



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Kelicia L. Lyons		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>1,427.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>556.34</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>1,413.03</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath



**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME <b>Kelicia L. Lyons</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <b>945.00</b>
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>482.00</b>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <b>556.34</b>
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		\$
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

**Kelicia L. Lyons**

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/2022

5 Full name of contributor

**Sandra Lee**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

**624 Winterwood Drive, Kennedale, TX 76060**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

**Constable**

9 Employer (See Instructions)

**Tarrant County**

Date

04/21/2022

Full name of contributor

**Liesl Manone**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**7509 Rock Garden Trail, Fort Worth, TX 76123**

Amount of contribution (\$)

**25.00**

Principal occupation / Job title (See Instructions)

**Fundraiser**

Employer (See Instructions)

**DRC Solutions**

Date

04/21/2022

Full name of contributor

**Patrick Lyons**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**785 Anderson Road, Reno, TX 75462**

Amount of contribution (\$)

**75.00**

Principal occupation / Job title (See Instructions)

**Plant Manager**

Employer (See Instructions)

Date

04/21/2022

Full name of contributor

**April Battle**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**4032 Fox Trot Drive, Fort Worth, TX 76123**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**Crowley ISD**

**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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>Kelicia L. Lyons</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>482.00</b>	
5 Date  04/25/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kendyll Locke</b> ..... 7 Contributor address; City; State; Zip Code <b>2712 Ridge Road North, Fort Worth, TX 76133</b>	8 Amount of Contribution \$  95.00	9 In-kind contribution description  <b>Campaign Texting Software</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>City of Fort Worth</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  04/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kendyll Locke</b> ..... Contributor address; City; State; Zip Code <b>2712 Ridge Road North, Fort Worth, TX 76133</b>	Amount of Contribution \$  387.00	In-kind contribution description  <b>Campaign Texting Software</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions) <b>City of Fort Worth</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/30/2022	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 7800 Summer Creek Drive, Fort Worth, TX 76123	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Food for Campaign Meet and Greet
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/18/2022	Payee name Wix	
Amount (\$) 27.05	Payee address; City; State; Zip Code 40 Namal Tel Aviv Street, Tel Aviv Tel Aviv 6350671	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/18/2022	Payee name Chilli's	
Amount (\$) 44.56	Payee address; City; State; Zip Code 5288 S Hulen St, Fort Worth, TX 76132	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Lunch for Campaign Volunteers
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**4** Date**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

04/21/2022

Carla Hardison

**6** Contributor address;

City;

State;

Zip Code

401 Northwest Compass Drive, Lawton, OK 73505

**100.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Director

Reaching for the Stars Academy

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

04/22/2022

Vicki Lyons

Contributor address;

City;

State;

Zip Code

5107 Mystic Trail, Dallas, TX 75241

**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Teacher

V.L.L.

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

04/22/2022

Angie Hutchins

Contributor address;

City;

State;

Zip Code

2311 Avenue H #1115, Grand Praire, TX 75050

**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Underwriter

Exeter Finance

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

04/22/2022

Quisha Matthews

Contributor address;

City;

State;

Zip Code

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Teacher

Crowley ISD

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/21/2022	<b>5</b> Payee name All Storage	
<b>6</b> Amount (\$) <b>67.00</b>	<b>7</b> Payee address; City; State; Zip Code 6899 Granbury Road, Fort Worth, TX 76133	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Rental Expense	<b>(b)</b> Description Campaign Storage
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/22/2022	Payee name Chase	
Amount (\$) 4.95	Payee address; City; State; Zip Code 270 Park Avenue 31st Floor, New York, NY 10017	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/25/2022	Payee name Cornerstone Impressions	
Amount (\$) 207.03	Payee address; City; State; Zip Code 2738 SE Loop 820, Fort Worth, TX 76140	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Campaign T-Shirts
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Douglas Brown

7 Amount of contribution (\$)

04/22/2022

6 Contributor address; City; State; Zip Code

602 Lochngreen Trail, Arlington, TX 76012

200.00

8 Principal occupation / Job title (See Instructions)

Pastor

9 Employer (See Instructions)

Great Commission

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Arthur Browner

Amount of contribution (\$)

04/23/2022

Contributor address; City; State; Zip Code

104 Agave Ln, Georgetown, TX 78633

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Natash Miles

Amount of contribution (\$)

04/23/2022

Contributor address; City; State; Zip Code

1707 Novella Court, Fort Worth, TX 76134

50.00

Principal occupation / Job title (See Instructions)

Site Coordinator

Employer (See Instructions)

Clayton Youth

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Leslie Johns

Amount of contribution (\$)

04/24/2022

Contributor address; City; State; Zip Code

3313 Heritage Ln, Forest Hill, TX 76140

25.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Kelicia L. Lyons	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2022	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) <b>62.89</b>	<b>7</b> Payee address; City; State; Zip Code 675 Ponce De Leon Avenue, Northeast Suite 5000 Atlanta, GA 30308	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Email Software
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/25/2022	Payee name Ace Hardware	
Amount (\$) 14.06	Payee address; City; State; Zip Code 4551 Sycamore School Rd, Fort Worth, TX 76133	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Sign Installation Equipment
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/27/2022	Payee name Anedot	
Amount (\$) 28.80	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor, Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Contribution Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

**Kelicia L. Lyons**

3 Filer ID (Ethics Commission Filers)

4 Date

04/24/2022

5 Full name of contributor

**Trent and Gail Walters**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

**3824 Canyon Pass Trail, Burleson, TX 76028**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**Retired**

Date

04/27/2022

Full name of contributor

**Tracy Allen**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

**2011 E Arkansas Lane #119, Arlington, TX 76010**

Amount of contribution (\$)

**20.00**

Principal occupation / Job title (See Instructions)

**Independent Contractor**

Employer (See Instructions)

**Ycart industries**

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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