# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

		Class Bar Bary E V	1 OKW 00K-0/011				
1 Filer ID (Ethics Comn	nission Filers)	2 Total pages filed:	OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Kip NICKNAME LAST Billups	MI	RECEIVED  APR 0 4 2019				
4 ORIGINAL REPORT TYPE	30th day before election 15th app	off Other (specify) eeded \$500 limit of day after treasurer pointment (officeholder only) all report	CITY SECRETARY'S CITY OF AMARILLO  Date Hand-delivered or Date Postmarked  Receipt # Amount \$				
5 ORIGINAL PERIOD COVERED	Month Day Year 2 15 19 TH	ROUGH 3 30 19	Date Processed  Date Imaged				
6 EXPLANATION OF CO	6 EXPLANATION OF CORRECTION  Did not include Schedule F2 form						
Nily Commission AFFIX NOTARY STA	Semiand made in sent the control of	or affirm, under penalty of perjury, true and correct.  ONLY if applicable:  nual reports: I swear, or affirm, to good faith and without an intent information contained in the report information contained in the report later than the 14th business dereport as originally filed is inaccurate, that any error or omission in the de in good faith.  Signature of clindidate or this the	hat the original report was to mislead or to misrepre- ort.  I am filing this corrected a after the date I learned ate or incomplete. I swear, the report as originally filed				
Signature of officer ad	member To Attach Any Par	rt Of The Campaign Finance Rort And Explain Corrections	Thie of officer administering oath				

### UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Dialins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Table 20 0 1 1 1 50	1		1			
1 Total pages Schedule F2:	2 FILER NAME Kip Billups		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OF	BLIGATIONS	\$ 150.00			
5 Date 3/25/2019	6 Payee name The Amarillo Pioneer					
7 Amount (\$) 150.00	8 Payee address; City; State 1620 S. Johnson Amarillo Texas 79102	le; Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Newspaper and Voter Guide Advertising  Check if Austin, TX officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address: City: Sta	te; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Check if	on I travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 20 2 CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Kipling Lee NAME APR 04 2019-SUFFIX NICKNAME LAST Billups Date Hand delivered by Cale Cospon Por S ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE CANDIDATE / **OFFICEHOLDER** CITY OF AMARILLO 1517 Stubbs MAILING Receipt # Amount **ADDRESS** Change of Address Amarillo, TX 79106-2330 Date Processed Date Imaged MS/MRS/MR FIRST MI CAMPAIGN **TREASURER** NAME NICKNAME SUFFIX STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN Amarillo TX **TREASURER** 79108 7612 Loma Vista Dr. **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER 806 PHONE 463-8471 REPORT TYPE 15th day after campaign treasurer 30th day before election Runoff January 15 appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded \$500 limit July 15 8th day before election Day Year PERIOD Day Year Month COVERED 02/15/2019 **THROUGH** 03/30/2019 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Year Primary Runoff Other Month Day 05/04/2019 X General 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 F	ler ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,674. <b>9</b> 0			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED	\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,584.63			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 0			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$1,741.31			
18 AFFIDAVIT						
FR N	ANCES HIBBS OTARY PUBLIC, TATE OF TEXAS on Expires 08-19	under Title 15, Election Code	ion required to be reported by me			
AFFIX NOTARY STAM	P/SEALABOVE	-	12. 12.			
Sworn to and subscr	10	to certify which, witness my hand and seal of office.	, this the			
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	1E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6 Full name of contributor   out-of-state PAC (ID#:			8 Amount of Sometime of Contribution \$ 9 In-kind contribution description  (900 Webs 574  Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	de	Amount of In-kind contribution Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	pyer (FOR NON-JUDICIAL)(See Instructions)		
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
! <b>!</b>	ATTACH ADDITIONAL COPIES OF 1				

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kip Billups 3-18-19 6 Contributor address: City: State: Zip Code 7 18 Siv 16th Aman 16 79 79187 4 Date 7 Amount of contribution (\$) \$500.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Date ut-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 out-of-state PAC (ID#:\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ City; State; Zip Code Contributor address; 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.

	MONET	ARY POLITICAL CONTRIBUTION	S 	SCHEDUL	E <b>A1</b>
	The Instruc	tion Guide explains how to complete this form	m.	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/21	
2	FILER NAME Billups, Kiplir	g Lee		3 Filer ID	
4	Date 03/04/2019	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$)	\$5.00
8	Principal occu	eation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 03/20/2019	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/24/2019	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/28/2019	Full name of contributor out-of-state PAC (ID#: Green, Ron  Contributor address; City; State; Zip Code 219 S Pierce  Amarillo, TX 79101		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 03/20/2019	Full name of contributor out-of-state PAC (ID#: Hesse, Chris  Contributor address; City; State; Zip Code 2021 Crockett St  Amarillo, TX 79109		Amount of Contribution (\$)	\$400.00
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Sch: 2/4 R		
	FILER NAME Billups, Kipli	ng Lee		3 Filer ID		
	Date 02/26/2019	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of C	Contribution (\$)	\$200.00
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	3)		
	Date 03/12/2019	Full name of contributor out-of-state PAC (ID#: Krishnamoorthy, Gabriel Contributor address; City; State; Zip Code 2110 SE 42nd Ave Amarillo, TX 79118		Amount of C	Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/29/2019	Full name of contributor out-of-state PAC (ID#: Martin, Holly  Contributor address; City; State; Zip Code  1800 Wisdom Dr Apt 225		Amount of C	Contribution (\$)	\$25.00
	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/05/2019	Full name of contributor out-of-state PAC (ID#: Montgomery, Jerry  Contributor address; City; State; Zip Code 1214 N Arapahoe St  Amarillo, TX 79107		Amount of 0	Contribution (\$)	\$25.00
-	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/19/2019	Full name of contributor out-of-state PAC (ID#: Nelson, Lynn  Contributor address; City; State; Zip Code  3814 Hancock St  Amarillo, TX 79109	)	Amount of (	Contribution (\$)	\$25.00
	Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/21		
2	FILER NAME		***************************************	3 Filer ID	
	Billups, Kipli	ng Lee			
4	Date	5 Full name of contributor Out-of-state PAC (ID:	#:)	7 Amount of Contribution (\$)	
	02/26/2019	Nelson, Randy			\$100.00
		6 Contributor address; City; State; Zip Code 4631 S. Western			
		Amarillo, TX 79109			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
F	Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)	
	03/22/2019	Nunn, Jimmy			\$5.00
		Contributor address; City; State; Zip Code			
		910 SW 4th Ave			
		Amarillo, TX 79101			
<u> </u> -	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1	
Frincipal occupation 7 300 title (See instructions)			Employer (See Maddoors	·/	
	Date Full name of contributor out-of-state PAC (ID#:		#:)	Amount of Contribution (\$)	
ĺ	03/11/2019	Parker, Jeff			\$30.00
		Contributor address; City; State; Zip Code			
		1500 S Monroe St			
		Amarillo, TX 79101			
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
		,		,	
	Date	Full name of contributor  ut-of-state PAC (ID	#:)	Amount of Contribution (\$)	
	03/20/2019	Patterson, Emily			\$200.00
		Contributor address; City; State; Zip Code			
		PO Box 753			
		White Deer, TX 79107			
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	J 5)	
-	Date	Full name of contributor Out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
	03/28/2019	Phillips, Kimberli			\$20.00
		Contributor address; City; State; Zip Code			
		3318 Arlington St			
l		-			
L	Principal occi	Amarillo, TX 79106 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
		, , , , , , , , , , , , , , , , , , , ,		•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/21		
2	FILER NAME Billups, Kiplin	ng Lee		3 Filer ID	
4	Date 03/24/2019	<ul> <li>Full name of contributor</li></ul>	7 Amount of Contribution (\$)	\$30.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date 03/28/2019	Full name of contributor out-of-state PAC (ID#:_ Sumner, Brandi Contributor address; City; State; Zip Code 5212 S. Milam Amarillo, TX 79110		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	o)	
	Date 03/08/2019	Full name of contributor out-of-state PAC (ID#:_ Wright, Andrew  Contributor address; City; State; Zip Code  H7 Via Palermo #1511  Fort Worth, TX 74/09		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 03/12/2019	Full name of contributor out-of-state PAC (ID#: Yoga University of Florida  Contributor address; City; State; Zip Code  185 S. Westmonte Drive Ste. 1206		Amount of Contribution (\$)	\$100.00
_	Principal occu	Alamonte Springs, FL 32701 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	

#### **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 8/21 2 FILER NAME 3 Filer ID Billups, Kipling Lee TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: 8 Amount of contribution (\$) description 03/23/2019 Billups, Kip \$30.14 Gas for sign delivery 7 Contributor address; City; State; Zip Code 1517 Stubbs Amarillo, TX 79106-2330 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) Amount of In-kind contribution Date Full name of contributor out-of-state PAC (ID#: contribution (\$) description 03/20/2019 Billups, Kip \$28.751 Gas for sign delivery Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330 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) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Amount of Date Full name of contributor ut-of-state PAC (ID#: contribution (\$) description 03/28/2019 \$29.66 Gas for sign delivery Contributor address; City; State; Zip Code 1517 Stubbs Amarillo, TX 79106-2330 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	ONETARY (IN-KIND) POLITICAI RIBUTIONS	L	SCHEDULE A2
The Instru	ection Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 9/21
2 FILER NAME Billups, Kipli			3 Filer ID
1	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
6 Full name of contributor out-of-state PAC (ID#:) Billups, Kipling 7 Contributor address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330		8 Amount of 9 In-kind contribution contribution (\$) description \$29.35   Gas for sign delivery	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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 contribute	or's spouse (if any) (FOR JUDICIAL)
Forms provide	d by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V1.1.39f803\$

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to c	omplete this f	orm.		ges Schedule E: 3 Rpt: 10/21
2	FILER NAME Billups, Kipling L	ee			3 Filer ID	
4	TOTAL OF UN	ITEMIZED LOANS	, , , , , , , , , , , , , , , , , , ,			\$
5	Date of loan 02/15/2019	7 Name of lender Billups, Kip	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$310.00
6	Is lender a financial institution?	8 Lender address; City; 1517 Stubbs #A	State;	Zip Code		10 Interest Rate  11 Maturity Date
ĺ	NO	Amarillo, TX 79106-2330				at waterity bate
12	Principal occupation Retired Veteran	on / Job title (See Instructions)		13 Employer (See Instructions Self	)	
14	Description of Coll  X None	ateral		15 Check if personal funds we	re deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code	••••••	
					;	
20	Principal occupation	n		21 Employer (See Instructions	)	<u> </u>
	Date of loan 02/18/2019	Name of lender Billups, Kip	out-of-state PA	C (ID#:		Loan Amount (\$) \$46.00
	Is lender a financial institution?	Lender address; City; 1517 Stubbs	State;	Zip Code		Interest Rate
	No	#A Amarillo, TX 79106-2330				Maturity Date
	Principal occupation Retired Veteran	on / Job title (See Instructions)	***************************************	Employer (See Instructions Self	)	
	Description of Coll  X None	ateral		Check if personal funds we	re deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor	<del></del>	<u> </u>		Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	)	
Foi	ms provided by T	exas Ethics Commission	www ethics	s.state.tx.us		Version V1.1.39f8039c

	LOANS				····	SCHEDULE E
	The Instruction	n Guide explains how to co	omplete this f	orm.		ges Schedule E: 3 Rpt: 10/21
2	FILER NAME Billups, Kipling L	ee			3 Filer ID	
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 02/15/2019	7 Name of lender Billups, Kip	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$310.00
6	Is lender a financial institution? No	8 Lender address; City; 1517 Stubbs #A Amarillo, TX 79106-2330	State;	Zip Code		10 Interest Rate  11 Maturity Date
12	Principal occupation	n / Job title (See Instructions)		13 Employer (See Instructions Self	)	
14	Description of Coll  X None	ateral	· · · · · · · · · · · · · · · · · · ·	15 Check if personal funds we	re deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION  X not applicable	17 Name of guarantor  18 Guarantor address; City;	State;	Zip Code		19 Amount Guaranteed (\$)
20	Principal occupation	pn		21 Employer (See Instructions	)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:		Loan Amount (\$)
	02/18/2019	Billups, Kip				\$46.00
	Is lender a financial	Lender address; City; 1517 Stubbs	State;	Zip Code		Interest Rate
	institution? No	#A				Maturity Date
		Amarillo, TX 79106-2330				
	Principal occupation Retired Veteran	on / Job title (See Instructions)		Employer (See Instructions Self	s)	
-	Description of Coll	ateral		Check if personal funds we	re deposited	
L	X None					(See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	n		Employer (See Instructions	5)	

	LOANS		<del>2 </del>			SCHEDULE E
	The Instructio	n Guide explains how t	to complete this	form.		ges Schedule E: 3 Rpt: 11/21
2	FILER NAME Billups, Kipling L	ee			3 Filer ID	
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 02/26/2019	7 Name of lender Billups, Kip	out-of-state PA	AC (ID#:		9 Loan Amount (\$) \$481.00
6	Is lender a financial institution?	8 Lender address; Cit 1517 Stubbs	ty; State;	Zip Code		10 Interest Rate
	No	#A Amarillo, TX 79106-233	0			11 Maturity Date
12	Principal occupation Retired Veteran	on / Job title (See Instructions)		13 Employer (See Instructions Self	5)	
14	Description of Colla	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; Cit		Zip Code	•••••••••••••••••••••••••••••••••••••••	
20	Principal occupation	n		21 Employer (See Instructions	5)	
	Date of loan	Name of lender	out-of-state P	AC (ID#:		Loan Amount (\$)
	03/01/2019	Billups, Kip				\$500.00
	Is lender a financial institution?	Lender address; Cit 1517 Stubbs	ty; State;	Zip Code		Interest Rate
	No	#A Amarillo, TX 79106-233	10			Maturity Date
-	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	s)	<u>L</u>
	Retired Veteran			Self		
	Description of Coll  X None	ateral		Check if personal funds we	ere deposited	l into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; Ci	ty; State;	Zip Code	***************************************	
	Principal occupation	on		Employer (See Instruction	s)	

LOANS				SCHEDULE E					
The Instruction	on Guide explains how to complete this f	orm.		ges Schedule E: 3 Rpt: 12/21					
2 FILER NAME Billups, Kipling I	Lee		3 Filer ID						
4 TOTAL OF UN	TOTAL OF UNITEMIZED LOANS \$								
5 Date of loan 03/20/2019	7 Name of lender out-of-state PA Billups, Kip	C (ID#:		9 Loan Amount (\$) \$400.00					
6 Is lender a financial institution?	8 Lender address; City; State; 1517 Stubbs #A Amarillo, TX 79106-2330	Zip Code		10 Interest Rate 11 Maturity Date					
12 Principal occupati Retired Veteran	on / Job title (See Instructions)	13 Employer (See Instructions Self	)						
14 Description of Col		15 Check if personal funds we	re deposited	into political account (See Instructions)					
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)					
X not applicable	18 Guarantor address; City; State;	Zip Code							
20 Principal occupati	on	21 Employer (See Instructions	)						
Forms provided by	Texas Ethics Commission www.ethic	cs.state.tx.us		Version V1.1.39f8039					

