

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME

William Cade Lovelace

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)

\$ 0.00

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

\$ 13,500.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 31,388.29

**CONTRIBUTION
BALANCE**

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

\$ 3,948.40

**OUTSTANDING
LOAN TOTALS**

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

\$ 15,000.00

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.

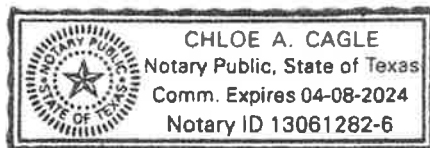
[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by William Cade Lovelace this the 27th day of May,

20 21, to certify which, witness my hand and seal of office.

Chloe A. Cagle

Chloe A. Cagle

Notary Public - State of Texas

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(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**

19 FILER NAME William Cade Lovelace		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 15,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31,388.29
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**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, 5
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Smith 6 Contributor address; City; State; Zip Code 612 8th Avenue, Fort Worth, TX 76110	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 5/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry West Contributor address; City; State; Zip Code 2350 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Loveless Contributor address; City; State; Zip Code 2800 S. Hulen St., Ste. 210, Fort Worth, TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 5/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Shedd Contributor address; City; State; Zip Code 1132 S. Adams Street, Fort Worth, TX 76104	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Police Officer		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**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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Drago 6 Contributor address; City; State; Zip Code 545 Fairbrook Lane, Fort Worth, TX 76140	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 5/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rob Henry Contributor address; City; State; Zip Code 4432 Calmot Avenue, Fort Worth, TX 76107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 5/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Brender Contributor address; City; State; Zip Code 600 8th Avenue, Fort Worth, TX 76104	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 5/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Fox Contributor address; City; State; Zip Code 3513 Overton Park Dr. East, Fort Worth, TX 76109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Director		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**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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joan Kline 6 Contributor address; City; State; Zip Code 1215 Elizabeth Blvd., Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matt Aiken Contributor address; City; State; Zip Code 124 S. Main Street, Ste. 207, Fort Worth, TX 76104	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 5/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Hernandez Contributor address; City; State; Zip Code 800 W. Weatherford, Fort Worth, TX 76102	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Webb Contributor address; City; State; Zip Code 11605 Hobbiton Trl., Austin, TX 78739	Amount of contribution (\$) \$250.00
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**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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 5/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Lovelace 6 Contributor address; City; State; Zip Code 3049 Ridgeview Dr., Grapevine, TX 76051	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary West Contributor address; City; State; Zip Code 2350 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Herring Contributor address; City; State; Zip Code 1801 Bolton, Fort Worth, TX 76111	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Wells Fargo
Date 5/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Jones Contributor address; City; State; Zip Code 1302 Elizabeth Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		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**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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Brucks 6 Contributor address; City; State; Zip Code 4128 Pebblebrook Ct., Fort Worth, TX 76109	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 5/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William & Jennifer Lovelace Contributor address; City; State; Zip Code 2315 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

LOANS**SCHEDULE E**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 E 1
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 15,000.00
5 Date of loan 5/6/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) William and Jennifer Lovelace	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 2315 5th Avenue, Fort Worth, TX 76110	10 Interest rate 0.00%
		11 Maturity date 7/1/2021
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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

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: 8	2 FILER NAME William Cade Lovelace	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2021	5 Payee name Alphagraphics	
6 Amount (\$) \$136.45	7 Payee address, City, State, Zip Code 5836 Camp Bowie Blvd, Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Letterhead/Envelopes
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T <input type="checkbox"/> 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 4/27/2021	Payee name Lovelace Law	
Amount (\$) \$12.24	Payee address, City, State, Zip Code 1601 8th Avenue, Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T <input type="checkbox"/> 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 4/28/2021	Payee name Parmer Consulting	
Amount (\$) \$7,185.38	Payee address, City, State, Zip Code 35559 Williams Rd., Ste 105, Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense/Mail	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T <input type="checkbox"/> 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

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
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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2021	5 Payee name Lovelace Law		
6 Amount (\$) \$666.55	7 Payee address; City: State: Zip Code 1601 8th Avenue, Fort Worth, TX 76104		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement - Advertising Expense		(b) Description Facebook Advertisement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/30/2021	Payee name Sportswear Graphics		
Amount (\$) \$30.31	Payee address; City: State: Zip Code 110 St. Louis Avenue, Fort Worth, TX 76104		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Tshirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/4/2021	Payee name Lovelace Law		
Amount (\$) \$21.95	Payee address; City: State: Zip Code 1601 8th Avenue, Fort Worth, TX 76104		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Admin Supply Expense - Reimbursement		Description Admin Supply Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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
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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2021	5 Payee name Cade Lovelace		
6 Amount (\$) \$157.98	7 Payee address: City: State: Zip Code 1601 8th Avenue, Fort Worth, TX 76104		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense - Reimbursement		(b) Description Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/12/2021	Payee name Golden Peak Strategies		
Amount (\$) \$3,570.00	Payee address: City: State: Zip Code PO Box 5390, Vail, CO 81658		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting & Printing Expense		Description Literature
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/12/2021	Payee name Worthington Bank		
Amount (\$) \$20.00	Payee address: City: State: Zip Code 111 W. 4th Street, Fort Worth, TX 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Bank Fee		Description Wire Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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
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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 5/12/2021		5 Payee name Felipe Gutierrez			
6 Amount (\$) \$74.25		7 Payee address: City: State: Zip Code 4129 College Avenue, Suite 419, Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement - Fees		(b) Description VAN Reimbursement		
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 5/13/2021		Payee name Constant Contact			
Amount (\$) 21.32		Payee address: City: State: Zip Code 1601 Trapelo Rd, Ste. 329, Waltham MA			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Email service		
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 5/14/2021		Payee name Content Media Co.			
Amount (\$) \$8,500.00		Payee address: City: State: Zip Code 5800 Cartina Terrace, Rockville, MD 20852			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting & Advertising Expense		Description Consultant		
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 5/14/2021		5 Payee name Worthington Bank			
6 Amount (\$) \$20.00		7 Payee address, City, State, Zip Code 111 W. 4th Street, Fort Worth, TX 76102			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking Expense		(b) Description Wire Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/14/2021		Payee name Sportswear Graphics			
Amount (\$) \$77.94		Payee address, City, State, Zip Code 110 St. Louis, Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Tshirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/17/2021		Payee name Golden Peak Strategies			
Amount (\$) \$3,570.00		Payee address, City, State, Zip Code PO Box 5390, Vail, CO 81658			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting & Printing Expense		Description Literature		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 5/17/2021		5 Payee name Worthington Bank			
6 Amount (\$) \$20.00		7 Payee address, City, State, Zip Code 111 W. 4th Street, Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking Fee		(b) Description Wire Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/19/2021		Payee name Golden Peak Strategies			
Amount (\$) \$3,570.00		Payee address, City, State, Zip Code PO Box 5390, Vail, CO 81658			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Advertising Expense		Description Literature		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5/19/2021		Payee name Worthington Bank			
Amount (\$) \$20.00		Payee address, City, State, Zip Code 111 W. 4th Street, Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking Fee		Description Wire Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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
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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 5/19/2021		5 Payee name Lovelace Law			
6 Amount (\$) \$47.82		7 Payee address; City; State; Zip Code 1601 8th Avenue, Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement - Advertisement Expense		(b) Description Postage		
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T		<input type="checkbox"/> 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 5/21/2021		Payee name Golden Peak Strategies			
Amount (\$) \$3,570.00		Payee address; City; State; Zip Code PO Box 5390, Vail, CO 81658			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting & Printing Expense		Description Literature		
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/21/2021		Payee name Worthington Bank			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 111 W. 4th Street, Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking Fee		Description Wire Fee		
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.		<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 William Cade Lovelace	3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Payee name Paypal	
6 Amount (\$) \$76.10	7 Payee address; City; State; Zip Code PO Box 71202, Charlotte, NC 82872-1202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting	(b) Description Transaction Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	

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