CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MF FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Billips		RECEIVED	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	JUL 1 5 2019	
MAILING ADDRESS	1517 STUBOTKA AMA	rilo TX	CITY SECRETARY'S	
Change of Address		71100	CITY OF AMARILLO	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
PHONE 6 CAMPAIGN	(323) 282 0941 MS/MRS/MR) FIRST	MI	Receipt # Amount \$	
TREASURER NAME	M. cheal	A	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
	Green	Astronous (2271220)		
7 CAMPAIGN TREASURER	TGIL LOMA VISTA		ZIP CODE	
ADDRESS (Residence or Business)	Amarlo , To			
	144128C110 111	/ 1100		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (30()4(3 ~847)	EXTENSION	×	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment	
	July 15 8th day before elec	ction Exceeded \$500 limit	Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH 6	Day Year / 30 / 19	
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other		
	Month Day Year Primary General	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	ı	
	J. q			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE				
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Bagos					
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	4 7074				
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S.S., LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL	POLITICAL CONTRIBUTIONS			
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 157013		
EXPENDITURE	2 70741	COLUTION EXPENDITURES OF ALCOHOL.	075 2		
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 196.18		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		\$ 0		
18 AFFIDAVIT					
	FRANCES H NOTARY PUB STATE OF TEX mission Expires Of	Under Title 15, Election Code.	on required to be reported by me		
AFFIX NOTARY STAMI	P/SEALABOVE				
Sworn to and subscr	ribed before me, b	by the said Wip Billips 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					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer 1D (Ethics C	ommission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2520 B
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 196.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	· · ·	

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

POLITICAL EXPENDITURES MADE 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

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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 311 25	3 Filer ID (Ethics Commission Filers)	
4 Date 5-22-19	5 Payee name		
6 Amount (\$)	7 Payee address; City: State; Zip Code 1(1) SNys +4 AMALINO + 7910 V		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Low Repay Men	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete 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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete 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 REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

=					
_	The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"				
1	C/OH N	NAME 2 Filer ID (Ethics Commission	on Filers)		
		Kio Billws			
3	SIGNA	NATURE			
•	3101-	IATURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signature of Čandidate / Officehol	lder		
4	• Com	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder			
	A.	CAMPAIGN FUNDS	•		
	Chec	eck only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I unders may not convert unexpended political contributions or unexpended interest or income earned on political contributions and that I must file an annual report of unexpended contributions and that I may unexpended contributions or unexpended interest or income earned on political contributions longer than six years this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	ributions to y not retain s after filing		
	B.	ASSETS			
	Chọc	eck only one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions	3 .		
		I do retain assets purchased with political contributions or interest or other income from political contributions. I use that I may not convert assets purchased with political contributions or interest or other income from political contributions personal use. I also understand that I must dispose of assets purchased with political contributions in accordance requirements of Election Code, § 254.204. Signature of Candidate	ributions to		
5		CEHOLDER			
	· Com	emplete this section only if you are an officeholder			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treafile. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required reporticeholder, I retain political contributions, interest or other income from political contributions, or assets purchased we call contributions or interest or other income from political contributions.	port as an		
		Signature of Officeholder			

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