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/6 Rpt: 13/20	Billups, Kipling Lee
4	· · · · · · · · · · · · · · · · · · ·	5 Payee name
	03/01/2019	A.G.E. Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.00	678 Collins Rd
		Little Hocking, OH 45742
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sign Printing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2019	A.G.E. Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$485.00	678 Collins Rd
		Little Hocking, OH 45742
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if transl outside of Towas Complete Sebatida T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sign Printing
l		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2019	A.G.E. Graphics
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$310.00	678 Collins Rd
		Little Hocking, OH 45742
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder (iving expense
l		Yard Signs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID				
	Sch: 2/6 Rpt: 14/20	Billups, Kipling Lee	3 Filer ID				
4	Date	5 Payee name					
	02/26/2019	A.G.E. Graphics					
6	Amount (\$) \$485.00	7 Payee address; City; State; Zip Code 678 Collins Rd Little Hocking, OH 45742					
8	PURPOSE OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/24/2019	Billups, Kip					
	Amount (\$) \$72.00	Payee address; City; State; Zip Code 1517 Stubbs #A					
L		Amarillo, TX 79106-2330					
	PURPOSE OF EXPENDITURE	Check if Austin	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Loan Repayment				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
F	Date	Payee name					
	03/28/2019	Billups, Kip					
	Amount (\$) \$78.00	Payee address; City; State; Zip Code 1517 Stubbs #A Amarillo, TX 79106-2330					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Loan Repaymnet					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Conditionary Represent			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction Guide	explains I	now to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	
	Sch: 3/6 Rpt: 15/20		Billups, Kip	ling Lee							
4	Date	5	Payee name								
	03/12/2019	1	Burkett Billt								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
l	\$1,000.00	ĺ	PO Box 503	372		•					
			Amarillo, T	X 79159							
8	PURPOSE	(a)	Category (S	ee Categories listed at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising					느		ide of Texas. Complete Schedule T.	
								Check if Austin	, TX	, officeholder living expense	
		l					Į	Diliboards			
_	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L		·						051-1	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/On	iceholder name		office sou	.gnt			Office held	
	Date		Payee name								
	03/12/2019	ļ	Burkett Bill	boards							
	Amount (\$)	Г	Payee addre	ss; City;	State;	Zip Co	ode				
	\$150.00	1	PO Box 50	372							
		1									
		Amarillo, TX 79159									
一	PURPOSE	(a	Category (S	iee Categories listed at the to	o of this sche	edule)	(b)	Description	_		
	OF EXPENDITURE		Advertising			,		Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE									, officeholder living expense	
								Design for Bi	libo	pards	
L							Ļ			200	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ught			Office held	
L		_									
	Date	ŀ	Payee name	ı							
	03/21/2019		Click2Mail								
	Amount (\$)		Payee addre	•	State;	Zip Co	ode				
l	\$414.40		3103 10th 9	ST N, Suite 201							
l											
l			Arlington, V	/A 22201							
Г	PURPOSE	(a	Category (S	ee Categories listed at the to	p of this sch	edule)	(b)	Description		** **** · · · * * * · · · · · · · · · ·	
	OF EXPENDITURE	l	Printing Ex		•	•		<u></u>		ide of Texas. Complete Schedule T.	
ł	LAF ENDITORE							LJ	, TX	, officeholder living expense	
		Mailers									
lacksquare	Complete ONII V If allow -	<u> </u>	Condidate IC#	iaahaldas saasa		Was as:	<u></u>			Office hold	
	Complete ONLY if direct expenditure to benefit C/O		Januloate/Off	iceholder name	C	Office sou	ugnt			Office held	
<u> </u>	·		<del></del>								
1											

# 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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Politing Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:							
	Sch: 4/6 Rpt: 16/20	Billups, Kipling Lee						
4	Date	5 Payee name						
	02/26/2019	GSP, Inc.						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$165.00	1804 Afton St						
		Houston, TX 77055						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
	!	Check if Austin, TX, officeholder living expense  Stakes for yard signs						
	!	Startes for yard signs						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
F	Date	Payee name						
	03/20/2019	GSP, Inc.						
一	Amount (\$)	Payee address; City; State; Zip Code						
	\$204.11	1804 Afton St						
	• =							
		Houston, TX 77055						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder (iving expense						
	!	Stakes for Yard Signs						
	!							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
F	Date	Payee name						
	03/01/2019	Office Depot						
卜	Amount (\$)	Payee address; City; State; Zip Code						
	\$19.49	2622 Wolflin Village						
L		Amarillo, TX 79109						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Office Supplies						
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
$\vdash$								

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense F d Committee Legal Services S	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  Solicitation/Fundraising Expense Travel on District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains ho	ow to complete this form.
1 Total pages Schedule F1: Sch: 5/6 Rpt: 17/20	2 FILER NAME Billups, Kipling Lee	3 Filer ID
4 Date	5 Payee name	
03/09/2019	Office Depot	
6 Amount (\$) \$42.35	7 Payee address; City; State; 2 2622 Wolflin Village  Amarillo, TX 79109	Zip Code
8 PURPOSE		(h) Passisting
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
Complete ONLY if direct expenditure to benefit C/Oh		ice sought Office held
Date	Payee name	
03/29/2019	Paypal	
Amount (\$)	Payee address; City; State;	Zip Code
\$20.89	2211 N 1st St	
	San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedules  Fees	Check if travel outside of Texas. Complete Schedule T.
LAF LINDII ONL		Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/Ol		fice sought Office held
Date	Payee name	
03/20/2019	Tractor Supply	
Amount (\$) \$71.33	Payee address; City; State; 8511 Canyon Dr	Zip Code
\$71.00	Amarillo, TX 79110	
PURPOSE		(b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheding Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  T-posts for yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought Office held

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		FoodBeverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	
	Sch: 6/6 Rpt: 18/20		Billups, Kipl			<u> </u>					·
4	Date	5	Payee name								
l	02/18/2019		Vistaprint								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$46.31	•	275 Wymar	n St							
j		1									
			Waltham, M	IA 02451							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Printing Exp	pense				<u></u>		de of Texas. Complete Schedule T.	
		ļ						Business card		officeholder living expense	
								_u			
9	Complete ONLY if direct	بــا	`andidate/Ose	iceholder name		Office sou	l laht			Office held	
,	expenditure to benefit C/Oh		Januluale/UII	cenouer name		c sul	agill			Chiec Held	<u></u>
	Date	Ī	Payee name								
	03/01/2019		Vistaprint								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
	\$331.65		275 Wymar	n St							
			Waltham, N	1A 02451							
-	PURPOSE	(a)	Category /s	ice Categories listed at the	) top of this sch	edule)	(b)	Description			
	OF	ľ. '	Advertising			<b>-</b> ,		Check if travel		de of Texas. Complete Schedule T.	
ŀ	EXPENDITURE		3	•					, TX	, officeholder living expense	
		1						Flyers			
L		L	<del></del>				<u></u>			000-11-11	<del></del>
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ught			Office held	
L	experience to benefit C/O	_									
	Date		Payee name								
	03/20/2019		Walmart Su	percenter							
	Amount (\$)	Γ	Payee addre	ess; City;	State;	Zip C	ode				
	\$4.30		4215 Cany	on Dr							
			Amarillo, T	X 79110							
H	PURPOSE	(a	Category rs	See Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF	1	Advertising	-				Check if travel		ide of Texas. Complete Schedule T.	
ŀ	EXPENDITURE	1	J	-				لسا		, officeholder living expense	
		-					1	Zip ties for ya	ard	signs	
L		L		<del></del>			ــــــــــــــــــــــــــــــــــــــ			0E I - 1.4	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(	Office so	ught			Office held	
L	- Caperialities to beliefit 6/0									·	
1											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G										
	EXPENDITURE CATEGORIES FOR BOX 8(a)  Advertising Expense									
	2 FILER NAME Billups, Kipling Lee  5 Payee name									
	City of Amarillo City Sec 7 Payee address; City; 601 S. Buchanan	/15/2019	6							
plete Schedule T.	Check if travel outside of Texas. Complete S	(b) Description	d at the top of this schedule)	Amarillo, TX 79105  (a) Category (See Categories lister	Reimbursement from political contributions intended	8				
	Check if Austin, TX, officeholder living expen	Filing Fee		Fees	OF XPENDITURE					
	Office held	Office sought		Candidate/Officeholder name	mplete <u>ONLY</u> if direct openditure to benefit OH	9				

	EST, CREDITS, GAINS, REFUNDS RIBUTIONS RETURNED TO FILER		SCHEDULE K			
The Instr	uction Guide explains how to complete this for	m.		1 Total pages Schedule K: Sch: 1/1 Rpt: 21/21		
2 FILER NAM Billups, Kip			3 Filer ID			
4 Date 03/01/2019	5 Name of person from whom amount is received Texas Plains Federal 6 Address of person from whom amount is received; City; 804 S Madison St Amarillo, TX 79101		8 Amount (\$)	\$0.01		
	7 Purpose for which amount is received Fees Return	☐ Check	if political contril	bution returned to file	r	