# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

1		<u> </u>	
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST  Ma Kelicia	L.	OFFICE USE ONLY
NAME	Ms. Reficia	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Lorene		Date Processed
	NICKNAME Coffier Purcy	, SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 01 2016	THROUGH 09	Day Year 30 / 2016
11 ELECTION	Month Day Year Primary  11 08 2016	ELECTION TYPE  Runoff Other Description Special	22
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Constable	
	GO ТО	PAGE 2	N 5: 0
Forms provided by Texas Et	hics Commission www.ethics	s.state.tx.us	Revised 9/8/2015

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURINDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME	9107	
	GENERAL		8 8	
	SPECIFIC	COMMITTEE ADDRESS	M 11.1	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	1 5: 04	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 12.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2676.59	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 3.55	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00	
18 AFFIDAVIT				
DONALD STEVENSON II My Commission Expires May 11, 2019  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.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAME	P/SEALABOVE		0	
Sworn to and subscr	ibed before me, b	by the said Kelicia Lyons	, this the	
day of October	, 20 <u>1<b>.e</b></u> , t	o certify which, witness my hand and seal of office.		
- Sul	2	Donald Staronson #	Votary Public	
Signature of officer ad	dministering 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 20 Filer ID (Ethics Col			on Filers)
	Kelicia L. Lyons			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	·	\$	
4.	SCHEDULE E: LOANS		\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	724.37
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.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	1952.22
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	

Forms provided by Texas Ethics Commission

#### 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 \_\_ out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) **Tarrant County Woman Democrats** 7/9/2016 \$400 6 Contributor address; City; State; Zip Code Fort Worth TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Woman Deomcrat party Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Dr Ernest Thomas 9/14/16 . . . . . . . . . . . . . . . . . . \$100.00 Contributor address; City; State; Zip Code Fort Worth TX Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Parker & Parker Counseling 9/21/16 \$200.00 City; State; Zip Code Contributor address; Roanoke TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ Contributor address; City; State; Zip Code 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.

#### 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

	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 File	rs)
<b>4</b> Date 7/11/16	5 Payee name Walmart			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7.55	7451 McCart Avenue Fort V	Vorth TX 76123		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Рауее пате		<u> </u>	-
7/11/16	Walmart			
Amount (\$)	Payee address; City; State; Zip Code	·		
\$83.54	7451 McCart Avenue Fort Wo	rth TX 76123		
, , , , , , , , , , , , , , , , , , ,	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	_	Check if travel outs	side of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			i i
7/11/16	Walmart		6.007	50 50 50 m
Amount (\$)	Payee address; City; State; Zip Code			7.7
\$57.22	915 E Randol Mill Rd, Arlington	n, TX		di T
	Category (See Categories listed at the top of this schedule)	Description	्रिं० सं	1
PURPOSE			side of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	LJ Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

Cledit 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 8/1/16	5 Payee name Staples		
6 Amount (\$) \$31.97	7 Payee address; City; State; Zip Code		
Ψ31.77	6203 Merchants Row, Arlir	ngton TX 76018	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Printing		.TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/9/16	Fox & Hound		
Amount (\$)	Payee address; City; State; Zip Code		
\$48.41	6051 S.W. Loop 820 Suite 322 I	Fort Worth, TX 76	5132
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food & Beverage		side of Texas. Complete Schedule T.  TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		2015 OCT 1
Amount (\$)	Payee address; City; State; Zip Code		8 8
\$			
	Category (See Categories listed at the top of this schedule)	Description	28
PURPOSE OF			side of Texas. Complete Schedule T.  TX, officeholder living expense
EXPENDITURE			0.5 0.2

#### 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 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)

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 9/1/16 WalMart Super Center City; State; Zip Code 6 Amount (\$) 7 Payee address; \$31.47 7451 McCart Avenue Fort Worth 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 Food & Beverage OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 9/1/16 WalMart Super Center Amount (\$) City; State; Zip Code Payee address; \$2.87 7451 McCart Avenue Fort Worth TX 76123 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, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 9/1/16 WalMart Super Center City; State; Zip Code Amount (\$) Payee address; \$22.04 7451 McCart Avenue Fort Worth TX 76123 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Office Overhead Expense Check if Austin, TX, officeholder living expense 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
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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Comm	ission Fi	lers)
4 Date 9/8/16	5 Payee name				
7/0/10	Michael's				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$16.37	4921 Overton Ridge Blvd, Fo	ort Worth, TX 76	132		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office	held	
Date 9/8/16	Payee name Walgreens				<u> </u>
Amount (\$) \$11.62	Payee address; City; State; Zip Code 8600 S. Hulen, Fort Worth T	TX 76123			
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·		
PURPOSE			side of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	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		**************************************		
9/8/16	Walgreens			35	***************************************
Amount (\$)	Payee address; City; State; Zip Code	**************************************		8	
\$7.56	8600 S. Hulen, Fort Worth	TX 76123			
	·			-	
	Category (See Categories listed at the top of this schedule)	Description	- Fee 8		
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.	ري. در	
OF EXPENDITURE	Event Expense	Check if Austin,	TX, officeholder living expense	e a	
	•		93	9	·;""
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office	held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

#### 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethi	ics Commiss	ion File	rs)
4 Date 9/10/16	5 Payee name Walgreens					
6 Amount (\$) \$12.95	7 Payee address; City; State; Zip Code 8600 S. Hulen, Fort Wor	rth TX 76123				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		utside of Texas. Complete			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office he	ld	
Date 9/19/16	Рауее пате Home Depot					
Amount (\$) \$27.03	Payee address; City; State; Zip Code 7950 I-35 South Fwy Fort Worth	TX 76134		·		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Adversting Expense		ntside of Texas. Complete		L-2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office hel		
Date 9/19/16	Payee name Home Depot				70	7.4 3.3 3.3
Amount (\$) \$101.78	Payee address; City; State; Zip Code 201 Road to Six Flags West Ai	rlington TX 7601	.1	STRATOR	5: 05	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising  Expense	ı —	itside of Texas. Complete			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office he	·ld	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	,		

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

The Instruction Guide explains how to complete this form.

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

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

4 T-1-1 0-5-d-1- E4-	A FUED NAME		2 Files ID (Ethics Commission File	
1 Total pages Schedule F1:	Kelicia L. Lyons		3 Filer ID (Ethics Commission File	18)
<b>4</b> Date 9/20/16	5 Payee name Lowe's Home Center			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$271.02	19210 Preston Rd Dallas TX 752	252		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held	
Date 9/20/16	Payee name Northern Tool & Equip	oment		
Amount (\$)	Payee address; City; State; Zip Code			
\$146.00	2630 W I 20 Grand Prairie 7	ΓX 75052		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	A description of Expression	· -	tside of Texas. Complete Schedule T. TX, officeholder living expense	
EXPENDITURE	Advertising Expense	CHECK II AUSIIII	C C C C C C C C C C C C C C C C C C C	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	C.
expenditure to benefit C/OI	1			
Date 0/22/16	Payee name			
9/22/16	Home Depot		5: 05	
Amount (\$)	Payee address; City; State; Zip Code		- <u> </u>	
\$45.23	201 Road to Six Flags West, Arli	ngton, TX 76011	;	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising		tside 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	SCHEDUI F AS NEE	:DFD	

#### 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

·	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1	Kelicia L. Lyons		3 Filer ID (Ethic	s Commission	Filers)
<b>4</b> Date 9/23/16	5 Payee name Walmart				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$8.47	7451 McCart Avenue, For	t Worth, TX 7613	33		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	I	outside of Texas. Complete s in, TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	~	Office held	
Date	Payee name				
9/24/16	Home Depot				
Amount (\$)	Payee address; City; State; Zip Code				<del></del>
\$93.99	4611 S Cooper St, Arlingto	n TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete S		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	<u> </u>	Office held	[3]
Date	Payee name			FAGE	
9/27/16	Hulen Ace Hardware				
Amount (\$) \$31.68	Payee address; City; State; Zip Code 4551 Sycamore School Rd, Fort W	Vorth, TX 76133.		5. 05	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete S	Schedule T.	
Complete ONLY if direct expenditure to benefit C/O	   Candidate / Officeholder name  H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

ŕ	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 9/29/16	5 Payee name Home Depot			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$81.06	201 Road to Six Flags West, A	rlington, TX 760	011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
9/12/16	FedEX Office			
Amount (\$)	Payee address; City; State; Zip Code			
\$12.39	5737 Hulen St, Fort Worth, TX	X 76132		
<u> </u>	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Printing Expense	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office h	
Date	Payee name			
9/19/16 9/30/16	Lone Star Printing			
Amount (\$)	Payee address; City; State; Zip Code	40000		
\$800.00	1716 South Main St, Fort Wo	orth, TX 76110	5: 0:	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising 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/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## 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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kelicia L Lyons		3 Filer ID (Ethics Commission Filers	)
<b>4</b> Date 7/27/16	5 Payee name FedEX Office			
<b>6</b> Amount (\$) \$31.93	7 Payee address; City; State; Zip Code 5737 Hulen St, Fort Worth,	, TX 76132		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense		outside of Texas. Complete Schedule T. In, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date 7/19/16	Payee name  Lone Star Printing			
Amount (\$) \$65.00	Payee address; City; State; Zip Code 1716 South Main St, Fort Wo	rth, T <b>X</b> 76110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing		unside of Texas. Complete Schedule T.  n, TX, officehologe living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	T
Date 9/21/16	Payee name Wendy's		PH 5: 0	
Amount (\$) \$4.33	Payee address; City; State; Zip Code 6250 Oakmont Blvd, Fort Wort	h, T <b>X 7</b> 6132		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food   Beverarg Expanse		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E VS NE	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**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 9/30/16 5 Payee name Lone Star Printing 6 Amount (\$) City; State; Zip Code 7 Payee address; 1716 South Main St, Fort Worth, TX 76110 \$200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Printing Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Southside Bank 9/30/16 Amount (\$) Payee address; City; State; Zip Code \$12.00 2330 East Rosedale St. Fort Worth TX 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 expens Other: Banking Fees **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name ÇŢ 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 EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

·	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 7/11/16	5 Payee name Fedex		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$22.13	4485 Bryant Irvin Rd. Fo	ort Worth TX	76132
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 7/11/16	Payee name Quicktrip		
Amount (\$) \$25.00	Payee address; City; State; Zip Code 900 Altamesa Blvd Fort Worth TX	76134.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel in District	· —	utside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 7/11/16	Payee name Fedex		205
Amount (\$) \$83.03	Payee address; City; State; Zip Code 4485 Bryant Irvin Fort Worth TX	76132	1
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing	1 🗂	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	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 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 4 Date 5 Payee name 7/15/16 Jason Deli 6 Amount (\$) 7 Payee address; City; State; Zip Code \$99.86 5100 Overton Ridge Blvd, Fort Worth, TX · (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7/18/16 McDonald's Amount (\$) Payee address; City; State; Zip Code \$14.69 4375 W. Risinger Rd, Fort Worth TX 76123 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 Food/Beverage Expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 7/18/16 Subway <u>C</u>1 Amount (\$) Payee address; City; State; Zip Code \$12.18 8556 S. Hulen, Fort Worth, TX 76123 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Food/Beverage Expense Office held Candidate / Officeholder name Office sought 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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to o	complete this form.	• • • • • • • • • • • • • • • • • • • •	
1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 8/1/16	5 Payee name Staples			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$106.97	203 Merchants Row, Arlingtn	, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Drinting Evmonos	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Printing Expenses	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name		App	
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<del></del>	tside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name		7M 5: 05	
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
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 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Oliver (enter a satisfact) networks above,	
1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 7/20/16	5 Payee name Fuzy's Taco			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$9.15	510 E. Abrams Arlington	TX 76010		
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food & Beverage	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
EXPENDITURE	1 ood & Develage	CHeck it Austri	i, i.v., uniceriulder hving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7/27/16	Fedex			
Amount (\$)	Payee address; City; State; Zip Code			
\$18.93	5737 S. Hulen Fort Worth	TX 76132		
	Category (See Categories listed at the top of this schedule)	Description	No. Will child describe and the second of th	
PURPOSE	Check If travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Printing	Check if Austin.	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF				
Date	Payee name			
7/27/16	Fedex			
			100 cm	
Amount (\$) Payee address; City; State; Zi		TDV 5122	05	
\$19.17	5737 S. Hulen Fort Worth	1 TX 76132	) a	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Printing	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Printing	LJ Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CORIES OF THIS	SCHEDIII E AS NET	:DED	