# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  BIlly  NICKNAME LAST  "Bill" Gipson	MI M SUFFIX	OFFICE Date Received	DALLAS OF THE PROPERTY OF THE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 850994 Mesquite, Te		COUNTY DEPARTMENT PM 3: 22		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 469 ) 605-1273	EXTENSION	Date Hand-delivered		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Tramon  NICKNAME LAST  Arnold	MI 	Date Processed  Date Imaged	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  1205 Golden Trophy Drive, Dallas,		STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 501 ) 554-3384	EXTENSION	i		
9 REPORT TYPE	X January 15 30th day before of July 15 8th day before ele		treasurer ap (Officeholder		
10 PERIOD COVERED	Month Day Year 07 / 01 / 2021	THROUGH 12	Day Year / 31 / 2021		
11 ELECTION	Month Day Year Primary  03 01 2022 General	Description			
12 OFFICE	OFFICE HELD (if any)  Constable Precinct #2	13 OFFICE SOUGHT (if known	)		
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)			
Billy M. Gipson II						
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	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
The state of the s						
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS, OR	\$ O			
	Ventor of American	BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	0			
	100000000000000000000000000000000000000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,143.82			
EXPENDITURE						
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0					
	4. TOTAL	POLITICAL EXPENDITURES	34			
	TOTAL	TOLITIOAL EXITENSIONES	<sup>\$</sup> 11,797.16			
CONTRIBUTION BALANCE		AL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
	OF REP	ORTING PERIOD	\$2543.12			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$			
			1,700.00			
18 AFFIDAVIT		<u></u>	-1			
~~~~~	^^^		erjury, that the accompanying report is ormation required to be reported by me			
	ha Hopkins mmission Expires	under Title 15, Election Code.	55 5500 65			
> 9 2 2 10/29	/2024 . 132756169					
	·····	Signature of Con-	didata as Officeboldes			
		Signature of Cario	didate or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and subsci	ribed before me	by the said Billy GipsonI	, this the31			
day of <u>January</u> , 20 <u>22</u> , to certify which, witness my hand and seal of office.						
Autusha H	Opkui	Latasha Hopkins	Nutary			
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						

### 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
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N  The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)  complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Billy M. Gipson II	3 Filer ID (Ethics Commission Filers)		
4 Date 12/08/2021	5 Payee name Dallas County Democratic Par	rty		
6 Amount (\$) 1000.00	7 Payee address; 1414 N. Washington Ave., Dallas, Tx	City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  Campaign Filing Fee  Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	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/OF	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 <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		