CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complet		ler ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms. K	elicia Ast	MI Lsuffix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ANNOCCO / DA DAY- ADT / CII	ITE # OITV	CTATE: 710 MAR	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE	NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER		Lorene	МІ	Receipt # Amount \$
NAME	Mrs.	AST		Date Processed
		Collier Purcy	-	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX F	PLEASE); APT / SUITE #;	CITY; STATE;	TARRANT 2016 JUL 15 BY: N
8 CAMPAIGN TREASURER PHONE	AREA CORE PHONE I	JI MARER	EXTENSION	FILED AMT COUNT APPLIANT APPLI
9 REPORT TYPE	January 15	30th day before election	Runoff Exceeded \$500 limit	15th-Blay after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 01 / 01 /	Year / 2016 TH	Month 06 /	Day Year 30 / 2016
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	Primary Market M	Runoff Cther Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Tarrant County	Constable, Precinct 6
		GO TO PAG	E 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

<u> </u>			
14 C/OH NAME Kelicia L. Lyons	3	15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU MDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH MSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	_	COMMITTEE ADDRESS	
	SPECIFIC		7A1 2016 ELEST BY:
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			ANT LIS
		COMMITTEE CAMPAIGN TREASURER ADDRESS	9 20
			PM 1::
17 CONTRIBUTION			-
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	F .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$1,643.89
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ \$615.87
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$1,630.87
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	\$ \$31.86
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ \$0.00
18 AFFIDAVIT			
	MARCIA W	under Title 15, Election Code.	· · · · · · · · · · · · · · · · · · ·
	STATE OF TE		
\ \mathref{visite}	Commission Expires	07-24-2016) / Lulia /)	VIVIO 1
Not	tary without Bor	Signature of Candid	day or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE	1)	th
Sworn to and subsci	ribed before me. I	by the said Kelicia Lyons	, this the
day of	1.7	to certify which, witness my hand and seal of office.	
Marcia Wil	lu	Marcia Wiley	Notary Public
Signature of officer a	dennistering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Kelicia L Lyons 20 Filer ID (Ethics C	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,643.89
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$1,632.62
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$544.44
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

TARRANT COUNTY

2016 JUL 15 PM 1: 25

ELECTRON OF THE LUPS

ELECTR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide	explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Kelicia	L. Lyons			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of co		C (ID#:)	7 Amount of contribution (\$)
02/25/2016	6 Contributor add	lress; City; tate		\$45
8 Principal occu	pation / Job title (Se	nstructions)	9 Employer (See Instruc	tions)
Date	Full name of co		C (ID#:)	Amount of contribution (\$)
01/28/2016	Contributor add	Thompson ress; City; tate	e; Zip	\$29.19
Principal occup	Dation / Job title (See	Instructions)	Employer (See Instruc	tions)
Date	Full name of co	ntributor	C (ID#:)	Amount of contribution (\$)
001/28/16	Contributor add	 <i></i> .		\$10.70
Principal occup	 pation / Job title (See	Instructions)	Employer (See Instruc	tions)
Date	Full name of co	03.0.5	C (ID#:)	Amount of contribution (\$)
02/02/2016	Joe Dragon	~	e; Zip Code	\$50
Principal occup	pation / Job title (See		Employer (See Instruc	tions) < 20 D
				FILED ANT COUNT 15 PM 1:
				25 10R

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is dut-of-state PAC, please see instruction guide for additional reporting requirements.

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 5 Full name of contributor out-of-state PAC (ID#:) Reed Bilz	7 Amount of contribution (\$)
05/21/2016 6 Contributor address; City; tate; Zip	\$15
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contfibution (\$)
Contributor address; City; tate;	NT COUR
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons) 25
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; tate; Zip	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; tate; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

to the manufacture of the second seco

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ☐ out-of-state PAC (ID#:__ Lynn Johnson 05/21/2016 \$25 6 Contributor address; City; tate; Zip 1968 Lipscomb FW TX 76110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Unknown Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Unknown 01/24/2016 Contributor address; City; tate; Zip Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount at contribution (\$) Unknown \$31 02/8/16 Contributor address; City; tate; Zip Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor ☐ out-of-state PAC (ID#:__ Amount of contribution (\$) Unknown 04/01/2016 \$50 Contributor address; City; tate; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Kelicia	L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
04/25/2016	6 Contributor address; City; tate 3118 S Marsailles Ave Dallas TX 75	e; Zip 5216	\$50
8 Principal occu	pation / Job title (See Instructions) Counselor	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/22/2016	Contributor address; City; tate		\$50
	8101 Cannon Oak Dr NRH TX 761	82	
Principal occup	eation / Job title (See Instructions) Unknown	Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Patrick Shelby		
04/23/2016	Contributor address; City; tate	 э; Zip	¢50
	3824 Fitzhugh Ave FW TX 7610	5	\$50
Principal occup	pation / Job title (See Instructions) Travel agent	Employer (See Instruc	tions)
Date	Full name of contributor 🔲 out-of-state PAG Michael Campbell	C (ID#:)	Amount of contribution (\$)
04/23/2016	Contributor address; City; tate	; Zip Code	\$100 \$2.
	5932 Village Course Cr Apt 925 I	FW TX 76119	TAS 2016 J
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	
	Constable	1	J 55 5 3
			R CCD
			I: 25

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Kelicia I	L. Lyons		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	; (ID#:)	7 Amount of contribution (\$)
03/25/2016	6 Contributor address; City; tate 3301 Chancellorsville Dr FW TX 76	; Zip 5140	\$50
8 Principal occu	pation / Job title (See Instructions) Unknown	9 Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
04/23/2016	Contributor address; City; tate	; Zip	\$10
Principal occup	pation / Job title (See Instructions) Unknown	Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
04/23/2016	Contributor address; City; tate 3118 S Marsailles Ave Dallas TX	; zip 75216	\$20
Principal occup	pation / Job title (See Instructions) Counselor	Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
04/24/2016	Contributor address; City; tate 4509 S Bend Dr FW TX 76123	e; Zip Code	\$25 57 [II &
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
	Unknown		
			FILED ANT COUNTY - 15 PM 1: 25
	ATTACH ADDITIONAL COPIES C		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Gail Walters 02/7/2016 \$200 6 Contributor address; City; tate; Zip 83824 Cannon Pass Trl Burleson, TX 76028 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Leah Payne \$25 02/18/2016 Contributor address; City; tate; Zip 8032 Malabar Trl FW TX 76123 Principal occupation / Job title (See Instructions) Unknown **Employer (See Instructions)** Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) Elizabeth Tarrant 02/18/2016 City; tate; Zip Contributor address; \$50 6608 St John Dr #3020 Benbrook TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Unknown Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ MaryEllen Hicks \$100 03/19/2016 Contributor address; tate; Zip Code City; PO Box 19165 FW TX 76119 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Retired 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Lynette Miller 01/24/2016 \$11 6 Contributor address; tate; Zip 833 Minkel Drive, Crowley, TX 76036 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Unknown Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) LaTonya Woodson \$11 01/24/2016 Contributor address; City; tate; Zip 3928 Blue Pond Cir, FW TX 76123 Principal occupation/ Job title (See Instructions) Unknown Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Meshelle Stephens 01/25/2016 tate; Zip Contributor address; City; **\$36** 3220 Steamboat Dr. FW TX 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Travel agent Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Lila Gladden \$25 02/14/2016 Contributor address; City; tate; Zip Code 3901 Foxhound Ln FW TX 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Kelicia L. Lyons 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Michael Campbell 01/24/2016 \$100 6 Contributor address; City; State; Zip Code 5932 Village Course Circle #925. FW, TX 76119 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Constable Tarrant County Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Billie Franklin 01/24/2016 City; State; Zip Code Contributor address; \$200 33 Lucas Lane, Edgecliff Village, TX 76134 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Sandra Lee 01/24/2016 Contributor address; City; State; \$100 Zip Code 624 Winterwood Drive, Kennedale, TX 76060 Principal occupation / Job title (See Instructions) Employer (See Instructions) Truancy Officer **Tarrant County** Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Lynette Miller \$10 01/24/2016 Contributor address; City; State; Zip Code 633 Minkel Drive, Crowley, TX 76036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown 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	e instruction Guide explains how to complete this form	1.	1 Total pages Schedu	ıle A2:		
2 FILER NAME	Kelicia L Lyons		3 Filer ID (Ethics Con	mmission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor		8 Amount of . Contribution \$.	9 In-kind co description		on
04/22/2016	7 Contributor address; City; State; Zip Cod 8101 Cannon Oak Dr NR TX 76182		\$25 . Check if travel outsic	Club Me		•
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See	Instructi	ions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FC	R JUDI	CIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					,
Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of . Contribution \$.	In-kind co description		on
·	Contributor address; City; State; Zip Cod	de	Check if travel outsic	le of Texas. Con	nplete Sc	hedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA		 	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See	Instructi	ions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FC	R JUDI	CIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
					2016 JUL 15	TARRAN
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ULE AS NEEDED	AHILLES ATOM	5 PH 1: 26	FILED TARRANT COURTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 5 Payee name Paypal 4 Date 01/28/2016 6 Amount (\$) City; State; Zip Code 7 Payee address; \$.81 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Fees EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH α Payee name 01/28/2016 Paypal Amount (\$) Payee address; City; State; Zip Code \$.30 Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. PURPOSE Fees OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Southside Bank 02/29/2016 City; State; Zip Code Amount (\$) Payee address; \$1.00 PO Box 1079 Tyler TX 75701 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Fees Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel (ant of District
Other (enter a category not listed shows)

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 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 5 Payee name Southside Bank 4 Date 04/28/16 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.50 PO Box 1079 Tyler TX 75701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description _ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Fees EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/30/2016 SouthsideBank Payee address; City; State; Zip Code Amount (\$) PO Box 1079 Tyler TX 75701 \$1.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule **PURPOSE** Fees Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Giff/Awards/Memorials Expense 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)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Kelicia L. Lyons 4 Date 5 Payee name 7/11 05/26/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code \$20.00 8533 S Hulen, FW TX 76123 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE __ Check if Austin, TX, officeholder living expense OF Travel in District Expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 9 Payee name Date 05/31/2016 JU IIs Cafe Amount (\$) Payee address; City; State; Zip Code CI \circ m 1001 S Bowen Rd Arlington, TX 76013 \$5.00 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Tex PURPOSE Food/Beverage Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Quik Trip 05/31/2016 Amount (\$) Pavee address: City; State; Zip Code \$60.00 2800 Altamesa FW TX 76116 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Travel in District OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Travel In District Printing Expense Travel Out Of District 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 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 4 Date 5 Payee name Lone Star Printing 01/29/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code \$390.00 1716 South Main Street, FW TX 76110 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **Printing Expense** EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 5 05/02/2016 Quik Trip Amount (\$) Payee address; City; State; Zip Code ഗ 3768 S Grand Prairie, Grand Prairie, TX 75052 \$20.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Te xas. Complete Schedule T. **PURPOSE** Travel in District OF holder Bying Check if Austin, TX, of **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name **Tarrant County Elections Office** 05/02/2016 Amount (\$) Payee address; City; State; Zip Code \$60.00 2700 Premier St FW TX 76111 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE Printing Expense** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:		AME cia L. Lyons			3 Filer ID (Ethics Commission Filers)	
Date 04/07/16	5 Payee na Fixtu	re Kitchen				
6 Amount (\$)	7 Payee a	ldress; City; State; 2	ip Code			
\$30.98	401 V	V Magnolia, FW TX 761	.04			
3	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE				Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Fo	od/Beverage Expense		Check if Austin	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	, , , , , , , , , , , , , , , , , , , ,	Office sought	Office held	
Date	Payee na	me				
04/13/2016		ik Trip			FARRAN	
Amount (\$)	Payee ad	ldress; City; State; 2	ip Code		THE OT HE	
\$21.07	460	01 Denton Hwy, FW TX	76107		PM	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Trave	el in District			nside of Texas. Complete Schedus,T.	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
Date	Payee n	ame			And the second s	
04/14/2016	Exx	on Mobil				
Amount (\$)	Payee ad	idress; City; State; 2	ip Code			
\$25.04	1201	Martin Luther King, FW	TX 761	19		
	Category	(See Categories listed at the top of this	schedule)	Description	<u> </u>	
PURPOSE OF EXPENDITURE	Tra	vel in District			utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Fouriernet & Relat

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distri Other (enter a cate	ict gory not listed above)
Credit Card Payment		The instruction Guide explain	ins how to co	emplete this form.		
1 Total pages Schedule F1:		AME Cia L. Lyons			3 Filer ID (Ethic	cs Commission Filers)
4 Date 03/22/2016	5 Payee na Dollar	me r General				
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code			
\$2.17	5264	Γrail Lake Dr FW TX 7	6133			
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE			ŀ		utside of Texas. Complete	
OF EXPENDITURE	Off	ice Overhead		L Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder riame		Office sought		Office held
Date	Payee na	me			25	20
04/16/2016	Cra	cker Barrel				TARR 1016 JUI
Amount (\$)	Payee ad	dress; City; State;	Zip Code			
\$18.97	133	01 S Freeway Burleson	, TX 7602	8		T COU
	Category	(See Categories listed at the top of this	schedule)	Description	550	7 =====================================
PURPOSE OF EXPENDITURE	Food/	Beverage Expense			tside of Texas. Complete S	10 ~
Complete ONLY if direct	Candida	te / Officeholder name	l	Office sought		Office held
expenditure to benefit C/OH	l					All the second of the second o
Date	Payee na	me				
04/07/2016	7/11					
Amount (\$)	Payee ad	dress; City; State;	Zip Code			
\$27.48	6100 S	Hulen FW TX 76133				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF	Т	vel in District			tside of Texas. Complete S	
EXPENDITURE	1131	CI III DISUICI		Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 4 Date Payee name Chilis 03/02/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code \$26.46 5288 South Hulen St, FW TX 76132 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/7/2016 Ellerbe Amount (\$) Payee address; City; State; Zip Code 1501 W Magnolia Street FW TX 76104 \$34.15 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Food/Beverage Expense OF Check if Austin, TX, offic EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/21/16 Walmart Amount (\$) City; State; Zip Code Payee address; \$36.69 7451 McCart Avenue FW TX 76133 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Food/Beverage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel to District

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The instruction Guide expiair	ns 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		L
6 Amount (\$) \$500.00	7 Payee address; City; State; Z 1716 South Main Street, FW	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this a Printing Expense	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/16/2016	Payee name Lone Star Printing		ARRAN
Amount (\$)	Payee address; City; State; Z	ip Code	or -d
\$125.00	1716 South Main Street, FV	V TX 76110	PH CON
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Printing Expense	Check if travel ou	ntside of Texas. Compilete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/24/16	Lone Star Printing		
Amount (\$)	Payee address; City; State; Z	ip Code	
\$45.00	1716 South Main Street, FW T	TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Printing Expense	Check if travel ou	itside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expens Salaries/Wages/Contract Labor

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

Legal Services 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 3 Filer ID (Ethics Commission Filers) Kelicia L. Lyons 4 Date 5 Payee name Taste Buds 01/24/2016 7 Payee address; City; State; Zip Code 6 Amount (\$) 7674 Mccart Ave, FW TX 76133 \$100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 _ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **Event Expense** EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH RRA Payee name Date 04/23/2016 Cafe Brazil Amount (\$) Pavee address: City; State; Zip Code 2880 W. Berry St, FW TX 76109 \$70.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 04/23/2016 Ruby Woodridge Campaign City; State; Zip Code Payee address; Amount (\$) Library Cafe, 1280 Woodhaven Blvd, FW TX 76112 \$10.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Contributions/Donations Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Office Overhead/Rental Expense Transportation Equipment & Related Expense
Polling Expense Travel In District

Contributions/Donations Made		Printing Expense	Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services S The Instruction Guide explains I	Salaries/Wages/Contract Labor how to complete this form.	Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
05/23/2016	SW Democrats		
Amount (\$) \$35.00	7 Payee address; City; State; Zip C	Code	
Reimbursement from political contributions intended	4700 SW Loop 820 FW TX 76	5109	
	(a) Category (See Categories listed at the top of this sched	luie) (b) Description	
PURPOSE OF		Check if travel outsi	ide of Texas. Complete Schedule T.
EXPENDITURE	Event	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
			9 F 2
Date	Payee name		ARR.
Amount (\$)	Payee address; City; State; Zip C	Code	- AT-
Reimbursement from political contributions intended			₩ CD H: 22
PURPOSE OF	Category (See Categories listed at the top of this sched		ide of Texas. Complete Schoolle T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip C	Code	
intended	Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE			ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED
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SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Exp Gilt/Awards/Memol Legal Services The Instruction	rials Expense	Office C Polling I Printing Salaries	payment/Reimbursement werhead/Rental Expense Expense Expense v/Wages/Contract Labor complete this form.	Solicitation/Fu Transportation Travel In Distr Travel Out Of Other (enter a	Equipment ict District	& Related Expense
1	Total pages Schedule G:	2 FILER NA					3 Filer ID /	Ethics Cor	nmission Filers)
•	Total pages concuste C.		L Lyons				O THE ID	Lunes Con	initiasion (ners)
4	Date	5 Payee nar					<u> </u>		
	04/30/2016	-		7 D					
6		7 Payee add	nt County W			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
0	Amount (\$) \$50.00	r rayee aod	ress, Cii	y; State; Zip	Code				
	Reimbursement from political contributions intended	3550) SW Loop 82	20 FW TX 7	6133				
8	51155005	(a) Category	See Categories listed	at the top of this sch	edule)	(b) Description			
	PURPOSE OF					Check if travel outsi	ide of Texas. Complete	e Schedule T.	
	EXPENDITURE	Event				Check if Austin,	TX, officeholder livid	ng expense	
9	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholde	r name		Office sought			ce held
-							* 5	2	
	Date	Payee nan		- Waman D			計場	F 9	Ó
	02/01/2016	18	rrant County	women D	emoc	rat			U ≥ 7a
	Amount (\$)	Payee add	lress; Cit	y; State; Zip	Code		1 35	15	
	\$35.00	3550	SW Loop 82	0 EW TV 7	6122				5m
	Reimbursement from political contributions intended	3330	344 LOOP 62	OFW IX/	0133		LIPS ISTR	PM 1:	
		Category	See Categories listed	at the top of this sch	edule)	(b) Description	170	ν	.» ''
	PURPOSE OF	E.	ant Ermanaa			Check if travel outs	e of Texas. Complete	Schedule T.	
	EXPENDITURE	EV	ent Expense			Check if Austin,	TX, officeholder livin	ng expense	
	Cemplete ONLY if direct expenditure to benefit C/C		at o / Officeholde	r-name		Office sought		Offi	ce held
Date 05/21/2016 Payee name Campaign Fish Fry for Lyons, Lee and Woodridge									
	Amount (\$) Payee address; City; State; Zip Code \$100.00								
	X Reimbursement from political contributions intended	12	80 Woodhav	en Blvd FW	7 TX 7	6112			
	DUDDOCE	Category	See Categories listed	at the top of this sch	edule)	(b) Description			
	PURPOSE OF EXPENDITURE		Event Expens	se		\Box	ide of Texas. Complete		
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholde	r name	<u> </u>	Office sought		Offi	ce held

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Kelicia L Lyons 4 Date 5 Payee name 04/16/2016 Tarrant Democratic Fundraiser Fish Fry City; State; Zip Code 6 Amount (\$) 7 Pavee address: \$25.00 2812 Race St FW TX 76111 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE __ Check if Austin, TX, officeholder living expense Event Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH S Date Payee name **Baptisit Ministers Union of FW Fundraiser** 05/3/2016 Amount (\$) Payee address; City; State; Zip Code \$50.00 OM 5300 Oakgrove West, FW TX 76134 Reimbursement from \bigcirc political contributions - 6 intended Category (See Categories listed at the top of this schedule) (b) Description S **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. OF **Event Expense** EXPENDITURE __ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/03/2016 820 Corridor Club Amount (\$) Payee address; City; State; Zip Code \$20.00 7676 Mc Cart AVe FW TX 76133 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF **Event Expense EXPENDITURE** Licheck if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilft/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

۱,	Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services		s/Wages/Contract Labor	Other (enter a category	not listed above)	
\ `	nool Galar aymon		The instruction Guide ex	plains how to	complete this form.			
1	Total pages Schedule G:	2 FILER NAM Kelicia l				3 Filer ID (Ethics C	ommission Filers)	
4	Date	5 Payee name	9					
	02/24/2016	Cheese	e Cake Factory					
6	Amount (\$) \$25.87	7 Payee addr	••					
	Reimbursement from political contributions intended	455 C	Commerce St FW T	X 76102				
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of the	nis schedule)	(b) Description			
	OF				Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Ghee				ck if Austin, TX, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/0				Office sought	O	ffice held	
L						E 171 E)	
Date Payee name						¥ 8	· A	
L	01/18/2016	ML	K Jr Committee			晋	ARRA ARRA	
	Amount (\$)	Payee addr	ess; City; State;	Zip Code		-	元	
	\$10.00	Downtown FW					$^{\circ}$	
	Reimbursement from political contributions intended	Down	HOWII FW			Lip S		
卜		Category (S	ee Categories listed at the top of the	nis schedule)	(b) Description	3 1	<u>'</u>	
	PURPOSE OF	_	_		Check if travel outsid	e of Texas. Complete Schedule	- -1	
EXPENDITURE		Event Expense			Check if Austin, TX, office polder living expense			
	Complete ONLY if direct expenditure to benefit C/0		te / Officeholder name		Office sought	O	office held	
Date Payee name								
	04/14/2016	Tarrant County Democrat Fundraiser						
	Amount (\$) \$50.00	Payee addr	ess; City; State;	Zip Code				
2512 Race St FW TX 76111 Reimbursement from political contributions intended								
Γ		Category (See Categories listed at the top of this schedule) Event Expense			(b) Description			
	PURPOSE OF				Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE				Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Helated Expens Travel In District Travel Out Of District		
Credit Card Payment	•	plains how to complete this form.	Other (enter a category not listed above)		
Total pages Schedule G:	2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)		
Date	5 Payee name	W. A. V. 1. W. C.			
01/11/2016	Pizza Hut				
Amount (\$) \$30.26 Reimbursement from political contributions intended	7 Payee address; City; State; 6445 Mc Cart Ave FW T	•			
PURPOSE	(a) Category (See Categories listed at the top of th	· —			
OF EXPENDITURE	Food/Beverage		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
01/24/2016	Party Warehouse				
Amount (\$)	Payee address; City; State;	Zip Code	7016		
\$10.81 Reimbursement from political contributions intended	6659 Mc Cart Ave FW TX	₹76133	TARRANT DI6 JUL 15		
PURPOSE OF	Category (See Categories listed at the top of th	·			
EXPENDITURE	Event Expense	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	⊖ Office held		
Date 01/11/2016	Payee name Family Dollar				
Amount (\$) \$3.19	Payee address; City; State;				
Reimbursement from political contributions intended	6617 McCart Ave Fw T	'X 76133			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th Event Expense	Check if travel outs	(b) 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/		Office sought	Office held		
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name OH		Office held		

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 Citi/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how t	o complete this form.			
1 Total pages Schedule G:	2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·			
01/18/2016	Lone Star Printing				
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1716 S Main St, FW TX 76110				
Reimbursement from political contributions intended	1/10 3 Main 3t, FW 1A /0110				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	of Texas. Complete Schedule T.			
EXPENDITURE	Printing	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name		Jul R		
01/19/2016	Lone Star Printing				
Amount (\$)	Payee address; City; State; Zip Code				
\$75.00	1714 C. M.: C. FW TV 74110				
Reimbursement from political contributions intended	1716 S. Main St, FW TX 76110		ED COUNTY PM 1: 27		
DUDDOOF	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date 01/24/2016	Payee name Party Warehouse				
Amount (\$) \$4.31	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	6659 McCart Ave Fw TX 76133				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		