CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 17 FIRST MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY Cade William **OFFICEHOLDER** Mr. NAME Date Received SUFFIX LAST NICKNAME Lovelace ZIP CODE APT / SUITE # CITY STATE ADDRESS / PO BOX, 4 CANDIDATE / RECEIVED **OFFICEHOLDER** 1601 8th Avenue, Fort Worth, TX 76104 MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** Board of Education (817) 953-9656 PHONE Receipt # MI MS / MRS / MR 6 CAMPAIGN Felipe **TREASURER** Mr. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged Gutierrez STATE ZIP CODE STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY 7 CAMPAIGN TREASURER **ADDRESS** 4129 College Avenue, Suite 419, Fort Worth, TX 76104 (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE (817)713-7426 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Atlach C/OH - FR) July 15 8th day before election Reporting Limit Month 10 PERIOD Month COVERED /2021 26 05 04 23 / 2021 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Primary Runoff Description General Special 06 / 05 / 2021 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) FWISD Board, District 9 Trustee 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. 14 NOTICE FROM

Forms provided by Texas	Ethics	Commission
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COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

POLITICAL COMMITTEE(S)

Additional Pages

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Will	iam Cade Lovelace	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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 LA OF REPORTING PERIOD	\$ 3,948.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00
	Please complete either option belov	andidate or Officeholder
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed	Whitedoo (ade Love) die	27th day of May,
20 21 to certify	which, witness my hand and seal of office.	tary Public-State JoTexas
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
18 35 - 18 V V	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth i	· · · · · · · · · · · · · · · · · · ·
wiy douress is		(state) (zip code) (country)
Executed in	County, State of, on the day of(mon	20 (year)
	Signature of Cano	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA	William Cade Lovelace	20 Filer ID (Ethics Con	nmission Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1. MONETARY POLITICAL CONTRIBUTIONS		\$13,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4:		SCHEDULE E: LOANS		\$ 15,000.00
5,	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$31,388.29	
6.	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.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11,	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		ONTRIBUTIONS	\$
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
William Cad	e Lovelace		
4 Date 4/24/2021			7 Amount of contribution (\$) \$250.00
	6 Contributor address: City: 612 8th Avenue, Fort Worth, TX 76110	State, Zip Code	
8 Principal occ Attorney	upation / Job title (See Instructions) 9	Employer (See Instruc	tions)
_{Date} 5/15/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 5/17/2021	Full name of contributor out-of-state PAC (In Loveless Contributor address; City; 2800 S. Hulen St., Ste. 210, Fort Worth	State; Zip Code	Amount of contribution (\$) \$250.00
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 5/8/2021	Full name of contributor out-of-state PAC (Michael Shedd Contributor address; City: 1132 S. Adams Street, Fort Worth, TX	State, Zip Code	Amount of contribution (\$) \$250.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
=	ATTACH ADDITIONAL COPIES O	SET THIS COUEDLY E AS	NEEDED

SCHEDULE A1

·			
The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME William Cad			3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2021	1	State Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal occ Attorney	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 5/11/2021	Full name of contributor ut-of-state PAC Rob Henry Contributor address: City; 4432 Calmot Avenue, Fort Worth, TX	State; Zip Code	Amount of contribution (\$)
Principal occu Attorney	ipation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 5/12/2021	John Brender Contributor address, City: 600 8th Avenue, Fort Worth, TX 761	State; Zip Code	Amount of contribution (\$) \$250.00
Principal occi Attorney	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 5/14/2021	Full name of contributor out-of-state PAGEric Fox Contributor address; City; 3513 Overton Park Dr. East, Fort Wo	State: Zip Code	Amount of contribution (\$) \$500.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions)
		5	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	OF THIS SCHEDULE AS ruction guide for additional	NEEDED reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A11
2 FILER NAME William Cad		3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2021	5 Full name of contributor out-of-state PAC (ID#	\$100.00 Zip Code
B Principal occ	upation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
Date 5/18/2021	124 S. Main Street, Ste. 207, Fort Worth, TX	\$500.00 Zip Code < 76104
Principal occi Self-employ	pation / Job title (GGG Motivations)	loyer (See Instructions)
Date 5/17/2021	Full name of contributor out-of-state PAC (ID#	\$250.00
Principal occ	upation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 5/17/2021	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) \$250.00
Principal occ	upation / Job title (See Instructions)	oloyer (See Instructions)
Principal occ	ATTACH ADDITIONAL COPIES OF THIS	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1.
2 FILER NAME William Cade			3 Filer ID (Ethics Commission Filers)
4 Date 5/20/2021	Jerry Lovelace 6 Contributor address; City; 3049 Ridgeview Dr., Grapevine, TX		7 Amount of contribution (\$) \$1,000.00
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 5/15/2021	Gary West	C (ID#I State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 5/20/2021	Full name of contributor out-of-state PA Rick Herring Contributor address; City: 1801 Bolton, Fort Worth, TX 76111	C (ID#] State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instru Wells Fargo	ctions)
Date 5/20/2021	Full name of contributor out-of-state PA Jason Jones Contributor address: City: 1302 Elizabeth Avenue, Fort Worth,	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins	OF THIS SCHEDULE AS	NEEDED I reporting requirements.

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2021	Rachel Brucks	State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal oci Attorney	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 5/6/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$5,000.00
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	2257 (25 75 C) (10 10 10 10 10 10 10 10 10 10 10 10 10 1	State; Zip Code	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC Contributor address; City:	State: Zip Code	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	Employer (See Instru	Ctions)
	ATTACH ADDITIONAL COPIES		ALEEDED.

LOANS SCHEDULE E

If the requeste	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	Total pages Schedule E
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
William Cade L	ovelace		
4 TOTAL OF UI	NITEMIZED LOANS		\$ 15,000.00
5 Date of loan	7 Name of lender	PAC (IC#)	9 Loan Amount (\$)
5/6/2021	William and Jennifer Lovelace		\$5,000.00
6 Is lender		State: Zip Code	10 Interest rate
a financial	8 Lender address: City: 2315 5th Avenue, Fort Worth,		0.00%
institution?	2313 Stil Aveilde, I oft Worth,	17/10/10	11 Maturity date
Y LNV		10 = 1 10 11 11 11 11	7/1/2021
12 Principal occupate Attorney	tion / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Co	llateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address City;	State. Zip Code	
not applicable	=		
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#	Loan Amount (\$)
Is lender a financial	Lender address; City;	State: Zip Code	Interest rate
Institution?			Maturity date
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)	1
Description of Co	ollateral	Check if personal fur account (See Instruc	nds were deposited into political
none		3333411 (332 11111111111111111111111111111111	Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteeu (3)
3	Guarantor address; City.	State; Zip Code	
not applicabl			
Principal Occupa	ation (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	EDED
lf If	lender is out-or-state PAC, please see it	national galac for additional t	

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (eriter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/V The Instruction Guide explains how to describe the services of the serv	Vages/Contract Labor	Other (enter a category not listed above)
		Total process	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1	William Cade Lovelace		5 FREE TO (Ettilics Cultimission Friers)
4 Date	5 Payee name		
4/22/2021	Alphagraphics		
6 Amount (S)	7 Payee address.	City;	State; Zip Code
\$136.45	5836 Camp Bowie Blvd, Fort Worth,	TX 76107	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing Expense	Letterhead/En	ivelopes
OF EXPENDITURE			
Extra Extensión a	(c) Check if travel outside of Texas, Complete Schedule T	Check if Aust	ın, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/27/2021	Lovelace Law		
Amount (\$)	Payee address;	City	State _{sc} Zip Code
\$12.24	1601 8th Avenue, Fort Worth, TX 76	104	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Reimbursement	Stamps	
OF			
EXPENDITURE	/		
	Check if travel outside of Texas, Complete Schedule T.		In_ TX, afficenalder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/28/2021	Parmer Consulting		
Amount (\$)	Payee address	City	State Zip Code
\$7,185.38	35559 Williams Rd., Ste 105, Fort W	orth, TX 76116	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense/Mail	Consulting	
	Check if travel outside of Texas, Complete Schedule T.	Check if Ausl	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political (Credit Card Payment	Gitt/Awards/Memoriais Expense Printing Ex Committee Legal Services Salaries/M The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not listed above)
	z FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
	5 Payee name Lovelace Law		
	⁷ Payee address: 1601 8th Avenue, Fort Worth, TX 761	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement - Advertising Expense (c) Check if travel outside of Texas, Complete Schedule T	(b) Description Facebook Adv	vertisement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/30/2021	Sportswear Graphics		
Amount (\$)	Payee address	City;	State, Zip Code
\$30.31	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	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX; officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/4/2021	Lovelace Law		
Amount (\$)	Payee address:	City	State, Zip Code
\$21.95	1601 8th Avenue, Fort Worth, TX 76	104	
	Category (See Categories listed at the top of this schedule) Admin Supply Expense - Reimbursement	Description Admin Supply	Expense
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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 NE	EDED

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
	² FILER NAME William Cade Lovelace	W	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/12/2021	Cade Lovelace		
6 Amount (\$)	7 Payee address:	City;	State Zip Code
\$157.98	1601 8th Avenue, Fort Worth,	TX 76104	
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE	Event Expense - Reimburseme	ent Beverage	
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas, Complete Sch	redule T Check if Aust	tin TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/2021	Golden Peak Strategies		
Amount (\$)	Payee address;	City	State; Zip Code
\$3,570.00	PO Box 5390, Vail, CO 81658		
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Consulting & Printing Expense	Literature	
	Check if travel outside of Texas, Complete Sci	hedule T Check if Aus	itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/2021	Worthington Bank		
Amount (\$)	Payee address:	City;	State; Zip Code
\$20.00	111 W. 4th Street, Fort Worth,	TX 76102	
	Category (See Categories listed at the top of this so	thedule) Description	
PURPOSE OF EXPENDITURE	Bank Fee	Wire Fee	
	Chack if travel outside of Texas Complete Sc	chedule T Check if Aus	stin TX officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memonals Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Travel Out Of District Printing Expense Salanes/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1; William Cade Lovelace 5 Payee name 4 Date 5/12/2021 Felipe Gutierrez Zip Code 7 Payee address; 6 Amount (\$) 4129 College Avenue, Suite 419, Fort Worth, TX 76104 \$74.25 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 VAN Reimbursement Reimbursement - Fees **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas Complete Schedule T Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Constant Contact 5/13/2021 City: State: Zip Code Payee address; Amount (\$) 1601 Trapelo Rd, Ste. 329, Waltham MA 21.32 Description Category (See Categories listed at the top of this schedule) Advertising Expense Email service **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/14/2021 Content Media Co. Zip Code Payee address: City; State: Amount (\$) \$8,500.00 5800 Cartina Terrace, Rockville, MD 20852 Description Category (See Categories listed at the top of this schedule) PURPOSE Consulting & Advertising Expense Consultant OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office squaht Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

