

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 RUBY MI FAYE	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX WOOLRIDGE	Date Received 19 APR -4 PM 2:20 RECEIVED - OSO	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 121026 ARLINGTON TX 76012		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 500-1088		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. FIRST FRANCEEN MI A.	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX LYONS	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 808 LOCH LOMOND DR. ARLINGTON TX 76012		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 275-6231		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 16 / 19 THROUGH 4 / 1 / 19		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) MAYOR OF ARLINGTON	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME RUBY FAYE WOOLRIDGE

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,409.

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 9743.

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5000.

OUTSTANDING
LOAN TOTALS

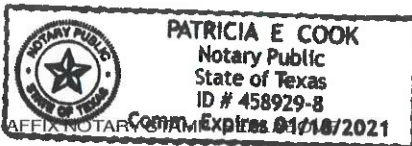
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5003.

18 AFFIDAVIT

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.

Ruby Faye Woolridge
Signature of candidate or officeholder



Sworn to and subscribed before me, by the said Ruby Faye Woolridge, this the 4 day of April, 2019, to certify which, witness my hand and seal of office.

Patricia E. Cook
Signature of officer administering oath

Patricia E. Cook
Printed name of officer administering oath

notary public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME RUBY FAYE WOOLRIDGE		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5551.
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2460.
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5003.
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9742.
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date
2/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)
FRANCEEN A. LYONS

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
808 LOCK LOMOND DR. ARLINGTON TX 76012

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)

Date
3/12/19

Full name of contributor out-of-state PAC (ID#: _____)
FRANCEEN A. LYONS

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code
808 LOCK LOMOND DR, ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date
3/10/19

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

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code
616 ST. PAUL, ARLINGTON, TX 76013

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date
2/28/19

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

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code
1518 COCHISE DR, ARLINGTON, TX 76012

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/19

5 Full name of contributor

DARLYS DAVIDSON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

623 ST. CHARLES CT, ARLINGTON TX 76013

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/14/19

Full name of contributor

PAT GENTRY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

2001 GLEN CREEK CT, ARLINGTON TX 76015

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/14/19

Full name of contributor

FRANK WILHEIM

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

809 CARA LN, ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/9/19

Full name of contributor

PAT CONNOLLY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2428 ST. GREGORY ST, ARLINGTON TX 76013

Principal occupation / Job title (See Instructions)

RETIRED

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/19

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

P. E. COOK & S. KEGUEY

7 Amount of contribution (\$)

\$10.00

6 Contributor address; City; State; Zip Code

1703 W. LOVERS LANE, ARLINGTON TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/19/19

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

BONNIE DANGEL

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2723 SUNRISE DR, ARLINGTON TX 76086

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/19

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

JILL WESSSTROM

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1714 PARK RIDGE, ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/19

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

LORRAINE LEDVINE

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 (\$)

2/21/19

Syed & TAZEEN HASSAN
 6 Contributor address; City; State; Zip Code
 801 ENGLESTE DR; ARLINGTON TX
 76018

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/8/19

Syed & TAZEEN HASSAN
 Contributor address; City; State; Zip Code

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/19/19

SUSAN HUGHES & MICHAEL HENDERSON
 Contributor address; City; State; Zip Code
 2002 TWIN ELMS DR; ARLINGTON TX
 76012

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/5/19

BONITA HOLLOWAY
 Contributor address; City; State; Zip Code
 2716 RIVER LEGACY DR; ARLINGTON TX
 76006

\$50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCOEN A LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

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

AFTAB & YASMIN SIDDIQUI

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

7231 JURASSIC DR. ARLINGTON TX 76002

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/19

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

CHARLES ROSBOROUGH

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

6014 WORTH TX

Principal occupation / Job title (See Instructions)

ANALYST

Employer (See Instructions)

ICE

Date

2/28/19

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

EDWARD FLORES

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

430 BROOK MEADOW DR. MIDLOTHIAN

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/19

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

SHARON DENNIS

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2435 ST. GREGORY ST, ARLINGTON, TX 76013

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/19

5 Full name of contributor

BARBARA BARSHES

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

2724 ANHELO DR, ARLINGTON TX 76006

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/19/19

Full name of contributor

LOUISE DANN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.-

Contributor address;

City; State; Zip Code

420 BESSY ROSS DR. ARLINGTON TX 76002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

BETTY MOORE CHARLES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

Ida Elizabeth Wilson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.-

Contributor address;

City; State; Zip Code

5119 W. ANHERST AVE, DALLAS, TX 75209

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
2/25/19	AUDREY IRVING 6408 FRESHWATER LN; FORT WORTH TX 76179	\$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/20/19	AUDREY IRVING	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
2/21/19	CHARLOTTE FOLKERS	4.55
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
3/14/19	DANON GARDNER	193.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **FRADUEN A. LYONS**

3 Filer ID (Ethics Commission Filers)

4 Date
3/18

5 Full name of contributor out-of-state PAC (ID#: _____)
DAMON GARDNER

7 Amount of contribution (\$)
23.97

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
3/24/19

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

Amount of contribution (\$)
218.¹⁷

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
3/17/19

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

Amount of contribution (\$)
193.⁹⁰

Contributor address; City; State; Zip Code

FORT WORTH TX

Principal occupation / Job title (See Instructions)
ANALYST

Employer (See Instructions)
ICE

Date
3/19/19

Full name of contributor out-of-state PAC (ID#: _____)
JO ANNA CARDOSA

Amount of contribution (\$)
96.⁸⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/19

5 Full name of contributor

JACQUELINE MOSELY

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

23.97

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/19

Full name of contributor

ANDREA RADER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

23.97

Contributor address;

City; State; Zip Code

ARLINGTON, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/19

Full name of contributor

DEANN BILLINGS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

193.90

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/19

Full name of contributor

JOHN MOORE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

48.25

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/19

5 Full name of contributor

WILMA DAVIS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

291.⁰⁰

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/19

Full name of contributor

CARON PECK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

23.97

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/19

Full name of contributor

TUPAC ALVAREZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

291.⁰⁰

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/19

Full name of contributor

BARBARA DUEHN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

23.97

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

FRANCEEN A. LYONS

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/19

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

ANGELA MACK

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

1101 FOXTAIL DR, MANSFIELD, TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/19

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

KAREN WILSON

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

736 ADOLPHUS CIR. FORT WORTH TX 76120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/19

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

SANDRA BELLMON

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

1613 ARBOR RIDGE FORT WORTH TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/19 -
3/19

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

ANONYMOUS

Amount of contribution (\$)

50.⁰⁰ 50.⁰⁰
50.⁰⁰ 50.⁰⁰
50.⁰⁰ 50.⁰⁰

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 6
2 FILER NAME FRANCEEN A. LYONS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 3/17/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby Woolridge	8 Amount of Contribution \$ \$42.55
	7 Contributor address; City; State; Zip Code 76012 P.O. Box 121026 ARLINGTON TX	9 In-kind contribution description food for meetings
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)
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 1/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Foulkes	Amount of Contribution \$ \$419.00	In-kind contribution description website set-up; domain registration
	Contributor address; City; State; Zip Code 2805 PONDONESSETT DR, ARL, TX 76001	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS ANALYST		Employer (FOR NON-JUDICIAL) (See Instructions) SOUTHEASTERN DATA COOP	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME FRANCEEN A. LYONS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/29/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCEEN A. LYONS	8 Amount of Contribution \$ \$40.	9 In-kind contribution description Printer ink & paper
7 Contributor address; City; State; Zip Code 808 Loch Lomond Dr, Arlington, TX 76012		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 3/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby Woolridge	Amount of Contribution \$ \$52.00	In-kind contribution description Food for volunteers
Contributor address; City; State; Zip Code P.O. Box 121026, Arlington TX 76012		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		Employer (FOR NON-JUDICIAL) (See Instructions)	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME FRANCEEN A. LYONS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/10/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT CONDOLLY	8 Amount of Contribution \$ \$36.85	9 In-kind contribution description WATER FOR VOLUNTEERS
7 Contributor address; City; State; Zip Code 8428 ST. GREGORY, ARLINGTON, TX 76013		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 3/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCEEN A. LYONS	Amount of Contribution \$ \$22.00	In-kind contribution description Food for Volunteers
Contributor address; City; State; Zip Code 808 Loch Lomond Dr, Arlington, TX 76012		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		Employer (FOR NON-JUDICIAL) (See Instructions)	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME FRANCEEN A. LYONS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/11/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLOTTE FOULKES	8 Amount of Contribution \$ \$199.	9 In-kind contribution description WEBSITE DEVELOPMENT
7 Contributor address; City; State; Zip Code 2805 POMPONESSETT DR, ARL, TX 76011		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS ANALYST		11 Employer (FOR NON-JUDICIAL) (See Instructions) SOUTHEASTERN DATA COOP	
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 JAN. + FEB. 2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DATHANIEL KEEBLER	Amount of Contribution \$ \$3400.	In-kind contribution description CONSULTING RE CAMPAIGN
Contributor address; City; State; Zip Code 5021 SAVANNAH CLUB DR, #401, ARL.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) STUDENT + CAMPAIGN MANAGER		Employer (FOR NON-JUDICIAL) (See Instructions) WOOLRIDGE FOR MAYOR	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME **FRANCEEN A. LYONS**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
3/7
3/20, +
3/28

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

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$
86.75

9 In-kind contribution description
**GAS, NAME
BADGE**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
RETIRED

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

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
4/1/19

Full name of contributor out-of-state PAC (ID#: _____)
COALITION for a Better ARLINGTON

Contributor address; City; State; Zip Code

615 ENGLESLIDE DR, ARL, TX 76018

Amount of Contribution \$
\$5900.

In-kind contribution description
**VOLUNTEER HRS.
BLOCK WALKING**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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.

PHONE BANKS, PLANNING MEETINGS

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

BANKING, BLOCK WORKING, CANALS, EVENTS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME FRANCEEN A. LYONS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/15/19 - 4/1/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLRIDGE FOR MAYOR CAMPAIGN	8 Amount of Contribution \$ \$2660.	9 In-kind contribution description VOLUNTEER HRS. PHONE
7 Contributor address; City; State; Zip Code 1807 W. PARK ROW, ARL. TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 1/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACT BLUE/TX DEM. PARTY	Amount of Contribution \$ \$1000.	In-kind contribution description VOTER DATABASE (VAN)
Contributor address; City; State; Zip Code AUSTIN, TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">FRANCEEN A. LYONS</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5003. ⁰⁰
5 Date of loan 1/14-3/8/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBY WOOLRIDGE	9 Loan Amount (\$) 5003. ⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code P.O. Box 121026 ARL, TX 76012	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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 FRANCEEN A. LYONS	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/19	5 Payee name WILLIAM LESLIE DBA JUMBO LAWN CARE	
6 Amount (\$) \$400.	7 Payee address; City; State; Zip Code 2911 VAN HORN FORT WORTH, TX 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE SIGN PLACEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN PLACEMENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/25/19	Payee name WILLIAM LESLIE	
Amount (\$) \$500.	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN PLACEMENT
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/10/19	Payee name Ruby Woolridge	
Amount (\$) \$25.-	Payee address; City; State; Zip Code PO BOX 121026, ARLINGTON, TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GAS FOR CAR TRAVEL
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/19		5 Payee name DANIEL CLAYTON DBA PUBLIC OPINION			
6 Amount (\$) \$2500.		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly consulting fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/16/19		Payee name NATHANIEL KEEBLER			
Amount (\$) \$600.		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Semi-monthly consulting fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/30/19		Payee name Nathaniel Keebler			
Amount (\$) \$600.		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Semi-monthly consulting fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED