

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. William Cade <small>NICKNAME LAST SUFFIX</small> Lovelace		OFFICE USE ONLY Date Received RECEIVED APR 01 2021 Board of Education Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1601 8th Avenue, Fort Worth, TX 76104		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 953-9656		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Felipe <small>NICKNAME LAST SUFFIX</small> Gutierrez		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 4129 College Avenue, Suite 419, Fort Worth, TX 76104		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 713-7426		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2021 THROUGH 03 / 31 / 2021		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 01 / 2021 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Fort Worth ISD School Board District 9 Trustee		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

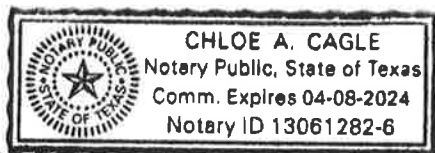
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,375.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,875.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,312.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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.

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 1st day of April, 2021, to certify which, witness my hand and seal of office.

Chloe A. Cagle Chloe A. Cagle Notary Public, State of TX
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	\$8,375.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$15,875.60
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: 13
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin Rechnitzer 6 Contributor address; City; State; Zip Code 232 NW Tarrant Avenue, Suite 104, Burleson, Texas 76	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 1/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elzie Wilson Contributor address; City; State; Zip Code 2308 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross King Contributor address; City; State; Zip Code 2616 College Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David J. Claire Contributor address; City; State; Zip Code 2301 6th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
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 1/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul and Cynthia Webb 6 Contributor address; City; State; Zip Code 221 N. Houston Street, Wharton, TX 77488	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryce Docker Contributor address; City; State; Zip Code 1206 Clara Street, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Brucks Contributor address; City; State; Zip Code 4128 Pebblebrook Ct., Fort Worth, TX 76109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William & Sarah Rucker Contributor address; City; State; Zip Code 2421 6th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$150.00
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 1/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scioscia Flowers 6 Contributor address; City; State; Zip Code 6731 Trail Cliff Way, Fort Worth, TX 76132	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James & Karen Gordon Contributor address; City; State; Zip Code 221 Williamsburg Lane, Fort Worth, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raquel Reising Contributor address; City; State; Zip Code 2722 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce McCarty Contributor address; City; State; Zip Code 125 Wilson Lane, Weatherford, TX 76087	Amount of contribution (\$) \$100.00
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 2/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olyn Poole 6 Contributor address; City; State; Zip Code 6816 Kirk Drive, Fort Worth, TX 76116	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Raiden Contributor address; City; State; Zip Code 2332 Edwin Street, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Brown Contributor address; City; State; Zip Code 2112 Pembroke Dr., Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Shipman Contributor address; City; State; Zip Code 201 W. Bufford Street, Ste. 101, Burleson, TX 76028	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 2/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Francisco Hernandez 6 Contributor address; City; State; Zip Code 800 W. Weatherford, Fort Worth, TX 76102	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia Polenz Contributor address; City; State; Zip Code 2424 College Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilberto Gutierrez Contributor address; City; State; Zip Code 2321 Willing Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel Burns Contributor address; City; State; Zip Code 2420 S. Adams, Fort Worth, TX 76110	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 2/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Connie Head 6 Contributor address; City; State; Zip Code 1316 Elizabeth Blvd., Fort Worth, TX 76110	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jill Matsen Contributor address; City; State; Zip Code 1208 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kyle Lane Contributor address; City; State; Zip Code 2308 Stadium Dr., Fort Worth, TX 76109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Loveless Contributor address; City; State; Zip Code 2800 S. Hulen Street, Ste. 210, Fort Worth, TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro Hukill Arias 6 Contributor address; City; State; Zip Code 2025 Locke Ave., Fort Worth, TX 761017	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane & Steve Zomoski Contributor address; City; State; Zip Code PO Box 12387, Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collin Shellenberger Contributor address; City; State; Zip Code 7750 Deer Chase Dr., Fort Worth, TX 76140	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heath Coffman Contributor address; City; State; Zip Code 100 Main Street, Fort Worth, TX 76102	Amount of contribution (\$) \$100.00
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 3/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Zadeh 6 Contributor address; City; State; Zip Code 3408 Harwen Terrace, Fort Worth, TX 76109	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kali Kliethermes Contributor address; City; State; Zip Code 1315 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie MacFarlane Contributor address; City; State; Zip Code 2104 Washington Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brienn Richter Contributor address; City; State; Zip Code 1801 6th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$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**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 3/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joan Kline 6 Contributor address; City; State; Zip Code 1215 Elizabeth, Fort Worth, TX 76110	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Kline Linch Contributor address; City; State; Zip Code 1215 Elizabeth, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy Parham Contributor address; City; State; Zip Code 1612 Pennsylvania Avenue, Fort Worth, TX 76104	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyler Craig Contributor address; City; State; Zip Code 9121 Arlene Dr., White Settlement, TX 76108	Amount of contribution (\$) \$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**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 3/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Garcia 6 Contributor address: City: State: Zip Code 4220 Hardy Street, Fort Worth, TX 76106	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradford Barnes Contributor address: City: State: Zip Code 4450 Harley Ave., Fort Worth, TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana Koch Contributor address: City: State: Zip Code 2600 6th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendy & Keith Kessel Contributor address: City: State: Zip Code 2616 6th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angie Hulse 6 Contributor address; City; State; Zip Code 4317 Woodward Court, Fort Worth, TX 76109	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cami Miller Contributor address; City; State; Zip Code 2700 Ryan Place Dr., Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Loveless Contributor address; City; State; Zip Code 2800 S. Hulen Street, Suite 210, Fort Worth, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wade Barrow Contributor address; City; State; Zip Code 2417 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
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

