

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 (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kelicia L.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME LAST SUFFIX Lyons			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Lorene	FILED TARRANT COUNTY 2016 JUL 15 PM 1:27 ELECTIONS DIVISION BY: MT		
	NICKNAME LAST SUFFIX Collier Purcy			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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)			
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2016 THROUGH 06 / 30 / 2016			
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Tarrant County Constable, Precinct 6		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Kelicia L. Lyons

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

FILED
TARRANT COUNTY
2016 JUL 15 PM 1:25
ELECTIONS
ADMINISTRATOR
BY: NT

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 678.89

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,643.89

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 615.87

4. TOTAL POLITICAL EXPENDITURES

\$ 1,630.87

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

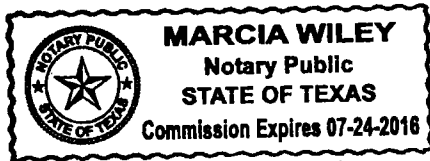
\$ 31.86

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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.

Kelicia Lyons
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelicia Lyons, this the 15th day of July, 2016, to certify which, witness my hand and seal of office.

Marcia Wiley
Signature of officer administering oath

Marcia Wiley
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
Kecilia L Lyons

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,643.89
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$1,632.62
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	\$ \$544.44
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	\$

FILED
TARRANT COUNTY
2016 JUL 15 PM 1:25
FRANK PHILLIPS
ELECTORAL ADMINISTRATOR
BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unknown	7 Amount of contribution (\$) \$45
6 Contributor address; City; state; Zip		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Thompson	Amount of contribution (\$) \$29.19
Contributor address; City; state; Zip		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 001/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetrice Thompson	Amount of contribution (\$) \$10.70
Contributor address; City; state; Zip		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Drago	Amount of contribution (\$) \$50
Contributor address; City; state; Zip Code 3917 Potomac Ave FW TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:25
 ELECTION REGISTRATOR

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date 05/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Bilz 6 Contributor address; City; tate; Zip	7 Amount of contribution (\$) \$15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; tate;	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; tate; Zip	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; tate; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:25
 ELECTIONS ADMINISTRATOR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Kelicia L. Lyons

3 Filer ID (Ethics Commission Filers)

4 Date
05/21/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Lynn Johnson
6 Contributor address; City; state; Zip
1968 Lipscomb FW TX 76110

7 Amount of contribution (\$)
\$25

8 Principal occupation / Job title (See Instructions)
Unknown

9 Employer (See Instructions)

Date
01/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
Unknown
Contributor address; City; state; Zip

Amount of contribution (\$)
\$165

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/8/16

Full name of contributor out-of-state PAC (ID#: _____)
Unknown
Contributor address; City; state; Zip

Amount of contribution (\$)
\$31

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/01/2016

Full name of contributor out-of-state PAC (ID#: _____)
Unknown
Contributor address; City; state; Zip Code

Amount of contribution (\$)
\$50

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.

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:25
 CLERK OF COUNTY CLERK
 DEPARTMENT OF PUBLIC AFFAIRS
 1000 W. WASHINGTON ST. SUITE 1000
 FORT WORTH, TEXAS 76102

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Lyons	7 Amount of contribution (\$) \$50
6 Contributor address; City; state; Zip 3118 S Marsailles Ave Dallas TX 75216		
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions)
Date 04/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Jenkins	Amount of contribution (\$) \$50
Contributor address; City; state; Zip 8101 Cannon Oak Dr NRH TX 76182		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 04/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Shelby	Amount of contribution (\$) \$50
Contributor address; City; state; Zip 3824 Fitzhugh Ave FW TX 76105		
Principal occupation / Job title (See Instructions) Travel agent		Employer (See Instructions)
Date 04/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Campbell	Amount of contribution (\$) \$100
Contributor address; City; state; Zip Code 5932 Village Course Cr Apt 925 FW TX 76119		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)

