

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Freda Powell		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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

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.

Freda Powell

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Freda Powell this the 19th day of July, 2023, to certify which, witness my hand and seal of office.

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

19 FILER NAME Freda Powell	20 Filer ID (Ethics Commission Filers)
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	\$

MONETARY POLITICAL CONTRIBUTIONS**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: 5
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kimberly C. Duncan <hr/> 6 Contributor address; City; State; Zip Code P O Box 51874, Amarillo, Texas 79152	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Joe Ann Jackson <hr/> Contributor address; City; State; Zip Code 2737 Palm Street, Amarillo, Texas 79107	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Sean A. Johnson <hr/> Contributor address; City; State; Zip Code 1944 Northwest 12th Avenue, Amarillo, Texas 79107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2023	Full name of contributor out-of-state PAC (ID#: _____) Ms. J. Rex Lemert <hr/> Contributor address; City; State; Zip Code 2621 Curtis Drive, Amarillo, Texas 79109	Amount of contribution (\$) 50.00
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.		

MONETARY POLITICAL CONTRIBUTIONS**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: **5****2** FILER NAME

Freda Powell

3 Filer ID (Ethics Commission Filers)**4** Date

05/03/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jill and Johnny Mize

7 Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

7720 Stuyvesant Avenue, Amarillo, Texas 79121-1928

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

05/03/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Pride of the Panhandle Golf Club (P.O.P.G.C.)

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

P O Box 9108, Amarillo, Texas 79105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/03/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Thomas C. Riney

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

320 South Polk Street, Suite 600, Amarillo, Texas 79101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/04/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Preston Howard

Amount of contribution (\$)

2,000.00

Contributor address;

City;

State;

Zip Code

2616 South Lipscomb Street, Amarillo, Texas 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**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: 5
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) J. A. Kelley 6 Contributor address; City; State; Zip Code 6122 Belpree Road, Amarillo, Texas 79106-3304	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Carol and Howard Smith Contributor address; City; State; Zip Code 1616 South Polk Street, Amarillo, Texas 79102	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Von Knorpp Contributor address; City; State; Zip Code 4 Windsor Road, Amarillo, Texas 79124	Amount of contribution (\$) 96.80
Principal occupation / Job title (See Instructions) Tax Professional		Employer (See Instructions) H & R Block
Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Dr. Neil Veggeberg Contributor address; City; State; Zip Code 7219 Versailles Drive, Amarillo, Texas 79121	Amount of contribution (\$) 96.80
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Self-Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT include this page in the report.**

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1 Total pages Schedule A1: **5****2** FILER NAME
Freda Powell**3** Filer ID (Ethics Commission Filers)**4** Date
04/30/2023**5** Full name of contributor out-of-state PAC (ID#: _____)
Richard Baker**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code
3306 Dallas Street, Amarillo, Texas 79103**96.80****8** Principal occupation / Job title (See Instructions)
Farmer-Rancher**9** Employer (See Instructions)
Self-EmployedDate
05/05/2023Full name of contributor out-of-state PAC (ID#: _____)
Anette Carlisle

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1216 South Lamar Street, Amarillo, Texas 79102**193.90**Principal occupation / Job title (See Instructions)
Education AdvocateEmployer (See Instructions)
Self-EmployedDate
04/26/2023Full name of contributor out-of-state PAC (ID#: _____)
Jo Roberts and Richard C. Craig

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2801 Teckla, Amarillo, Texas 79109**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/26/2023Full name of contributor out-of-state PAC (ID#: _____)
D. W. Powell

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2010 Estes Street, Amarillo, Texas 79107-6643**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

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: 5
2 FILER NAME Freda Powell		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kathy and Stan Morris 6 Contributor address; City; State; Zip Code 6308 Calumet Road, Amarillo, Texas 79106	7 Amount of contribution (\$) 145.35
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Frances Bradley Contributor address; City; State; Zip Code 1943 Northwest 20th Avenue, Amarillo, Texas 79107	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: _____) George Noland Contributor address; City; State; Zip Code 2604 Wichita Street, Vernon, Texas 76384	Amount of contribution (\$) 4.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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.

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 (\$) 1,748.54	7 Payee address; City; State; Zip Code 600 South Polk Street, Amarillo, Texas 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Reception Watch Party
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought Mayor
		Office held Council Member, Place 2
Date 05/15/2023	Payee name Ryan Data & Research	
Amount (\$) 2,000.00	Payee address; City; State; Zip Code P O Box 202675, Austin, Texas 78720-2675	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Voter Data
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought Mayor
		Office held Council Member, Place 2
Date 05/15/2023	Payee name Leon Strategies	
Amount (\$) 4,283.26	Payee address; City; State; Zip Code 2012 Bear Creek Drive, Leander, Texas 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description P2P Text Messaging and Graphic Design
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought Mayor
		Office held 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	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.

1 Total pages Schedule F1: 2	2 FILER NAME Freda Powell	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2023	5 Payee name MCMC	
6 Amount (\$) 10,595.19	7 Payee address; City; State; Zip Code 3807 Doris Drive, Amarillo, Texas 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Professional Fees, Printing, and Media
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Freda Powell	Office sought Mayor
		Office held Council Member, Place 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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