

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX	<p><b>RECEIVED</b></p> <p>APR 04 2019 <i>AD</i></p> <p><b>CITY SECRETARY'S CITY OF AMARILLO</b></p> <p><i>2 PDS.</i></p>			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	2	15	19	THROUGH	3	30	19
6 EXPLANATION OF CORRECTION							
Did not include Schedule F2 form							

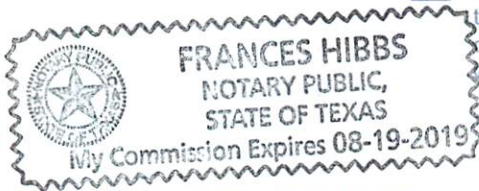
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
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.

*[Handwritten Signature]* Signature of officer administering oath  
 Frances Hibbs Printed name of officer administering oath  
 City Secretary Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Kip Billups	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 150.00
---	-----------

5 Date 3/25/2019	6 Payee name The Amarillo Pioneer
---------------------	--------------------------------------

7 Amount (\$) 150.00	8 Payee address: City: State: Zip Code 1620 S. Johnson Amarillo Texas 79102
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Newspaper and Voter Guide Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX. officeholder living expense
---------------------------	---	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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
	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
	1517 Stubbs #A		
	Amarillo, TX 79106-2330		
			<b>CITY SECRETARY'S CITY OF AMARILLO</b>
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr. Michael		A
	NICKNAME	LAST	SUFFIX
	Green		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	7612 Loma Vista Dr.		
		CITY;	STATE; ZIP CODE
		Amarillo	TX 79108
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	806	463-8471	
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
	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
		<input type="checkbox"/> Other	
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)
--------------	--

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>COLEMAN COUNTY RD 4116 HEARNHEIM 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)			
<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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Kip B. Lups</b>		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 (\$) <span style="float:right">\$5.00</span>
<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)
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyer, Misty	Amount of Contribution (\$) <span style="float:right">\$500.00</span>
Contributor address; City; State; Zip Code 2121 S Hughes St  Amarillo, TX 79109		
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#: _____) Green, Ron	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Contributor address; City; State; Zip Code 219 S Pierce  Amarillo, TX 79101		
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#: _____) Hesse, Chris	Amount of Contribution (\$) <span style="float:right">\$400.00</span>
Contributor address; City; State; Zip Code 2021 Crockett St  Amarillo, TX 79109		
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: 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 <b>6</b> Contributor address; City; State; Zip Code 4631 S. Western  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$) <span style="float: right;">\$100.00</span>
<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 Contributor address; City; State; Zip Code 910 SW 4th Ave  Amarillo, TX 79101	Amount of Contribution (\$) <span style="float: right;">\$5.00</span>
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 Contributor address; City; State; Zip Code 1500 S Monroe St  Amarillo, TX 79101	Amount of Contribution (\$) <span style="float: right;">\$30.00</span>
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 Contributor address; City; State; Zip Code PO Box 753  White Deer, TX 79107	Amount of Contribution (\$) <span style="float: right;">\$200.00</span>
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 Contributor address; City; State; Zip Code 3318 Arlington St  Amarillo, TX 79106	Amount of Contribution (\$) <span style="float: right;">\$20.00</span>
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>2417 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 Total pages Schedule A2:</b> Sch: 1/2 Rpt: 8/21	
<b>2 FILER NAME</b> Billups, Kipling Lee		<b>3 Filer ID</b>	
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		<b>\$</b>	
<b>5 Date</b> 03/23/2019	<b>6 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip <b>7 Contributor address; City; State; Zip Code</b> 1517 Stubbs #A Amarillo, TX 79106-2330	<b>8 Amount of contribution (\$)</b> \$30.14	<b>9 In-kind contribution description</b> Gas for sign delivery  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>11 Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 03/20/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip <b>Contributor address; City; State; Zip Code</b> 1517 Stubbs #A Amarillo, TX 79106-2330	<b>Amount of contribution (\$)</b> \$28.75	<b>In-kind contribution description</b> Gas for sign delivery  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 03/28/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip <b>Contributor address; City; State; Zip Code</b> 1517 Stubbs #A Amarillo, TX 79106-2330	<b>Amount of contribution (\$)</b> \$29.66	<b>In-kind contribution description</b> Gas for sign delivery  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# 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	<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)			

# 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: 1/3 Rpt: 10/21
<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 02/15/2019	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip	<b>9</b> Loan Amount (\$) \$310.00
<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)
<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 Total pages Schedule E:</b> Sch: 2/3 Rpt: 11/21	
<b>2 FILER NAME</b> Billups, Kipling Lee		<b>3 Filer ID</b>	
<b>4 TOTAL OF UNITEMIZED LOANS</b>			\$
<b>5 Date of loan</b> 02/26/2019	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip		<b>9 Loan Amount (\$)</b> \$481.00
<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> 03/01/2019	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billups, Kip		<b>Loan Amount (\$)</b> \$500.00
<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: 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>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
--	---	-------------------

<b>4</b> Date 03/01/2019	<b>5</b> Payee name A.G.E. Graphics
-----------------------------	--

<b>6</b> Amount (\$) \$335.00	<b>7</b> Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742
----------------------------------	---

<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
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/20/2019	Payee name A.G.E. Graphics
--------------------	-------------------------------

Amount (\$) \$485.00	Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742
-------------------------	--

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
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/15/2019	Payee name A.G.E. Graphics
--------------------	-------------------------------

Amount (\$) \$310.00	Payee address; City; State; Zip Code 678 Collins Rd  Little Hocking, OH 45742
-------------------------	--

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
------------------------	---	---

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: 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 ONLY 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 ONLY 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 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: 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 Wolflin 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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: 6/6 Rpt: 18/20	<b>2</b> FILER NAME Billups, Kipling Lee	<b>3</b> Filer ID
<b>4</b> Date 02/18/2019	<b>5</b> Payee name Vistaprint	
<b>6</b> Amount (\$) \$46.31	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St  Waltham, MA 02451	
<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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/01/2019	Candidate/Officeholder name Vistaprint	
Amount (\$) \$331.65	Office sought Office held	
Date 03/01/2019	Candidate/Officeholder name Vistaprint	
Amount (\$) \$331.65	Office sought Office held	
<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
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date 03/20/2019	Candidate/Officeholder name Walmart Supercenter	
Amount (\$) \$4.30	Office sought Office held	
Date 03/20/2019	Candidate/Officeholder name Walmart Supercenter	
Amount (\$) \$4.30	Office sought Office held	
<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
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date 03/20/2019	Candidate/Officeholder name Walmart Supercenter	
Amount (\$) \$4.30	Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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         | Printing Expense               | Travel In District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | 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 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)</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  Filing Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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