

# 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:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms.</b> FIRST <b>Kelicia</b> MI <b>L.</b>  NICKNAME LAST <b>Lyons</b> SUFFIX	<b>OFFICE USE ONLY</b>  Date Received FILED TARRANT COUNTY 2016 NOV - 1 AM 11:10 FIVE STAR FILERS ELECTION REGISTRATION DIVISION D.V.	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$  Date Processed  Date Imaged	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs</b> FIRST <b>Lorene</b> MI  NICKNAME LAST <b>Collier-Purcy</b> SUFFIX	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION		
<b>8</b> CAMPAIGN TREASURER PHONE	REPORT TYPE <input type="checkbox"/> January 15 <sup>30</sup> th day <input type="checkbox"/> before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign <input type="checkbox"/> treasurer appointment (Officeholder Only) <input 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)		
<b>9</b> PERIOD COVERED	Month Day Year Month Day Year 10/01/16 THROUGH 10/31/2016		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/8/2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) Constable	

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Kelicia Lyons 15 Filer ID (Ethics Commission Filers)

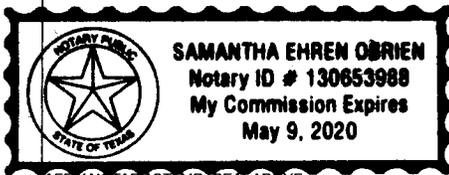
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
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), UNLESS ITEMIZED	\$ <del>1500.00</del>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1362.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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

Sworn to and subscribed before me, by the said Kelicia Lyons, this the 31st day of October, 2016, to certify which, witness my hand and seal of office.

Samantha O'Brien Samantha O'Brien Banker  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FILED  
 TARRANT COUNTY  
 2016 NOV -1 AM 11:10  
 PROCLAMATION  
 ELECTIONS ADMINISTRATOR

RECEIVED  
GENERAL INVESTIGATIVE  
DIVISION  
FEDERAL BUREAU OF  
INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

# SUBTOTALS - C/OH

BY: \_\_\_\_\_  
 ELECTION ADMINISTRATOR  
 2016 OCT 11 AM 11:11  
 FORM C/OH  
 COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1450.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1427.28
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$2683.00
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 <b>KELICIA L. LYONS</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/16	5 Full name of contributor <b>Greater Arlington Mansfield Democratic Woman 2121 Churchill Downs Dr. Arlington, TX 76017</b>  6 Contributor address;	7. Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Woman Deomcral Party</b>		9 Employer (See Instru tions)
Date 10/17/16	Full name of contributor <b>Southwest Democrats of Tarrant County 1217 Malborough Dr, Ft Worth TX 76134</b>  Contributor address;	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instruct ions) <b>DEMOCRAT CLUB</b>		Employer (See Instructions)
Date 10/1/16	Full name of contributor <b>James Washington 4513 Mallow Oak Dr, Ft Worth Tx 76123</b>  Contributor address;	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instruc tions) <div style="border: 1px solid black; padding: 2px; display: inline-block;">Retired</div>		Employer (See Instruc tions)
Date 10/18/16	Full name of contributor <b>Chris Salone 1304 E. Tucker St Fort Worth TX 76104</b>  Contributor address  City; State Zip Code	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions) <b>Deputy Constable</b>		Employer (See Instructions)

FILED  
 TARRANT COUNTY  
 2016 NOV 1 AM 11:11  
 CLERK OF COUNTY CLERK  
 PHILLIPS  
 ADMINISTRATOR

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>KELICIA L. LYONS</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/16	5 Full name of contributor <b>Randy Davis</b> 8304 Summer Park Dr Ft Worth 76123  6 Contributor address; City; State; Zip Code	7. Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Manager</b>		9 Employer (See Instructions)
Date	Full name of contributor  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PA (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PA (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

FILED  
 ETHICS COMMISSION  
 2016 NOV - 1 PM 11:11  
 BY: FRANKLIN S. STRATOR

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Kelicia L. Lyons</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>10/18/16</b>	<b>5</b> Payee name <b>Lone Star Printing</b>
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<b>6</b> Amount (\$) <b>590.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1716 South Main St, Fort Worth TX 76110</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>Printing Expense</b> </div>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date <b>10/12/16</b>	Payee name <b>WalMart</b>
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Amount (\$) <b>70.73</b>	Payee address; <b>6300 Oakmont Blvd, Fort Worth TX 76132</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>Event Expense</b> </div>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date <b>10/13/16</b>	Payee name <b>FedEX</b>
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Amount (\$) <b>76.01</b>	Payee address; <b>5737 S. Hulen St Fort Worth TX 76132</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>Printing Expense</b> </div>	Check if travel <input type="checkbox"/> outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <b>Kelicia L. Lyons</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/7/16	<b>5</b> Payee name <b>Jill Darden – Fort Worth Black News</b>	
<input type="checkbox"/> <b>6</b> \$125.00 Amount (\$) Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1028 Vicki Lane, Fort Worth, TX 76104</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 2px; width: fit-content;">Advertising Expense</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/ OH Candidate / Officeholder name Office sought Office held	
Date 10/15/16	Payee name <b>WalMart</b>	
Amount (\$) 15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6300 Oakmont Blvd Fort Worth TX 776132</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 2px; width: fit-content;">Event Expense</div>	<b>(b)</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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	

FILED  
 TARRANT COUNTY  
 2016 NOV - 1 AM 11:11  
 LETRAK PHILLIPS  
 CLERK OF COUNTY CLERK  
 ADMINISTRATOR

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/17/16	<b>5</b> Payee name Facebook
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Amount (\$)5.00	<b>7</b> Payee address; Menlo Park, CA
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<b>8</b> PURPOSE OF EXPENDITURE	Advertising Expense	(a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, <input type="checkbox"/> officeholder living expense <input type="checkbox"/>
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<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date 10/17/16	Payee name Krogers
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Amount (\$)14.18	Payee address; 2350 S.E. Green Oaks Blvd, Arlington TX 76018
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expenses	<input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date 10/19/16	Payee name: Olive Garden
Amount (\$)32.78	Payee address; 4700 SW. Loop 820 Fort Worth TX 76109

<b>PURPOSE OF EXPENDITURE</b>	Food Expenses	<input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Kelicia L. Lyons</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/11/16</b>	<b>5</b> Payee name <b>Pay Pal</b>	
<b>6</b> Amount (\$) <b>13.75</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<b>Accounting/Banking Fees</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date <b>10/20/16</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>20.11</b>	Payee address; <b>Menlo Park, CA</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	(b) Description
	<b>Advertising Expense</b>	<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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date <b>10/19/16</b>	Payee name <b>WalMart</b>	
Amount (\$) <b>8.27</b>	Payee address; <b>6300 Oakmont Blvd, Ft Worth TX 76132</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	(b) Description
	<b>Event Expense</b>	<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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

FILED  
 OCT 20 2016  
 11 AM  
 TARRANT COUNTY  
 CLERK OF COURTS  
 2016 NOV - 1 AM 11:11  
 FILED

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/11/16	<b>5</b> Payee name Quick Trip Service Station	
<b>6</b> Amount (\$) 11.83	<b>7</b> Payee address; 101 W. Everman Pkwy Fort Worth, TX	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)	<b>(b) Description</b>
	Transportation Expense	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought
Office held expenditure to benefit C/OH		
Date 10/17/16	Payee name 7-Eleven Store	
Amount (\$) 21.00	Payee address; 8553 S. Hulen St, Fort Worth TX 76123	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<input type="checkbox"/> <input type="checkbox"/>
	Transportation Expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought
Office held expenditure to benefit C/OH		
Date 10/22/16	Payee name MurphyGas (WalMart)	
Amount (\$) 20.00	Payee address; 7451 McCart Avenue, Fort Worth, TX 76133	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> <input type="checkbox"/>
	Transportation Expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought
Office held expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/23/16	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 78.36	<b>7</b> Payee address; 7451 McCart Avenue, Fort Worth, TX 76133	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  Food Expense/pollFood	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date 10/23/16	Payee name Starbuck Store		
Amount (\$) 17.27	Payee address: 7441 McCart Avenue, Fort Worth TX		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Beverage Expense	<input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date 10/25/16	Payee name: Pizza Hut		
Amount (\$) 30.00	Payee address: 6445 McCart Avenue Fort Worth TX 76134		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense/Poll	<b>Description</b> <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/27/16	<b>5</b> Payee name 7-Eleven
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<b>6</b> Amount (\$) 5.39	<b>7</b> Payee address; 8553 S. Hulen St Fort Worth, TX 76123
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Food Expense EFoodEvent	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date 10/27/16	Payee name 10/27/16
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Amount (\$) 9.74	Payee address: Subway
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Food Expense/Poll		

Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date 10/28/16	Payee name: Pizza Hut
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Amount (\$) 40.00	Payee address: 6445 McCart Avenue, Fort Worth TX 76134
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Food Expense/Poll		

Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/30/16	<b>5</b> Payee name 7-Eleven	
<b>6</b> Amount (\$) 10.28	<b>7</b> Payee address; 8553 S. Hulen St, Fort Worth TX 76123	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="border: 1px solid black; padding: 5px; text-align: center;">Food Expense Food Expense/Poll</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Date 10/28/16	Payee name Darius Lyons	
Amount (\$) 100.00	Payee address: 8100 N. Mopac Expressway #248 Austin TX 78759	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Expense	<input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Date 10/22/16	Payee name: Boston Market	
Amount (\$) 19.46	Payee address: 6030 Hulen St. Fort Worth TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Kelicia L. Lyons</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>10/28/16</b>	<b>5</b> Payee name <b>Olive Garden</b>
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<b>6</b> Amount (\$) <b>42.07</b>	<b>7</b> Payee address; <b>12870 S. Freeway, Burleson, TX 76028</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Food Expense</div>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date <b>10/29/16</b>	Payee name <b>Quick Trip</b>
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Amount (\$) <b>51.05</b>	Payee address: <b>101 W. Everman Pkwy Fort Worth, TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Transportation Expense	<input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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Date	Payee name:
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Amount (\$)	Payee address:
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Transportation Expense	<b>Description</b> <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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 STATE OF TEXAS

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(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) **The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$2683.00</b>
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<b>5</b> Date 10/31/16	<b>6</b> Payee name Lone Star Printing
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<b>7</b> Amount (\$) 2683.00	<b>8</b> Payee address; City; State; Zip Code 1716 South Main St, Fort Worth TX 76110
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	Amount (\$)

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH
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