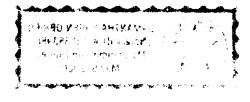
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|--|--|--|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR MS. FIRST Kelicia | мі L. | OFFICE USE ONLY |
| | NICKNAME LAST LYONS | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; | CITY; STATE; ZIP CODE | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR Mrs FIRST Lorene | MI | Receipt # Amount \$ |
| | NICKNAME LAST Collier-Purcy | SUFFIX | Date Processed |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / S | UITE#; CITY; STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | • | |
| 9 REPORT TYPE | January 1530th day before electionF | Runoff15th day after campaign | treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 10/01/16 THROUG | Month 3H 10/31/2016 | Day Year |
| 11 ELECTION | ELECTION DATE | Runoff GeneralSpecial | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Constable | · |

| Multiple Multiple DTICE FROM DUTICE The Box B FOR BOTE or PAUTICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE TO BUPORT THE EVALUATE AND OFFICE ADD RES ARE REQUIRED TO REPORT THE MACHAZING ON OWNER ADD OFFICE ADD RES AND AND A BOY AND AND ANY B THEY RECEIVE NOTICE of Sudd EVENDATIVES. DMMITTEE (S) DOMMITTEE TYPE OCMMITTEE TYPE OCMMITTEE TYPE OCMMITTEE ADDRESS COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE TYPE OCMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE TYPE OCMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME SECOND COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE TYPE COMMITTEE NOTE COMMITTEE TYPE COMMITTEE NOTE COMMITTEE TYPE <th></th> <th>TE / OFFICEH N FINANCE R</th> <th></th> <th></th> <th>FORM C/C OVER SHEET PC</th> <th>3 2</th> | | TE / OFFICEH N FINANCE R | | | FORM C/C OVER SHEET PC | 3 2 |
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| DUTICAL DITICAL DIMITTEE (S) DIMITTEE CANDARTS / OFFICIENCURF. IN PREVENCINGER AND FINAL REPORT THE MACHADIATE'S ON OFFICIENCURFS NOMMENDER CONSIST. LAND OFFICIENCURFS AND FIRE REQUIRED TO REPORT THES MICHADIA CONCENTRATION ONLY & THEY RECEIVE NOTICE OF SUCH EXPERIMENTES. COMMITTEE TYPE COMMITTEE TABLE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME SIGNAL CONTRIBUTION SIGNAL CONTRIBUTION SIGNAL CONTRIBUTIONS OF \$500 OR LESS, SIGNAL CONTRIBUTION SAMAMATHAE ENREN OBRIEN NOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SIGNAL CONTRIBUTION SAMAMATHAE ENREN OBRIEN NOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE S SIGNAL CONTRIBUTION OF ALL OUTSTANDING LOANS AS OF THE S SAMAMATHAE ENREN OBRIEN NOTAL PRICE THE REPORTING PERIOD SIGNAL CONTRIBUTION SUBJECTIONED EXPRESS SIGNAL CONTRIBUTION SUBJECTIONED EXPRESS SIGNAL TO TALE PRICE DERVENTING PERIOD SIGNAL CONTRIBUTION SUBJECTIONED BODITER DE SIGNAL COMPANY STANDARD STANDARY STANDARY STANDARY STANDARY STANDARY STANDAR | doh NAMEK | liceh | yons | 15 | Filer ID (Ethics Commission Fil | ers) |
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| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2272 UTSTANDING DAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ FIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information reduired to be reported by me under tile 15, Efection Code. Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information reduired to be reported by me under tile 15, Efection Code. May 9, 2020 AFEREN NOTARY STAMP/SEALABOVE KELICIA LYONS orn to and subscribed before me, by the said KELICIA LYONS , this the of OCTOWER, 20 , to certify which, witness my hand and seal of office. WMAHAMAGEN UNACE MANTHA BARK | EXPENDITURE | | | 0 OR LESS, | \$ | 1. |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2272 UTSTANDING DAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ FIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information reduired to be reported by me under tile 15, Efection Code. Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information reduired to be reported by me under tile 15, Efection Code. May 9, 2020 AFEREN NOTARY STAMP/SEALABOVE KELICIA LYONS orn to and subscribed before me, by the said KELICIA LYONS , this the of OCTOWER, 20 , to certify which, witness my hand and seal of office. WMAHAMAGEN UNACE MANTHA BARK | | 4. TOTAL POLITI | CAL EXPENDITURES | | \$ 13(eZ.4 | 8 |
| DAN TOTALS Initial function and subscribed before me, by the said Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information refuired to be reported by me under title 15. Effection Code. Image: Status of the state of the st | CONTRIBUTION BALANCE | | | AINED AS OF THE LAST DAY | | L |
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| amand and seal of office. | AFFIX NOTARY STAM | • · | | | U | |
| amantha OB Samantha Obrien Banker | ()ctobo | | | | _, this the _315t | - |
| W. WANTE - JC | day of DCIOR | CR, to certi | Samantha () | nd and seal of office. | banker | |
| gnature of officer administering oath Printed name of officer administering oath Title of officer administering oath | Signature of officer a | Idministering oath | Printed name of officer adr | ninistering oath | Title of officer administering | oath |

TARRANT COULTY 2015 NOV - 1 AM II: 10



| SUBTOTALS - C/OH | |
|---|-------------------|
| | ommission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF 22 SCHEDULE 22 | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$1450.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1427.28 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$2683.00 |
| 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 | \$ |
| 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 | \$ |
| | |
| | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to c | omplete this form. | | 1 Total pages Schedule A1: |
|-----------------------------------|--|---|--|---------------------------------------|
| | KELICIA L. LYONS | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/1/16 | 5 Full name of contributor Woman 2121 Churchill 6 Contributor address; | Greater Arlington M Downs Dr. Arlington, | <i>I</i> ansfield Democratic TX 76017 | 7. Amount of contribution (\$) 100.00 |
| 8 Principal occu | pation / Job title (See Instructions) Woman I | Deomcrat Party | 9 Employer (See Instru | tions) |
| Date 10/17/16 | Full name of contributor Southwest D County 1217 Malborough Dr, Ft Contributor address; | | | Amount of contribution (\$) 250.00 |
| Principal occup | Dation / Job title (See Instruct | ions) DEMOCRAT CLUB | Employer (See Instru | L |
| Date 10/1/16 | Full name of contributor | James Washington 4513 Mallow Oak Dr, Ft Worth Tx 76123 | | Amount of contribution (\$) 200.00 |
| Principal occup | l pation / Job title (See Instruc | tions) Retired | Employer (See Instruc | tions) |
| Date 10/18/16 | Full name of contributor Chris Salone 1304 E. Tucker St Fort Worth TX 76104 Contributor address | City; State | Zip Code | Amount of contribution (\$) 400.00 |
| Principal occupati Deputy Con: | ion / Job title (See Instructions) Stable | · · · · · · · · · · · · · · · · · · · | Employer (See Instructions | 5) |

| Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; | otal pages Schedule A1: iler ID (Ethics Commission Filers) mount of contribution (\$) 500.00 mount of contribution (\$) |
|--|--|
| PILER NAME INCLICIAL: LITONS 4 Date 10/11/16 5 Full name of contributor Randy Davis 8304 Summer Park Dr Ft Worth 76123 7. 4 6 Contributor address; City; State; Zip Code 7 8 Principal occu pation / Job title (See Instructions) Manager 9 Employer (See Instru <tions)< td=""> Date Full name of contributor 4 Contributor address; City; State; Zip Code 4 Date Full name of contributor 4 Contributor address; City; Stat 2 Date Full name of contributor 4 Principal occu ation / Job title (See Instruct ions) Employer (See Instruct Employer (See Instructions)</tions)<> | mount of contribution (\$) 500.00 |
| 10/11/16 6 Contributor address; City; State; Zip Code 8 Principal occu pation / Job title (See Instructions) Manager 9 Employer (See Instru <tions)< td=""> Date Full name of contributor City; Stat Sip Code Principal occu ation / Job title (See Instructions) Manager 4 4 Date Full name of contributor City; Stat Sip Code Principal occu ation / Job title (See Instruct ions) Employer (See Instructions)</tions)<> | |
| Date Full name of contributor A Contributor address; City; Stat Principal occu ation / Job title (See Instruct ions) | mount of contribution (\$) |
| Contributor address; City; Stat Zip Code Principal occu ation / Job title (See Instruct ions) Employer (See Instructions) | mount of contribution (\$) |
| Principal occu ation / Job title (See Instruct ions) Employer (See Instructions) | |
| | |
| Date Full name of contributor Out-of-state PA > (ID#:) | |
| | mount of contribution (\$) |
| Contributor address; City; Stat ; Zip Code | |
| Principal occurration / Job title (See Instructions) Employer (See Instructions) | |
| Date Full name of contributor Image: Out-of-state PA (ID#:) Contributor address; City; Stat ;; Zip Code | mount of contribution 30 C |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |

| | EXPENDIT | URE CATEGORI | ES FOR BOX 8(a) | |
|---|---|--------------------------|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | gg/Banking Fees Office Overhead/Rental Expense g Expense Food/Beverage Expense Polling Expense ions/Donations Made By Gift/Awards/Memorials Expense Printing Expense date/Officeholder/Political Committee Legal Services 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) | |
| 4 | 1 | Suide explains nov | v to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME Kelicia L. Lyons | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/18/16 | 5 Payee name Lone Star Printing | | | |
| 6 Amount (\$) 590.00 | 7 Payee address; City; 1716 South Main St, Fort Worth TX 76 | State; Zip Co | de | |
| 8 PURPOSE O F EXPENDITURE | (a) Category (See Categories listed at th Printing Expense | ne top of this schedule0 | Check if tr | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name | Office sought | I Office held expe | nditure to benefit C/OH |
| Date 10/12/16 | Payee name WalMart | | | |
| Amount (\$) 70.73 | Payee address; 6300 Oakmont | Blvd, Fort Wo | rth TX 76132 | |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the Event Expense | he top of this schedule) | Check if tra | ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense |
| Complete ONLY if direct Canc | didate / Officeholder name Office sc | ought Off | fice held expenditure to benefi | |
| Date 10/13/16 | Payee name FedEX | | | |
| Amount (\$)76.01 | Payee address; 5737 S. Hulen St Fort | Worth TX 76132 | | |
| PURPOSE O F EXPENDITURE | Printing Expense | Catego Check if trave | | op of this schedule) Fexas. Complete Schedule T. Istin, TX, officeholder living expense |
| Complete ONLY if direct Cand | lidate / Officeholder name Office so | ought Off | ice held expenditure to benefi | I C/OH |
| | ATTACH ADDITIONAL | L COPIES OF T | HIS SCHEDULE AS N | EEDED |

POLITICAL EXPENDITURES MADE

FROM POLITICAL CONTRIBUTIONS

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule G: | 2 FILER NAME Kelicia L. Lyons | | 3 Filer ID (Ethics Commission Filers) |
| | , | | |
| 4 Date 10/7/16 | 5 Payee name Jill Darden – Fort Worth Blac | k News | |
| for a state of state | 7 Payee address; City; State; Zip C 1028 Vicki Lane, Fort Worth, TX 76104 | ode | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | ···· · ··· · |
| PURPOSE O F EXPENDITURE | Advertising Expense | | tside of Texas. Complete Schedule T. X, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officehol der name DH | Office sought | Office held |
| Date 10/15/16 | Payee name WalMart | | |
| Amount (\$)15.00 | Payee address; City; State; Zip C 6300 Oakmont Blvd Fort Worth TX 776132 | ode | |
| Reimbursement from political contributions intended | | | |
| | Category (See Categories listed at the top of this schedul | e) (b) Description | |
| PURPOSE O F | Event Expense | | side of Texas. Complete Schequle, T. |
| EXPENDITURE | | L Check if Austin, 1. | X, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | | Office sought | Officeheld |
| | | | |
| Date | Payee name | | OU:11 AMII: AISTR |
| Amount (\$) | Payee address; | | ATOR 1 |
| Reimbursement from political contributions intended | | | 1 |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the top of this schedule | Check if travel out | side of Texas, Complete Schedule T. K, officeholder living expense |
| Complete <u>ONLY</u> if direct Ca | ndidate / Officeholder name Office sought Offi | ice held expenditure to benefit C/O | Н |
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| | EXPENDI | FURE CATEGORIES FO | OR BOX 8(a) | | |
|---|---|--|---------------------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | | Office Ov se Polling Exp s Expense Printing Ex | | 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 co | omplete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Kelicia L. Lyons | | | 3 Filer ID (Ethics Com | mission Filers) |
| 4 Date 10/17/16 | 5 Payee name Facebook | | | I | |
| Amount (\$)5.00 | 7 Payee address; Menio Park, | CA | | | |
| 8 | · · · · · · · · · · · · · · · · · · · | (a) Category (| See Categories listed at the to | op of this schedule0) | |
| PURPOSE O F EXPENDITURE | Advertising Expense | ck if Austin, TX, | officeholder | living expense | |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name | Office sought | Office held expend | diture to benefit C/OH | |
| | <u></u> | | | | |
| Date 10/17/16 | Payee name Krogers | | | · · · · · · · · · · · · · · · · · · · | |
| Amount (\$)14.18 | Payee address;2350 S.E. (| Green Oaks Blvd, A | dington TX 76018 | 1 | <u> </u> |
| | Category (See Categories listed at the to | op of this schedule) | T | | |
| PURPOSE O F EXPENDITURE | Food Expenses | | | | |
| | | | • | el outside of Texas. Complete | Schedule T. |
| Complete <u>ONLY</u> if direct Can | didate / Officeholder name Office s | | Check if Austin, TX, officehold | | |
| Date 10/19/16 | | | | | |
| Date 10/19/10 | Payee name: Olive Garden | | | | |
| Amount (\$)32.78 | Payee address; 4700 SW. Loop 820 | Fort Worth TX 76109 | | 5 | An and a second se |
| PURPOSE O F EXPENDITURE Complete <u>ONLY</u> if direct Cand | Category (See Categories listed at Food Expenses | | | I outside of Texas. Complete in, TX, officeholder living expo C/OH | |
| • | | | | | |
| <u></u> | ATTACH ADDITIONA | L COPIES OF THIS | SCHEDULE AS NE | EDED | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | - | 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 | now to complete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Kelicia L. Lyons | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/11/16 | 5 Payee name Pay Pal | N | | |
| 6 Amount (\$) 13.75 | 7 Payee address; City; State; Zip | o Code | | |
| 8 PURPOSE O F EXPENDITURE | (a) Category (See Categories listed at the top of this schere Accounting/Banking Fees | Check if trave | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name Office sough | nt Office held expend | iture to benefit C/OH | |
| | | | | |
| Date 10/20/16 | Payee name Facebook | | | |
| Amount (\$) 20.11 | Payee address; Menlo Park, CA | | | |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the top of this sche Advertising Expense | Check if travel | outside of Texas. Complete Schedule T | |
| Complete <u>ONLY</u> if direct Cand | lidate / Officeholder name Office sought | Office held expenditure to benefit C | | |
| Date 10/19/16 | Payee name WalMart | | 2 | |
| Amount (\$) 8.27 | Payee address; 6300 Oakmont Blvd, Ft Wo | orth TX 76132 | | |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the top of this schere Event Expense | Check if travel | outside of Texas. Complete Schedule T. h, TX, officeholder living expense | |
| Complete ONLY if direct Cand | idate / Officeholder name Office sought | Office held expenditure to benefit C. | ЮН | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