FILED
TARRANT COUNTY
2016 JUL 15 PM 1:25
ELECTORAL ADMINISTRATION
BY: TARRANT COUNTY CLERK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre McEwing	7 Amount of contribution (\$) \$50
6 Contributor address; City; state; Zip 3301 Chancellorsville Dr FW TX 76140		
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions)
Date 04/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynette Miller	Amount of contribution (\$) \$10
Contributor address; City; state; Zip 633 Minkel Dr Crowley TX 76036		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 04/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Lyons	Amount of contribution (\$) \$20
Contributor address; City; state; Zip 3118 S Marsailles Ave Dallas TX 75216		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions)
Date 04/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Julia Tullie	Amount of contribution (\$) \$25
Contributor address; City; state; Zip Code 4509 S Bend Dr FW TX 76123		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:25
 ELECTIONS ADMINISTRATOR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Kelicia L. Lyons

3 Filer ID (Ethics Commission Filers)

4 Date
02/7/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Gail Walters

7 Amount of contribution (\$)
\$200

6 Contributor address; City; state; Zip
83824 Cannon Pass Trl Burleson, TX 76028

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
02/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
Leah Payne

Amount of contribution (\$)
\$25

Contributor address; City; state; Zip
8032 Malabar Trl FW TX 76123

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)

Date
02/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
Elizabeth Tarrant

Amount of contribution (\$)
\$50

Contributor address; City; state; Zip
6608 St John Dr #3020 Benbrook TX 76132

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)

Date
03/19/2016

Full name of contributor out-of-state PAC (ID#: _____)
MaryEllen Hicks

Amount of contribution (\$)
\$100

Contributor address; City; state; Zip Code
PO Box 19165 FW TX 76119

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

FILED
TARRANT COUNTY
2016 JUL 15 PM 1:25
ELECTORAL ADMINISTRATION
BY: [Signature]

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynette Miller 6 Contributor address; City; state; Zip 833 Minkel Drive, Crowley, TX 76036	7 Amount of contribution (\$) \$11
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions)
Date 01/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaTonya Woodson Contributor address; City; state; Zip 3928 Blue Pond Cir, FW TX 76123	Amount of contribution (\$) \$11
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meshelle Stephens Contributor address; City; state; Zip 3220 Steamboat Dr, FW TX 76123	Amount of contribution (\$) \$36
Principal occupation / Job title (See Instructions) Travel agent		Employer (See Instructions)
Date 02/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lila Gladden Contributor address; City; state; Zip Code 3901 Foxhound Ln FW TX 76123	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:26
 ELECTIONS ADMINISTRATOR

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Kelicia L. Lyons

3 Filer ID (Ethics Commission Filers)

4 Date
01/24/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael Campbell

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5932 Village Course Circle #925. FW, TX 76119

\$100

8 Principal occupation / Job title (See Instructions)
Constable

9 Employer (See Instructions)
Tarrant County

Date
01/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
Billie Franklin

Amount of contribution (\$)

Contributor address; City; State; Zip Code
33 Lucas Lane, Edgecliff Village, TX 76134

\$200

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
01/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
Sandra Lee

Amount of contribution (\$)

Contributor address; City; State; Zip Code
624 Winterwood Drive, Kennedale, TX 76060

\$100

Principal occupation / Job title (See Instructions)
Truancy Officer

Employer (See Instructions)
Tarrant County

Date
01/24/2016

Full name of contributor out-of-state PAC (ID#: _____)
Lynette Miller

Amount of contribution (\$)

Contributor address; City; State; Zip Code
633 Minkel Drive, Crowley, TX 76036

\$10

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)

FILED
TARRANT COUNTY
2016 JUL 15 PM 1:26
BY: [Signature]
CLERK OF COMMISSIONER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/22/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Jenkins	8 Amount of Contribution \$ \$25	9 In-kind contribution description Club Membership
7 Contributor address; City; State; Zip Code 8101 Cannon Oak Dr NR TX 76182		<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)			
FILED TARRANT COUNTY 2016 JUL 15 PM 1:26 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY: _____			
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	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 Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 01/28/2016		5 Payee name Paypal			
6 Amount (\$) \$.81		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 01/28/2016		Payee name Paypal			
Amount (\$) \$.30		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/29/2016		Payee name Southside Bank			
Amount (\$) \$1.00		Payee address; City; State; Zip Code PO Box 1079 Tyler TX 75701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		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	

FILED
 ARRAVATI COUNTY
 2016 JUL 15 PM 1:28
 ELECTIONS ADMINISTRATOR

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 Kelicia L. Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 04/28/16	5 Payee name Southside Bank	
6 Amount (\$) \$1.50	7 Payee address; City; State; Zip Code PO Box 1079 Tyler TX 75701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 06/30/2016	Payee name SouthsideBank	FILED TARRANT COUNTY 2016 JUL 15 PM 1:28 FRANK PHILLIPS CLERK ELECTRONIC FILING SYSTEM
Amount (\$) \$1.00	Payee address; City; State; Zip Code PO Box 1079 Tyler TX 75701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
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)	
Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons	3 Filer ID (Ethics Commission Filers)			
4 Date 05/26/2016	5 Payee name 7/11				
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 8533 S Hulen, FW TX 76123				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District 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			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05/31/2016	Payee name JJs Cafe				
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1001 S Bowen Rd Arlington, TX 76013				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 05/31/2016	Payee name Quik Trip				
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2800 Altamesa FW TX 76116				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

FILED
TARRANT COUNTY
2016 JUL 15 PM 11:21
ELECTRONIC RECEPTION
STRAWN PHILLIPS
CLERK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F1:		2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 01/29/2016		5 Payee name Lone Star Printing			
6 Amount (\$) \$390.00		7 Payee address; City; State; Zip Code 1716 South Main Street, FW TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/02/2016		Payee name Quik Trip			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 3768 S Grand Prairie, Grand Prairie, TX 75052			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel in District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
Date 05/02/2016		Payee name Tarrant County Elections Office			
Amount (\$) \$60.00		Payee address; City; State; Zip Code 2700 Premier St FW TX 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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	

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:22
 PROKOR PULLIERS
 ELECTIONS ADMINISTRATOR
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F1:	2 FILER NAME Kelicia L. Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/16	5 Payee name Fixture Kitchen	
6 Amount (\$) \$30.98	7 Payee address; City; State; Zip Code 401 W Magnolia, FW TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/13/2016	Payee name Quik Trip	
Amount (\$) \$21.07	Payee address; City; State; Zip Code 4601 Denton Hwy, FW TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description <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 04/14/2016	Payee name Exxon Mobil	
Amount (\$) \$25.04	Payee address; City; State; Zip Code 1201 Martin Luther King, FW TX 76119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description <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
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.

1 Total pages Schedule F1:		2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2016		5 Payee name Dollar General			
6 Amount (\$) \$2.17		7 Payee address; City; State; Zip Code 5264 Trail Lake Dr FW TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 04/16/2016		Payee name Cracker Barrel			
Amount (\$) \$18.97		Payee address; City; State; Zip Code 13301 S Freeway Burleson, TX 76028			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> 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 04/07/2016		Payee name 7/11			
Amount (\$) \$27.48		Payee address; City; State; Zip Code 6100 S Hulen FW TX 76133			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel in District		Description <input type="checkbox"/> 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	

FILED
TARRANT COUNTY
2016 JUL 15 PM 1:20
TARRANT PHILLIPS
ETHICS COMMISSION/TACO

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 Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2016		5 Payee name Chilis			
6 Amount (\$) \$26.46		7 Payee address; City; State; Zip Code 5288 South Hulen St, FW TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/7/2016		Payee name Ellerbe			
Amount (\$) \$34.15		Payee address; City; State; Zip Code 1501 W Magnolia Street FW TX 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/21/16		Payee name Walmart			
Amount (\$) \$36.69		Payee address; City; State; Zip Code 7451 McCart Avenue FW TX 76133			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:26
 CLERK OF COUNTY CLERK
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F1:	2 FILER NAME Kelicia L. Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2016	5 Payee name Lone Star Printing	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1716 South Main Street, FW TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/16/2016	Payee name Lone Star Printing	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1716 South Main Street, FW TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <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 02/24/16	Payee name Lone Star Printing	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 1716 South Main Street, FW TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <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

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:26
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F1: 10		2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 01/24/2016		5 Payee name Taste Buds			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 7674 McCart Ave, FW TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/23/2016		Payee name Cafe Brazil			
Amount (\$) \$70.00		Payee address; City; State; Zip Code 2880 W. Berry St, FW TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <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	
Date 04/23/2016		Payee name Ruby Woodridge Campaign			
Amount (\$) \$10.00		Payee address; City; State; Zip Code Library Cafe, 1280 Woodhaven Blvd, FW TX 76112			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Expense		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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	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 G:	2 FILER NAME Kelicia L Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2016	5 Payee name SW Democrats	
6 Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4700 SW Loop 820 FW TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE		
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	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:28
 CLERK OF COUNTY CLERK'S OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME Kelicia L Lyons	3 Filer ID (Ethics Commission Filers)
---------------------------	---------------------------------	---------------------------------------

4 Date 04/30/2016	5 Payee name Tarrant County Women Democrat
----------------------	---

6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3550 SW Loop 820 FW TX 76133
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description <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 02/01/2016	Payee name Tarrant County Women Democrat
--------------------	---

Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3550 SW Loop 820 FW TX 76133
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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
------------------------	---	---

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

Date 05/21/2016	Payee name Campaign Fish Fry for Lyons, Lee and Woodridge
--------------------	--

Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1280 Woodhaven Blvd FW TX 76112
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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
------------------------	---	---

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 PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 04/16/2016		5 Payee name Tarrant Democratic Fundraiser Fish Fry			
6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2812 Race St FW TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 05/3/2016		Payee name Baptisit Ministers Union of FW Fundraiser			
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5300 Oakgrove West, FW TX 76134			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/03/2016		Payee name 820 Corridor Club			
Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7676 Mc Cart Ave FW TX 76133			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:27
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:	2 FILER NAME Kelicia L Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2016	5 Payee name Cheese Cake Factory	
6 Amount (\$) \$25.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 455 Commerce St FW TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/18/2016	Payee name MLK Jr Committee	
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Downtown FW	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2016	Payee name Tarrant County Democrat Fundraiser	
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2512 Race St FW TX 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:27
 FRANK PHILLIPS
 ELECTRONIC REGISTRAR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 01/11/2016		5 Payee name Pizza Hut			
6 Amount (\$) \$30.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 6445 Mc Cart Ave FW TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/24/2016		Payee name Party Warehouse			
Amount (\$) \$10.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6659 Mc Cart Ave FW TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/11/2016		Payee name Family Dollar			
Amount (\$) \$3.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6617 McCart Ave Fw TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:27
 CLERK OF COUNTY CLERK
 ELECTIONS
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G:		2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 01/18/2016		5 Payee name Lone Star Printing			
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1716 S Main St, FW TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 01/19/2016		Payee name Lone Star Printing			
Amount (\$) \$75.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1716 S. Main St, FW TX 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 01/24/2016		Payee name Party Warehouse			
Amount (\$) \$4.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6659 McCart Ave Fw TX 76133			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

FILED
 TARRANT COUNTY
 2016 JUL 15 PM 1:27
 CLERK OF COURTS
 ELEANOR PHILLIPS
 CLERK OF COURTS
 SY.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED