

**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	2 Total pages filed: <del>20</del> 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> APR 04 2019 <i>FT</i>
		Kipling Lee		
	NICKNAME	LAST	SUFFIX	
		Billups		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-Delivered or Date to State
	1517 Stubbs			<b>CITY SECRETARY'S CITY OF AMARILLO</b>
	#A			Receipt #
	Amarillo, TX 79106-2330			Amount
	Date Processed			
	Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		<i>Mr. Michael</i>	<i>A</i>	
	NICKNAME	LAST	SUFFIX	
		<i>Green</i>		
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>2612 Loma Vista Dr.</i>			<i>Amarillo TX 79108</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<i>806</i>	<i>463-8471</i>		
8 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	Month
	02/15/2019		THROUGH	03/30/2019
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
	05/04/2019		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			Place Mayor	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE      COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

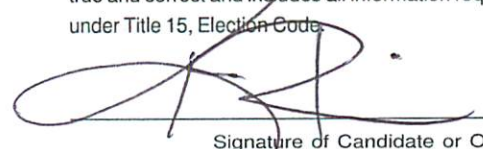
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,674.90
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,584.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,741.31

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kip Billups, this the 4 day of April, 2019, to certify which, witness my hand and seal of office.

Frances Hibbs      Frances Hibbs      CITY SECRETARY  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WEST Texas MKT</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>1900 website</i>
7 Contributor address; City; State; Zip Code <i>Wobles County Rd 4116 Hambley TX 79526</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Kip Billups** 3 Filer ID (Ethics Commission Filers)

4 Date <b>3-18-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryan Brown</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
	6 Contributor address; City; State; Zip Code <b>718 SW 16th Amarillo TX 79107</b>	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> Date 03/04/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Patricia	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code 2421 Magnolia St  Amarillo, TX 79107	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b> 1517 Stubbs #A Amarillo, TX 79106-2330	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/24/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyer, Misty	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b> 2121 S Hughes St  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/28/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ron	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b> 219 S Pierce  Amarillo, TX 79101	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hesse, Chris	<b>Amount of Contribution (\$)</b> \$400.00
	<b>Contributor address; City; State; Zip Code</b> 2021 Crockett St  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> Date 02/26/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code 4849 Mesquite Springs Trl  Amarillo, TX 76119	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishnamoorthy, Gabriel <hr/> Contributor address; City; State; Zip Code 2110 SE 42nd Ave  Amarillo, TX 79118	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Holly <hr/> Contributor address; City; State; Zip Code 1800 Wisdom Dr Apt 225  Amarillo, TX 79106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Jerry <hr/> Contributor address; City; State; Zip Code 1214 N Arapahoe St  Amarillo, TX 79107	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Lynn <hr/> Contributor address; City; State; Zip Code 3814 Hancock St  Amarillo, TX 79109	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> Date 02/26/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Randy <hr/> <b>6</b> Contributor address; City; State; Zip Code 4631 S. Western  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunn, Jimmy <hr/> Contributor address; City; State; Zip Code 910 SW 4th Ave  Amarillo, TX 79101	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jeff <hr/> Contributor address; City; State; Zip Code 1500 S Monroe St  Amarillo, TX 79101	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Emily <hr/> Contributor address; City; State; Zip Code PO Box 753  White Deer, TX 79107	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kimberli <hr/> Contributor address; City; State; Zip Code 3318 Arlington St  Amarillo, TX 79106	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> Date 03/24/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Michele	<b>7</b> Amount of Contribution (\$) \$30.00
<b>6</b> Contributor address; City; State; Zip Code 609 S Kentucky St  Amarillo, TX 79106		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Brandi	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 5212 S. Milam  Amarillo, TX 79110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Andrew	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code <i>247 Via Palermo #1511</i>  Fort Worth, TX <i>76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoga University of Florida	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 185 S. Westmonte Drive Ste. 1206  Alamonte Springs, FL 32701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 8/21	
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/23/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip <b>7</b> Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	<b>8</b> Amount of contribution (\$) \$30.14	<b>9</b> In-kind contribution description Gas for sign delivery  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	Amount of contribution (\$) \$28.75	In-kind contribution description Gas for sign delivery  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	Amount of contribution (\$) \$29.66	In-kind contribution description Gas for sign delivery  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 9/21	
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 03/29/2019	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kipling	<b>8</b> Amount of contribution (\$) \$29.35	<b>9</b> In-kind contribution description Gas for sign delivery
	<b>7</b> Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule E:</b> Sch: 1/3 Rpt: 10/21	
<b>2 FILER NAME</b> Billups, Kipling Lee		<b>3 Filer ID</b>	
<b>4 TOTAL OF UNITEMIZED LOANS</b>			<b>\$</b>
<b>5 Date of loan</b> 02/15/2019	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	<b>9 Loan Amount (\$)</b> \$310.00	
<b>6 Is lender a financial institution?</b> No	<b>8 Lender address; City; State; Zip Code</b> 1517 Stubbs #A Amarillo, TX 79106-2330	<b>10 Interest Rate</b>	
		<b>11 Maturity Date</b>	
<b>12 Principal occupation / Job title (See Instructions)</b> Retired Veteran		<b>13 Employer (See Instructions)</b> Self	
<b>14 Description of Collateral</b> <input checked="" type="checkbox"/> None		<b>15 Check if personal funds were deposited into political account (See Instructions)</b> <input type="checkbox"/>	
<b>16 GUARANTOR INFORMATION</b> <input checked="" type="checkbox"/> not applicable	<b>17 Name of guarantor</b>		<b>19 Amount Guaranteed (\$)</b>
	<b>18 Guarantor address; City; State; Zip Code</b>		
<b>20 Principal occupation</b>		<b>21 Employer (See Instructions)</b>	
<b>Date of loan</b> 02/18/2019	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	<b>Loan Amount (\$)</b> \$46.00	
<b>Is lender a financial institution?</b> No	<b>Lender address; City; State; Zip Code</b> 1517 Stubbs #A Amarillo, TX 79106-2330	<b>Interest Rate</b>	
		<b>Maturity Date</b>	
<b>Principal occupation / Job title (See Instructions)</b> Retired Veteran		<b>Employer (See Instructions)</b> Self	
<b>Description of Collateral</b> <input checked="" type="checkbox"/> None		<b>Check if personal funds were deposited into political account (See Instructions)</b> <input type="checkbox"/>	
<b>GUARANTOR INFORMATION</b> <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>		<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>		
<b>Principal occupation</b>		<b>Employer (See Instructions)</b>	

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/3 Rpt: 11/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 02/26/2019	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	<b>9</b> Loan Amount (\$) \$481.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired Veteran		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)
Date of loan 03/01/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	Loan Amount (\$) \$500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Retired Veteran		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 3/3 Rpt: 12/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 03/20/2019	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	<b>9</b> Loan Amount (\$) \$400.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired Veteran		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 13/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
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<b>4</b> Date 03/01/2019	<b>5</b> Payee name A.G.E. Graphics
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<b>6</b> Amount (\$) \$335.00	<b>7</b> Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Printing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2019	Payee name A.G.E. Graphics
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Amount (\$) \$485.00	Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2019	Payee name A.G.E. Graphics
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Amount (\$) \$310.00	Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 14/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
<b>4</b> Date 02/26/2019	<b>5</b> Payee name A.G.E. Graphics	
<b>6</b> Amount (\$) \$485.00	<b>7</b> Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2019	Payee name Billups, Kip	
Amount (\$) \$72.00	Payee address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/28/2019	Payee name Billups, Kip	
Amount (\$) \$78.00	Payee address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repaymnet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 15/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
<b>4</b> Date 03/12/2019	<b>5</b> Payee name Burkett Billboards	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 50372  Amarillo, TX 79159	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/12/2019	Payee name Burkett Billboards	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 50372  Amarillo, TX 79159	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design for Billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/21/2019	Payee name Click2Mail	
Amount (\$) \$414.40	Payee address; City; State; Zip Code 3103 10th ST N, Suite 201  Arlington, VA 22201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 16/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
<b>4</b> Date 02/26/2019	<b>5</b> Payee name GSP, Inc.	
<b>6</b> Amount (\$) \$165.00	<b>7</b> Payee address; City; State; Zip Code 1804 Afton St  Houston, TX 77055	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stakes for yard signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/20/2019	Payee name GSP, Inc.	
Amount (\$) \$204.11	Payee address; City; State; Zip Code 1804 Afton St  Houston, TX 77055	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stakes for Yard Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/01/2019	Payee name Office Depot	
Amount (\$) \$19.49	Payee address; City; State; Zip Code 2622 Wolflin Village  Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 17/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
<b>4</b> Date 03/09/2019	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$42.35	<b>7</b> Payee address; City; State; Zip Code 2622 Wolfin Village  Amarillo, TX 79109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/29/2019	Payee name Paypal	
Amount (\$) \$20.89	Payee address; City; State; Zip Code 2211 N 1st St  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/20/2019	Payee name Tractor Supply	
Amount (\$) \$71.33	Payee address; City; State; Zip Code 8511 Canyon Dr  Amarillo, TX 79110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts for yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 18/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
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<b>4</b> Date 02/18/2019	<b>5</b> Payee name Vistaprint
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<b>6</b> Amount (\$) \$46.31	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/01/2019	Payee name Vistaprint
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Amount (\$) \$331.65	Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2019	Payee name Walmart Supercenter
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 4215 Canyon Dr  Amarillo, TX 79110
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip ties for yard signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 19/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID			
<b>4</b> Date 02/15/2019	<b>5</b> Payee name City of Amarillo City Secretary's Office				
<b>6</b> Amount (\$) \$100.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 601 S. Buchanan  Amarillo, TX 79105				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Filing Fee			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held
Candidate/Officeholder name	Office sought	Office held			

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 21/21
<b>2</b> FILER NAME Billups, Kipling Lee		<b>3</b> Filer ID
<b>4</b> Date 03/01/2019	<b>5</b> Name of person from whom amount is received Texas Plains Federal	<b>8</b> Amount (\$) \$0.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code 804 S Madison St  Amarillo, TX 79101	
<b>7</b> Purpose for which amount is received Fees Return		<input type="checkbox"/> Check if political contribution returned to filer