| | EXPENDIT | URE CATEGORIES FO | R BOX 8(a) | |
|---|--|---------------------------|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor | | rhead/Rental Expense ense bense /ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| - Sector - | The Instruction (| Guide explains how to co | mplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME Kelicia L. Lyons | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/11/16 | 5 Payee name Quick Trip Serv | ice Station | | |
| 6 Amount (\$) 11.83 | 7 Payee address; 101 W. Everman P | kwy Fort Worth, TX | | |
| 8 PURPOSE O F EXPENDITURE | (a) Calegory (See Categories listed at the Categories listed at the Category (See Categories listed at the Categories listed at t | | | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name | Office sought | Office held expen | diture to benefit C/OH |
| Date 10/17/16 | Payee name 7-Eleven Store | | | |
| Amount (\$) 21.00 | Payee address; 8553 S. Hulen St, For | t Worth TX 76123 | | ······ |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at Transportation Expense | the top of this schedule) | 1 | rel outside of Texas. Complete S ched ule T |
| Complete <u>ONLY</u> if direct Can | l didate / Officeholder name Office s | ought Office he | Id expenditure to benefit | С/ОН |
| Date 10/22/16 | Payee name MurphyGas (WalMa | 1) | | AM CASE AM III - CASE ANIOR |
| Amount (\$) 20.00 | Payee address; 7451 McCart Avenue | , Fort Worth, TX 76133 | | <u> </u> |
| PURPOSE O F EXPENDITURE | Calegory (See Categories listed at Transportation Expense | the top of this schedule) | | n vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct Can | didate / Officeholder name Office s | ought Office he | d expenditure to benefit | С/ОН |
| | ATTACH ADDITIONA | L COPIES OF THIS | SCHEDULE AS NE | EEDED |

SCHEDULE F1

| <u>, , , , , , , , , , , , , , , , , , , </u> | EXPENDITURE CATE | GORIES FOR BOX 8(a) | | |
|--|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee 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 explai | ns how to complete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | • | 3 Filer ID (Ethics Commission Filers) | |
| | Kelicia L. Lyons | | | |
| 4 Date 10/23/16 | 5 Payee name Walmart | | | |
| 6 Amount (\$) 78.36 | 7 Payee address; 7451 McCart Avenue, Fort Worth | n, TX 76133 | | |
| 8 | (a) Category (See Categories listed at the top of this sc | hedule0) (b) Description | | |
| PURPOSE | | Check if tr | avel outside of Texas. Complete Schedule T. | |
| O F EXPENDITURE | Food Expense/pollFood | Check if A | ustin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name Office sou | Ight Office held expe | nditure to benefit C/OH | |
| | | | | |
| Date 10/23/16 | Payee name Starbuck Store | | | |
| Amount (\$) 17.27 | Payee address: 7441 McCart Avenue, Fo | ort Worth TX | | |
| | Category (See Categories listed at the top of this se | chedule) | | |
| PURPOSE | Beverage Expense | | | |
| O F EXPENDITURE | | | | |
| EXPENDITORE | | Check if tra | vel outside of Texas. Complete Schedule T. | |
| | | Check if Au | istin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct Cano | didate / Officeholder name Office sought | Office held expenditure to benefi | | |
| 4 | | | | |
| Date 10/25/16 | Payee name: Pizza Hut | | | |
| Amount (\$) 30.00 | Payee address: 6445 McCart Avenue Fort Worth T | X 76134 | Ton - | |
| | Category (See Categories listed at the top of this so | chedule) Descriptio | on | |
| DUDDCCT | Food Expense/Poll | | | |
| PURPOSE O F | | Check if tra | vel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | | Check if Au | istin, TX, officeholder living expense | |
| Complete ONLY if direct Cano | didate / Officeholder name Office sought | Office held expenditure to benefit | с/он | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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SCHEDULE F1