		EXPENDITURE CATEG	ORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salanes/Wa	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER N	IAME Cade Lovelace			3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2021	5 Payeen Worthin	_{ame} gton Bank			#
6 Amount (S) \$20.00	7 Payee a 111 W.	ddress: 4th Street, Fort Worth,	TX 761		State Zip Code
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this: g Expense		(b) Description Wire Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	_	Check if travel outside of Texas, Complete So date / Officeholder name	chedule T	Office sought	In, TX, officeholder living expense Office held
Date 5/14/2021	Payee n	_{ame} vear Graphics			
Amount (S) \$77.94	Payee a	Louis, Fort Worth, TX	76104	City;	State; Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s Expense	chedule)	Description Tshirts	
		Check if travel outside of Texas, Complete Si	chedule T	Check if Aus	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought	Office held
Date 5/17/2021	Payee r Golden	Peak Strategies			
Amount (\$) \$3,570.00	Payee a	oddress: : 5390, Vail, CO 81658		City;	State: Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the lop of this s ting & Printing Expense		Description Literature	
		Check if travel outside of Texas. Complete S	chedule T_	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name		Office sought	Office held
	A	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services of the servic	vages/Contract Labor complete this form.	Other (enter a category not listed above)					
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							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking Fee	(b) Description Wire Fee						
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n TX officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
5/19/2021	Golden Peak Strategies							
Amount (\$)	Payee address;	City	State Zip Code					
\$3,570.00	PO Box 5390, Vail, CO 81658							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Advertising Expense	Description Literature						
	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	Payee name							
5/19/2021	Worthington Bank							
Amount (\$)	Payee address;	City:	State Zip Code					
\$20.00	111 W. 4th Street, Fort Worth, TX 76102							
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Banking Fee	Wire Fee						
	Check if travel outside of Texas, Complete Schedule T	Check if Aust	nn, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED					

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 Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/V The Instruction Guide explains how to a	Vages/Contract Labor	Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	William Cade Lovelace						
4 Date	5 Payee name						
5/19/2021	Lovelace Law	0.1	State: Zin Code				
6 Amount (\$)	7 Payee address:	City;	State; Zip Code				
\$47.82	1601 8th Avenue, Fort Worth, TX 76104						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Reimbursement - Advertisement Expense	Postage					
	(c) Check if travel outside of Texas, Complete Schedule T	Check if Austi	in, TX, officenolder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
5/21/2021	Golden Peak Strategies						
Amount (\$)	Payee address;	City;	State Zip Code				
\$3,570.00	PO Box 5390, Vail, CO 81658						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Consulting & Printing Expense	Literature					
2.0.200	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	n_TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
5/21/2021	Worthington Bank						
Amount (\$)	Payee address;	City:	State Zip Code				
\$20.00	111 W. 4th Street, Fort Worth, TX 76102						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Banking Fee	Wire Fee					
	Check if travel outside of Texas, Complete Schedule T.	Check if Ausi	tin TX. officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED				

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 Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinting Expense Salange Magas (Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Payee address City State Zip	nission Filers)		
5/27/2021 Paypal 6 Amount (\$) 7 Payee address; City: State: Zip \$76.10 PO Box 71202, Charlotte, NC 82872-1202 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Transaction Fees (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expensions expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State; Zip Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description			
PO Box 71202, Charlotte, NC 82872-1202 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Irving expens. Candidate / Officeholder name Office sought Office Payee name Category (See Categories listed at the top of this schedule) Date Payee address: Category (See Categories listed at the top of this schedule) Description Description City: State; Zip Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE ACCOUNTING Concluded it fraveloutside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expension of the sought of the sou	Code		
29 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: Category (See Categories listed at the top of this schedule) PURPOSE Office sought Office sought			
Date Payee name Category (See Categories listed at the top of this schedule) Description Purpose			
Amount (\$) Payee address: City: State; Zip Category (See Categories listed at the top of this schedule) Description PURPOSE	held		
Amount (\$) Payee address: Category (See Categories listed at the top of this schedule) PURPOSE Description			
PURPOSE	o Code		
OF EXPENDITURE			
Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expens	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct candidate / Officeholder name Office sought Office expenditure to benefit C/OH	: held		
Date Payee name			
Amount (\$) Payee address City; State; Zig	p Code		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Description			
Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expens	se		
Complete ONLY if direct	ce held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			