

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 FIRST MI Ms. Kelicia L		OFFICE USE ONLY
	NICKNAME LAST SUFFIX Lyons		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4513 Chaparral Creek Drive Fort Worth, TX 76123		
	AREA CODE PHONE NUMBER EXTENSION (817) 705-9763		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Darius		Date Received
	NICKNAME LAST SUFFIX Lyons		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6025 Walraven Circle Fort Worth, TX 76133		Receipt # Amount \$
	AREA CODE PHONE NUMBER EXTENSION (737) 717-2592		Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	MS / MRS / MR FIRST MI Mr. Darius		Date Imaged
	NICKNAME LAST SUFFIX Lyons		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6025 Walraven Circle Fort Worth, TX 76133		
	AREA CODE PHONE NUMBER EXTENSION (737) 717-2592		
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)		
	☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 29 / 22 THROUGH 4 / 27 / 22		
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary Runoff ☒ Other Description Municipal 5 / 7 / 22 General Special		
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known) Crowley ISD School Board Place 7		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

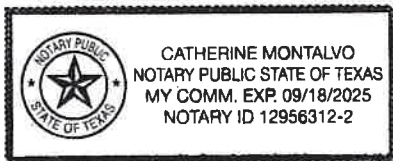
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Kelicia L. Lyons

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,427.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 556.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,413.03
OUTSTANDING LOAN TOTALS	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.



Kelicia Lyons
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kelicia L. Lyons this the 29 day of April, 2022, to certify which, witness my hand and seal of office.

Catherine Montalvo Catherine Montalvo Secretary Superintendent
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kelicia Lyons and my date of birth is 5-22-68
My address is 4513 Chaparral Creek Drive Fort Worth TX 76123 Tarrant
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 29 day of April, 2022
(month) (year)
Kelicia Lyons
Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Kelicia L. Lyons		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 945.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 482.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 556.34
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 out-of-state PAC (ID#: _____) Sandra Lee 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 out-of-state PAC (ID#: _____) Liesl Manone 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 out-of-state PAC (ID#: _____) Patrick Lyons 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 out-of-state PAC (ID#: _____) April Battle 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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 482.00

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

8	Amount of Contribution \$	95.00
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Campaign Texting Software

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of
Contribution \$

387.00

Campaign Texting Software

04/27/2022

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

City of Fort Worth

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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.

1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2022	5 Payee name Walmart	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 7800 Summer Creek Drive, Fort Worth, TX 76123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food for Campaign Meet and Greet
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense
	Description Website Hosting
Check if travel outside of Texas, Complete Schedule T. 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 04/18/2022	Payee name Chilli's
Amount (\$) 44.56	Payee address; City; State; Zip Code 5288 S Hulen St, Fort Worth, TX 76132
PURPOSE OF EXPENDITURE	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. 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

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 04/21/2022	5 Full name of contributor out-of-state PAC (ID# _____) Carla Hardison 6 Contributor address; City; State; Zip Code 401 Northwest Compass Drive, Lawton, OK 73505	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Reaching for the Stars Academy
Date 04/22/2022	Full name of contributor out-of-state PAC (ID# _____) Vicki Lyons Contributor address; City; State; Zip Code 5107 Mystic Trail, Dallas, TX 75241	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) V.L.L.
Date 04/22/2022	Full name of contributor out-of-state PAC (ID# _____) Angie Hutchins Contributor address; City; State; Zip Code 2311 Avenue H #1115, Grand Praire, TX 75050	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Exeter Finance
Date 04/22/2022	Full name of contributor out-of-state PAC (ID# _____) Quisha Matthews Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME Kelicia L. Lyons	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2022	5 Payee name All Storage	
6 Amount (\$) 67.00	7 Payee address; City; State; Zip Code 6899 Granbury Road, Fort Worth, TX 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description Campaign Storage
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fees
	Check if travel outside of Texas, Complete Schedule T. 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 04/25/2022	Payee name Cornerstone Impressions	
Amount (\$) 207.03	Payee address; City; State; Zip Code 2738 SE Loop 820, Fort Worth, TX 76140	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign T-Shirts
	Check if travel outside of Texas, Complete Schedule T. 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		
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Douglas Brown 6 Contributor address; City; State; Zip Code 602 Lochngreen Trail, Arlington, TX 76012	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Great Commission
Date 04/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Arthur Browner Contributor address; City; State; Zip Code 104 Agave Ln, Georgetown, TX 78633	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Natash Miles Contributor address; City; State; Zip Code 1707 Novella Court, Fort Worth, TX 76134	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Site Coordinator		Employer (See Instructions) Clayton Youth
Date 04/24/2022	Full name of contributor out-of-state PAC (ID#: _____) Leslie Johns Contributor address; City; State; Zip Code 3313 Heritage Ln, Forest Hill, TX 76140	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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			

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1 Total pages Schedule F1:		2 FILER NAME Kelicia L. Lyons		3 Filer ID (Ethics Commission Filers)	
4 Date 04/25/2022		5 Payee name Mailchimp			
6 Amount (\$) 62.89		7 Payee address; City; State; Zip Code 675 Ponce De Leon Avenue, Northeast Suite 5000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Email Software		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Sign Installation Equipment		
	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	
Date 04/27/2022		Payee name Anedot			
Amount (\$) 28.80		Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor, Dallas, TX 75201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Contribution Processing Fees		
	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	
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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 out-of-state PAC (ID#: _____) Trent and Gail Walters 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 out-of-state PAC (ID#: _____) Tracy Allen 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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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