| | EXPENDITURE CATE | GORIES FOR BOX 8(a) | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee 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 explain | 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 10/27/16 | 5 Payee name 7-Eleven | | | |
| 6 Amount (\$) 5.39 | 7 Payee address; 8553 S. Hulen St Fort Worth, TX | 76123 | | |
| 8 PURPOSE O F EXPENDITURE | (a) Category (See Categories listed at the top of this sc Food Expense EFoodEvent | Check if tr | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name Office sou | Ight Office held expe | nditure to benefit C/OH | |
| Date 10/27/16 | Payee name 10/27/16 | | | |
| Amount (\$) 9.74 | Payee address: Subway | | | |
| (1) | Fayee address. Oubway | | | |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the top of this so Food Expense/Poll | Check if tra | avel outside of Texas. Complete Schedule 1 | |
| Complete ONLY if direct Cano | l didate / Officeholder name Office sought | Office held expenditure to benefi | | |
| · | | | | |
| Date 10/28/16 | Payee name:Pizza Hut | | ATOR - | |
| Amount (\$) 40.00 | Payee address: 6445 McCart Avenue, Fort Worth T | °X 76134 | | |
| | Category (See Categories listed at the top of this so | chedule) Description | on | |
| PURPOSE O F EXPENDITURE | Food Expense/Poll Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct Cano | lidate / Officeholder name Office sought | Office held expenditure to benefi | it C/OH | |
| | | | | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS N | NEEDED | |

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SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee 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 Kelicia L. Lyons | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 10/30/16 | 5 Payee name 7-Eleven | · · · · · · · · · · · · · · · · · · · | | | | |
| 6 Amount (\$) 10.28 7 Payee address; 8553 S. Hulen St, Fort Worth TX 76123 | | | | | | |
| 8 PURPOSE O F EXPENDITURE | (a) Category (See Categories listed at the top of this sch Food ExpenseFood Expense/Po | Check if trav | el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate / Officeholder name Office soug | ht Office held expend | liture to benefit C/OH | | | |
| Date 10/28/16 | Payee name Darius Lyons | | | | | |
| Amount (\$) 100.00 Payee address: 100 N. Mpac Expressivay #248 Austin TX 787.59 Category (See Categories listed at the top of this schedule) | | | | | | |
| PURPOSE O F EXPENDITURE | Transportation Expense | | el outside of Texas, Complete Schedule T. | | | |
| | | | tin, TX, officeholder i iving expense 2 | | | |
| Complete <u>ONLY</u> if direct Cano | lidate / Officeholder name Office sought | Office held expenditure to benefit | | | | |
| Date 10/22/16 | Payee name: Boston Market | | | | | |
| Amount (\$) 19.46 | Payee address: 6030 Hulen St. Fort Worth TX | | | | | |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the top of this sch Food Expense | Check if trave | el outside of Texas. Complete Schedule T. in, 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 | | | | | | |

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SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME Kelicia L. Lyons | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 10/28/16 | 5 Payee name Olive Garden | | | | | |
| 6 Amount (\$) 42.07 7 Payee address; 12870 S. Freeway, Burleson, TX 76028 | | | | | | |
| 8 PURPOSE O F EXPENDITURE | (a) Category (See Categories listed at the top of this sche Food Expense | Check if trav | rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| Date 10/29/16 | Payee name Quick Trip | | | | | |
| Amount (\$) 51.05 | Payee address: 101 W. Everman Pkwy Fort Worth, TX | | | | | |
| PURPOSE O F EXPENDITURE | Category (See Categories listed at the top of this sch Transportation Expense | Check if trave | el outside of Texas. Complete Schadule T. | | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| Date | Payee name: | | RATOR | | | |
| Amount (\$) | Payee address: | | | | | |
| | Category (See Categories listed at the top of this sch Transportation Expense | Check if trave Check if Aus | el outside of Texas. Complete Schedule T. tin, 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 | | | | | | |

UNPAID INCURRED OBLIGATIONS

| 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. | | | | | |
| 1 Total pages Schedule F2: 2 F | II FR NAMF Kelicia L Lyons | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | | \$2683.00 | | |
| 5 Date 10/31/16 | 6 Payee name Lone Star Printing | | | | |
| 7 Amount (\$)2683.00 | 8 Payee address; City; State; 1716 South Main St, Fort Worth TX | Zip Code 76110 | | | |
| 9 TYPE OF EXPENDITURE | x Political | Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Advertising Expense | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 11 Complete <u>QNLY</u> if direct expenditure to benefit C/OH | Candidate / Officeho der name | Office sought | Office held | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | PS MII: 12 | | |
| | Political | Non-Political | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this | | cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |