79152		50.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
05/03/2023	Joe Ann Jackson Contributor address; City; 2737 Palm Street, Amarillo, Te	State; Zip Code	25.00	
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 05/03/2023	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City; 1944 Northwest 12th Avenue, Amar	State; Zip Code illo, Texas 79107	50.00	
Principal occu	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA Ms. J. Rex Lemert	C (ID#:)	Amount of contribution (\$)	
05/03/2023	Contributor address; City; 2621 Curtis Drive, Amarillo, Te	State; Zip Code	50.00	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)	
		1		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

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.					
The	Instruction Guide explains how to complete this for	1 Total pages Schedule A1: 5			
2 FILER NAME Freda Pov	vell		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: Jill and Johnny Mize		7 Amount of contribution (\$)		
05/03/2023	6 Contributor address; City; State; Zip Code 7720 Stuyvesant Avenue, Amarillo, Texas 79121-1928		100.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (ID#;		Amount of contribution (\$)		
05/03/2023	Pride of the Panhandle Golf Club (P.O.P.G.C.) Contributor address; City; State; Zip Code		150.00		
	P O Box 9108, Amarillo, Texas 79	105			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
05/03/2023	Thomas C. Riney Contributor address; City; State; Zip Code		250.00		
Principal occup	320 South Polk Street, Suite 600, Amarillo, Texa	as 79101 Employer (See Instruct	cions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
05/04/2023	Preston Howard Contributor address; City; Si	tate; Zip Code	2,000.00		
	2616 South Lipscomb Street, Amarillo,	Texas 79109	_, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS N	EEDED		

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

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT includ	e this page in the report.	
The	Instruction Guide explains how to complete this form	m. 1 Total pages Sc	chedule A1: 5
² FILER NAME Freda Pov	vell	3 Filer ID (Ethics	s Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#: J. A. Kelley		ntribution (\$)
05/15/2023		ate; Zip Code	00.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of co	ntribution (\$)
06/27/2023	Carol and Howard Smith Contributor address; City; St 1616 South Polk Street, Amarillo, Texas		00.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of co	ntribution (\$)
04/25/2023	Von Knorpp Contributor address; City; St. 4 Windsor Road, Amarillo, Texas 7		6.80
Principal occup Tax Professio	·	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_Dr. Neil Veggeberg) Amount of co	ntribution (\$)
04/25/2023	• • • • • • • • • • • • • • • • • • • •		96.80
Principal occup Medical Doct	·	Employer (See Instructions) f-Employed	
	ATTACH ADDITIONAL COPIES OF TI	UIS SCHEDI II E AS MEEDED	
	If contributor is out-of-state PAC inlease see Instruction		onte

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	s form.	1 Total pages Schedule A1: 5		
² FILER NAME Freda Pov	vell		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Richard Baker 6 Contributor address; City; State; Zip Code 3306 Dallas Street, Amarillo, Texas 79103		7 Amount of contribution (\$) 96.80		
04/30/2023					
8 Principal occu Farmer-Ranc	pation / Job title (See Instructions) her	9 Employer (See Instruct Self-Employed	tions)		
Date		C (ID#:)	Amount of contribution (\$)		
05/05/2023	Anette Carlisle Contributor address; City; 1216 South Lamar Street, Amarillo,	State; Zip Code	193.90		
Principal occupation / Job title (See Instructions) Employer (See Instruction Self-Employed			ions)		
Date 04/26/2023	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
04/20/2023	Contributor address; City; City; 2801 Teckla, Amarillo, 7	State; Zip Code exas 79109	500.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date		C (ID#:)	Amount of contribution (\$)		
04/26/2023	D. W. Powell Contributor address; City; 2010 Estes Street, Amarillo, Te	State; Zip Code Xas 79107-6643	100.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		

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.					
The	Instruction Guide explains how to complete this f	1 Total pages Schedule A1: 5			
2 FILER NAME Freda Pow	əll		3 Filer ID (Ethics Commission Filers)		
4 Date 04/22/2023	5 Full name of contributor out-of-state PAC (Kathy and Stan Morris 6 Contributor address; City; 6308 Calumet Road, Amarillo,	7 Amount of contribution (\$) 145.35			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date 04/28/2023	Frances Bradley	State; Zip Code o, Texas 79107	Amount of contribution (\$) 25.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)		
Date 04/28/2023	Full name of contributor out-of-state PAC (George Noland Contributor address; City; 2604 Wichita Street, Vernon, Te	State; Zip Code	Amount of contribution (\$) 4.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor out-of-state PAC (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED		

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 Credit Card Payment

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)

	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 05/05/2023	5 Payee name The Barfield, Autograph Collection		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,748.54	600 South Polk Street, Amarillo, Tex	-	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Reception Wa	tch Party
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	Freda Powell	Mayor	Council Member, Place 2
Date	Payee name		
05/15/2023	Ryan Data & Research		
Amount (\$)	Payee address;	City;	State; Zip Code
2,000.00	P O Box 202675, Austin, Texas 7872	20-2675	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Consulting Expense	Voter Data	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	freda Powell	Mayor	Council Member, Place 2
Date	Payee name		
05/15/2023	Leon Strategies		
Amount (\$)	Payee address;	City;	State; Zip Code
4,283.26	2012 Bear Creek Drive, Leander, Te	xas 78641	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	P2P Text Mess	saging and Graphic Design
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	f Freda Powell	Mayor	Council Member, Place 2
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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 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.		
1 Total pages Schedule F1: 2	2 FILER NAME Freda Powell		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
05/15/2023	MCMC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10,595.19	3807 Doris Drive, Amarillo, Texas 79	9109		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Professional F	Fees, Printing,	and Media
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought Mayor		Office held I Member, Place 2
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
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 Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	