

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |  |  |                               |
|---|--|--|-------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                        |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: <b>4</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR                      FIRST                      MI<br><b>Ms.                      Freda                      G</b>   | <b>OFFICE USE ONLY</b>   |                               |
|   | NICKNAME                      LAST                      SUFFIX<br><b>                         Powell</b>   |  |                               |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><small>Change of Address</small> | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><b>P O Box 9543                      Amarillo, Texas 79105-9543</b>  |  |                               |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE                      PHONE NUMBER                      EXTENSION<br><b>(806 )                      341-8280</b>  |  |                               |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR                      FIRST                      MI<br><b>                         Lynda</b>  | Date Received  |                               |
|   | NICKNAME                      LAST                      SUFFIX<br><b>                         Smith</b>  | Date Hand-delivered or Date Postmarked<br><b>7/15/22 <i>sc</i></b>                             |                               |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><b>5109 Olsen Circle                      Amarillo,                      Texas                      79106</b>   |  |                               |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE                      PHONE NUMBER                      EXTENSION<br><b>( 806 )                      433-8294</b>   |  |                               |
| <b>9 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                               |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year                      Month      Day      Year<br><b>1      /      15      /      22                      THROUGH                      6      /      30      /      22</b>   |  |                               |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><b>    /      /</b>   | ELECTION TYPE<br>Primary      Runoff      Other Description<br>General      Special      _____ |                               |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><b>City of Amarillo, Council Member, Place 2</b>   | <b>13 OFFICE SOUGHT (if known)</b><br><b>City of Amarillo, Council Member, Place 2</b>         |                               |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  | <small>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.</small>                               |  |                               |
| Additional Pages  | COMMITTEE TYPE   | COMMITTEE NAME   |                               |
|   | GENERAL  | COMMITTEE ADDRESS  |                               |
|   | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |                               |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                               |
| <b>GO TO PAGE 2</b>   |  |  |                               |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Freda Powell |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                     | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                     | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ <b>447.99</b>                              |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <b>24,016.55</b>                           |
| <b>OUTSTANDING LOAN TOTALS</b>      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*x Freda Powell*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Freda Powell this the 15<sup>th</sup> day of July, 2022, to certify which, witness my hand and seal of office.

Stephanie Coggins Stephanie Coggins City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Freda Powell             |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1.   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | SCHEDULE E: LOANS  | \$  |
| 5.   | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS            | \$ 477.99                                     |
| 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 | \$  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>Freda Powell  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>02/21/2022   | <b>5</b> Payee name<br>United States Postal Service (USPS), Downtown   |   |
| <b>6</b> Amount (\$)<br>166.00                                      | <b>7</b> Payee address;<br>505 East 9th Avenue   | City; State; Zip Code<br>Amarillo Texas 79105   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br>Post Office Box Service Fee   |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Freda Powell  | Office sought<br>Council Member, Place 2  |
|   |  | Office held<br>Council Member, Place 2  |
| Date<br>06/13/2022  | Payee name<br>Mary Coyne Marketing Communications  |   |
| Amount (\$)<br>186.73   | Payee address;<br>3807 Doris Drive   | City; State; Zip Code<br>Amarillo Texas 79109-5504  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Professional Fees, Tee Box Art Work for Pride of the Panhandle Golf Club Tournament Ad |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Freda Powell  | Office sought<br>Council Member, Place 2  |
|   |  | Office held<br>Council Member, Place 2  |
| Date<br>06/21/2022  | Payee name<br>Sir Speedy   |   |
| Amount (\$)<br>95.26  | Payee address;<br>416 Southwest 8th Avenue   | City; State; Zip Code<br>Amarillo Texas 79101   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Two (2) Banners, 24" x 24," Hem and Grommets for the 2022 Juneteenth Parade.           |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought   |
|   |  | Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED