

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Billy M. Gipson II **15** Filer 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2648.35
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 848.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 2615.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 457.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

18 AFFIDAVIT

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.

Brylon D Franklin
My Commission Expires
04/26/2023
ID No. 126039856

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy Gipson, this the 15 day of January, 20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Brylon D. Franklin

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Billy M. Gipson II

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2698.35
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3464.73
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2615.74
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Billy M. Gipson II		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safeena Shaukat 6 Contributor address; City; State; Zip Code 4817 Blue Flax Drive Garland, Tx 75043	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 7/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Orozco Contributor address; City; State; Zip Code 5707 Vanderbilt Ave. Dallas, Tx 75206	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Dallas County
Date 7/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Snipes Contributor address; City; State; Zip Code 101 S. Brookside Dr. Dallas, Tx 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 7/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theresa Daniel Contributor address; City; State; Zip Code 2228 Springhill Dr. Dallas, Tx 75228	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Dallas County
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 Billy M. Gipson II		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica McCoy Purdy 6 Contributor address; City; State; Zip Code 10808 Strait Ln Dallas, Tx 75229	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Associate Judge		9 Employer (See Instructions) Dallas County
Date 7/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Gulley Contributor address; City; State; Zip Code 203 Satinwood Dr. Dallas, Tx 75217	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Dallas County
Date 7/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William D. Cox III Contributor address; City; State; Zip Code 325 N. St. Paul Street STE. 2100 Dallas, Tx 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed
Date 7/1/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Jordan Contributor address; City; State; Zip Code 325 N. St. Paul Street STE. 2100 Dallas, Tx 75214	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 Billy M. Gipson II		3 Filer ID (Ethics Commission Filers)
4 Date 7/2/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Donovan 6 Contributor address; City; State; Zip Code 6509 Malcolm Drive Dallas, Tx 75214	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney-Mediator		9 Employer (See Instructions) Self Employed
Date 7/2/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Crews Contributor address; City; State; Zip Code 3105 San Jacinto Street #209 Dallas, Tx 75204	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 7/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Gipson Contributor address; City; State; Zip Code 111 N. LaBrea Ave. Ste. 408 Inglewood, CA 90301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Assembly Member		Employer (See Instructions) State of California
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Billy M. Gipson II		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7/1/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy M. Gipson II	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code P.O. Box 850994 Mesquite, Tx 75185	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Constable		13 Employer (See Instructions) Dallas County
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Billy M. Gipson II	3 Filer ID (Ethics Commission Filers)
4 Date 7/1-12/31/2019	5 Payee name Bank of America	
6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 931 W. Beltline Rd. Desoto, Tx 75115	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Monthly Fees on Bank Account
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/29/2019	Payee name CubeSmart	
Amount (\$) 95.50	Payee address; City; State; Zip Code 1350 N 1st St. Garland, Tx 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign Storage Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/1-12/31/2019	Payee name CubeSmart	
Amount (\$) 70.50	Payee address; City; State; Zip Code 1350 N 1st St. Garland, Tx 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Campaign Storage Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Billy M. Gipson II	3 Filer ID (Ethics Commission Filers)
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4 Date 8/29/2019	5 Payee name Bank of America
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6 Amount (\$) 123.92	7 Payee address; City; State; Zip Code 931 W. Beltline Rd. Desoto, Tx 75115
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check Order
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/2019	Payee name Office Depot
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Amount (\$) 68.83	Payee address; City; State; Zip Code 5205 N. Garland Ave. Garland, Tx 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Precinct Holiday Community Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/2019	Payee name United States Postal Services
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Amount (\$) 40.00	Payee address; City; State; Zip Code 501 E. Oates Rd Garland, Tx 75043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Postage Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Billy M. Gipson II	3 Filer ID (Ethics Commission Filers)
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4 Date 11/21/2019	5 Payee name United States Postal Services
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6 Amount (\$) 55.00	7 Payee address; 501 E. Oates Rd Garland, Tx 75043	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Postage Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/25/2019	Payee name Texas Organizing Project
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Amount (\$) 250.00	Payee address; P.O. Box 120296 San Antonio, Tx 78212	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made By Officeholder	Description TOP Education Fund
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/09/2019	Payee name Wal-Mart
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Amount (\$) 168.32	Payee address; 7075 W. Wheatland RD. Dallas, Tx 75249	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Precinct Holiday Community Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Billy M. Gipson II	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2019	5 Payee name High Profile Professional Services	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 9535 Forest Lane #249 Dallas, Tx 75243	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made By Officeholder	(b) Description Angel Tree
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/2019	Payee name Charles Barron	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 306 N. Broadway St. Henderson, Tx 75652	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense (Catering)	Description Precinct Holiday Community Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/22/2019	Payee name Kroger	
Amount (\$) 62.66	Payee address; City; State; Zip Code 532 W. IH-30 Garland, Tx 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Precinct Holiday Community Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Billy M. Gipson II	3 Filer ID (Ethics Commission Filers)
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4 Date 12/10/2019	5 Payee name Boderick Smith
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1101 Bluffview Dr. Desoto, Tx 75115
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (DownLow Productions)	(b) Description Precinct Holiday Community Luncheon
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/2019	Payee name Glenda Castro
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Amount (\$) 125.00	Payee address; City; State; Zip Code Unknown
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense (GCapturePhoto Booth)	Description Precinct Holiday Community Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/22/2019	Payee name Jillian Sanders
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Amount (\$) 230.00	Payee address; City; State; Zip Code 7130 Teresita Trl Dallas, Tx 75227
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Maintence
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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