

# 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>16</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>ANGELA</b>	MI <b>A</b>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; color: red; border: 2px solid red; padding: 5px; display: inline-block;">RECEIVED</div> 4/11/21  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <b>POWELL</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>PO BOX 940389</b>	APT / SUITE #; CITY; <b>PLANO, TX</b>	STATE; ZIP CODE <b>75094</b>	
<input type="checkbox"/> Change of Address	AREA CODE <b>(214)</b>	PHONE NUMBER <b>228-3059</b>	EXTENSION	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>MR</b>	FIRST <b>JAMES</b>	MI	
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST <b>PARLEY</b>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>2213 OLD Orchard Drive</b>		CITY; <b>PLANO</b>	STATE; ZIP CODE <b>TX 75026</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(972)</b>	PHONE NUMBER <b>618-0982</b>	EXTENSION	APR 11:17AM
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <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)			
10 PERIOD COVERED	Month    Day    Year <b>01 / 01 / 2021</b>		THROUGH	Month    Day    Year <b>3 / 31 / 2021</b>
11 ELECTION	ELECTION DATE Month    Day    Year <b>05 / 01 / 2021</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>PLANO ISD Board of Trustee Place 2</b>		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Angela A. Powell</i>		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)	\$ <i>20.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4970.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4047.44</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2422.56</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

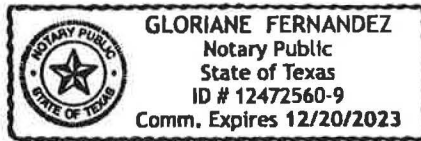
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Angela Powell*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Angela A. Powell* this the *1st* day of *April*, 20*21*, to certify which, witness my hand and seal of office.

*Gloriana Fernandez* Signature of officer administering oath      *Gloriana Fernandez* Printed name of officer administering oath      *Notary* 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 <b>ANGELA A. POWELL</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4950
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4047.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: <b>6</b>
2 FILER NAME <i>Antela Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/23/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VALERIE ROY</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>4221 GRANDBROOK LN. PLANO TX 75074</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/31/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tawei Davis K10</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>4420 Mc Knett Drive</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica BERTNICK</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>5128 Sea scape Lane PLANO 75093</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/6/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brook FULKS</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>7874 Thistle tree LN FRODO TX 75039</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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:
2 FILER NAME <i>Angela Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRAD NAM DAR</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>3223 Lemmon DALLAS TX 75204</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MANIRAJ JANAGARANAN</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>6869 Shadow Glen Dr. Frisco, TX 75035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perry Lockroll</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>10617 Sandpiper Lane Dallas TX 75230</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/16/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alvies Yam</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>5841 Sky Park Dr. Plano TX 75093</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Angela Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/26/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Acklin</i>	7 Amount of contribution (\$) <i>\$100<sup>-</sup></i>
	6 Contributor address; City; State; Zip Code <i>3612 Candelaria Drive PLANO TX 75023</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaci Crawford</i>	Amount of contribution (\$) <i>850<sup>-</sup></i>
	Contributor address; City; State; Zip Code <i>5312 CATAMARAN DR. PLANO TX 75093</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Bortnick</i>	Amount of contribution (\$) <i>\$300<sup>-</sup></i>
	Contributor address; City; State; Zip Code <i>5128 Seaside Lane PLANO TX 75093</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Owen Arnold</i>	Amount of contribution (\$) <i>\$100<sup>-</sup></i>
	Contributor address; City; State; Zip Code <i>3820 Oxbow Creek Lane PLANO TX 75074</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Angela A. Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JP Farley</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 26687 Plano TX 75026</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Angela A. Powell

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/2021

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Patricia Green

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

3012 Jomer Dr, Plano, TX 75074

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/15/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lori Loftin

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

PMB 704  
5100 Eldorado Pkwy Ste 102  
McKinney, TX 75070

Principal occupation / Job title (See Instructions)

Benefits Specialist

Employer (See Instructions)

Insurance Solutions

Date

3/15/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hemal Doshi

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

3417 Brusty Creek Lane  
Plano, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2021

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Donda McConnell

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

8000 Ambiance Way  
Plano, TX 75024

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:
2 FILER NAME <i>Angela A. Powell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/11/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandy Dixon</i>	7 Amount of contribution (\$)  <i>\$1000</i>
6 Contributor address; City; State; Zip Code <i>1824 BURNING TREE PLANO TX 75093</i> <i>Lane</i>		
8 Principal occupation / Job title (See Instructions) <i>VP + General Counsel</i>		9 Employer (See Instructions) <i>Texland Petroleum, LP</i>
Date <i>1/23/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Mosea</i>	Amount of contribution (\$)  <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1304 Capital Ave, PLANO, TX 75074</i>		
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Telecom Electric Supply Co.</i>
Date <i>2/12/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lily Bao</i>	Amount of contribution (\$)  <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>PO BOX 261853 PLANO, TX 75026</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Smith</i>	Amount of contribution (\$)  <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>4605 Charles Pl. Plano TX 75093</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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:	<b>2</b> FILER NAME <i>ANGELA POWELL</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1/4/21</i>	<b>5</b> Payee name <i>Wix.com</i>	
<b>6</b> Amount (\$) <i>181.86</i>	<b>7</b> Payee address; City; State; Zip Code <i>40 NAMA L TEL AVIV ISRAEL 6350671</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description <i>Premium Plan</i>
	<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	Office sought Office held

Date <i>1/4/21</i>	Payee name <i>Wix.com</i>	
Amount (\$) <i>10.71</i>	Payee address; City; State; Zip Code <i>40 NAMA L TEL AVIV ISRAEL 6350671</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>ANGELA POWELL WEBSITE DOMAIN</i>
	<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

Date <i>1/4/21</i>	Payee name <i>Wix.com</i>	
Amount (\$) <i>64.25</i>	Payee address; City; State; Zip Code <i>40 NAMA L TEL AVIV ISRAEL 6350671</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>MAIL BOX</i>
	<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**

# 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:	<b>2</b> FILER NAME <b>ANGELA A. POWELL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/22/21</b>	<b>5</b> Payee name <b>MUSTANG STRATEGICS</b>	
<b>6</b> Amount (\$) <b>\$1,825.98</b>	<b>7</b> Payee address; <b>8745 GARY BURNS DR. #160</b>	City; State; Zip Code <b>FRESNO TX 75034</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>SIGNS</b>
	<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	Office sought Office held
Date <b>1/11/21</b>	Payee name <b>Kespy Kreeme</b>	
Amount (\$) <b>\$45.96</b>	Payee address; <b>604 McDermott Dr</b>	City; State; Zip Code <b>ALLEN TX 75013</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	Description <b>Donuts</b>
	<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
Date <b>1/26/21</b>	Payee name <b>Lowes</b>	
Amount (\$) <b>\$60.45</b>	Payee address; <b>5001 CENTRAL EXPRESSWAY</b>	City; State; Zip Code <b>PLANO TX 75023</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>CABLE TIES</b>
	<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

# 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:	<b>2</b> FILER NAME <i>ANGELA POWELL</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>TSC TRACTOR SUPPLY</i>	
<b>6</b> Amount (\$) <i>\$44.36</i>	<b>7</b> Payee address; <i>900 WESTGATE WAY</i>	City; State; Zip Code <i>WYLC TX 75098</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description <i>Gloves/Post Driver</i>
	<input type="checkbox"/> <b>(c)</b> 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	Office sought Office held
Date <i>1/27/21</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$39.76</i>	Payee address; <i>951 WESTGATE WAY</i>	City; State; Zip Code <i>WYLC TX 75098</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>POST DRIVER</i>
	<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
Date <i>1/29/21</i>	Payee name <i>Lowes</i>	
Amount (\$) <i>\$56.42</i>	Payee address; <i>5001 CENTRAL EXPY</i>	City; State; Zip Code <i>PLANO TX 75023</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>CABLE TIES</i>
	<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

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*\$140.54*

# 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 FILER NAME <i>ANGELA POWELL</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/3/21</i>	5 Payee name <i>JIFFY SHIRTS</i>
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6 Amount (\$) <i>\$162.17</i>	7 Payee address; <i>Jiffyshirts.com</i>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>SHIRTS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/5/21</i>	Payee name <i>SAM'S CLUB</i>
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Amount (\$) <i>\$197.87</i>	Payee address; <i>1200 E SPRING CREEK PKWY PLANO TX</i>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>VARIOUS EVENT ITEMS</i>
	<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
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Date <i>2/8/21</i>	Payee name <i>CHICK-FIL A</i>
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Amount (\$) <i>\$266.67</i>	Payee address; <i>117 E FM 544</i>	City; <i>MURPHY</i>	State; <i>TX</i>	Zip Code <i>75094</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>FOOD FOR EVENT</i>
	<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
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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>ANGELA POWELL</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/8/21</i>	<b>5</b> Payee name <i>FIRST GUARANTEE BANK</i>	
<b>6</b> Amount (\$) <i>\$5.00</i>	<b>7</b> Payee address; <i>P.O. Box 2009</i>	City; State; Zip Code <i>HAMMOND, LA 70404</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fee</i>	<b>(b)</b> Description <i>Bank Fee</i>
	<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	Office sought Office held
Date <i>2/10/21</i>	Payee name <i>JIFFY SHIRTS</i>	
Amount (\$) <i>\$111.23</i>	Payee address; <i>Jiffyshirts.com</i>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SHIRTS</i>
	<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
Date <i>3/14/21</i>	Payee name <i>ANEDOT</i>	
Amount (\$) <i>\$20.30</i>	Payee address; <i>anedot.com</i>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>SOLICITATION / FUNDRAISING EXP</i>	Description <i>FEES FOR TRANSACTIONS</i>
	<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

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*\$20.30 13653*  
*2/25/21*

# 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:	<b>2</b> FILER NAME <i>ANGELA POWELL</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/25/21</i>	<b>5</b> Payee name <i>FOUNDATION for CHOICE</i>	
<b>6</b> Amount (\$) <i>\$282</i>	<b>7</b> Payee address; <i>2904 FLOYD STREET SUITE D DALLAS TX 75204</i>	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	<b>(b)</b> Description <i>LUNCHEON</i>
	<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	Office sought Office held
<b>Date</b> <i>3/29/21</i>	<b>Payee name</b> <i>PARKER Women's CLUB</i>	
<b>Amount (\$)</b> <i>\$100</i>	<b>Payee address;</b> <i>P.O. Box 1361 Allen TX 75013</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	<b>Description</b> <i>Dinner event</i>
	<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
<b>Date</b> <i>3/30/21</i>	<b>Payee name</b> <i>MOSI MARKETING &amp; DATA SOLUTIONS</i>	
<b>Amount (\$)</b> <i>\$500.15</i>	<b>Payee address;</b> <i>6618 ESTADOS DRIVE PARKER, TX 75002</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>Description</b> <i>DOOR HANGERS</i>
	<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

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*882.15*

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>ANBECA Powell</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/15/21</i>	<b>5</b> Payee name <i>ANEDOT</i>	
<b>6</b> Amount (\$) <i>\$71.60</i>	<b>7</b> Payee address; City; State; Zip Code <i>Anedot.com</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING</i>	<b>(b)</b> Description <i>FEES FOR CREDIT CARD DONATIONS</i>
	<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	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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

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*\$71.60*