3/27/2021

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

Karin Cagle

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

2618 5th Avenue, Fort Worth, TX 76110

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

Date

3/29/2021

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brandon Allen

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

2508 Willing Avenue, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/2021

Full name of contributor

☐ out-of-state PAC (ID# _____)

Randy & Cathy Baker

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

8891 Random Rd., Fort Worth, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/2021

Full name of contributor

☐ out-of-state PAC (ID# _____)

Will Northern

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

1405 Elizabeth Blvd., Fort Worth, TX 76110

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.

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 12	2 FILER NAME William Cade Lovelace	3 Filer ID (Ethics Commission Filers)
4 Date 1/4/2021	5 Payee name Parmer Consulting	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 35559 Williams Rd., Ste. 105, Fort Worth, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(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 1/6/2021	Payee name AlphaGraphics	
Amount (\$) \$62.62	Payee address; City; State; Zip Code 5836 Camp Bowie Rd., Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Envelopes
	<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 1/7/2021	Payee name Tovar PR	
Amount (\$) \$392.50	Payee address; City; State; Zip Code PO Box 182365, Arlington, TX 76096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Translation Services
	<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 1/8/2021		5 Payee name Staples			
6 Amount (\$) 27.05		7 Payee address; City; State; Zip Code 1600 S. University, Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Small 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					
Date 1/8/2021		Payee name USPS			
Amount (\$) \$165.00		Payee address; City; State; Zip Code 2600 8th Avenue, Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		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					
Date 1/11/2021		Payee name Staples			
Amount (\$) \$153.67		Payee address; City; State; Zip Code 1600 S. University, Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Letterhead		
	<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					

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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 1/11/2021		5 Payee name USPS			
6 Amount (\$) \$110.00		7 Payee address; City; State; Zip Code 2600 8th Avenue, Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stamps		
	(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 1/29/2021		Payee name Parmer Consulting			
Amount (\$) \$2,000.00		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		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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/25/2021		Payee name Timothy Brestowski			
Amount (\$) \$500.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Videographer		
	<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

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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 2/25/2021		5 Payee name Chloe Cagle			
6 Amount (\$) \$262.50		7 Payee address; City; State; Zip Code 3220 McCart Avenue, Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Clerical Work		
	(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 2/25/2021		Payee name Designer Graphics			
Amount (\$) \$3,017.47		Payee address; City; State; Zip Code 12404 Hwy. 155 South, Tyler, TX 75703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political signs		
	<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 3/1/2021		Payee name Hallie Hoch			
Amount (\$) \$400.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Social media work		
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/2021		5 Payee name Parmer Consulting			
6 Amount (\$) \$2,000.00		7 Payee address; City; State; Zip Code 35559 Williams Rd., Ste. 105, Fort Worth, TX 76116			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Campaign Consultant		
	(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 3/1/2021		Payee name Red Productions			
Amount (\$) \$2,999.99		Payee address; City; State; Zip Code 329 S. Main Street, Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Video services		
	<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 3/2/2021		Payee name Cade Lovelace			
Amount (\$) \$127.53		Payee address; City; State; Zip Code 2316 5th Avenue, Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Sign hardware - Home Depot		
	<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

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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)
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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 3/5/2021		5 Payee name Sportswear Graphics																																			
6 Amount (\$) \$132.07		7 Payee address; City; State; Zip Code 1100 St. Louis Avenue, Fort Worth, TX 76104																																			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description T-shirts																																		
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																													
Candidate / Officeholder name	Office sought	Office held																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 3/9/2021</td> <td colspan="5">Payee name Starbucks</td> </tr> <tr> <td>Amount (\$) \$19.43</td> <td colspan="5"> Payee address; City; State; Zip Code 1608 W. Rosedale, Fort Worth, TX 76104 </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) Event Expense</td> <td colspan="3">Description Coffee</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table> </td> </tr> </table>						Date 3/9/2021	Payee name Starbucks					Amount (\$) \$19.43	Payee address; City; State; Zip Code 1608 W. Rosedale, Fort Worth, TX 76104					PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Coffee			<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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Date 3/9/2021	Payee name Starbucks																																				
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Coffee																																		
	<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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																													
Candidate / Officeholder name	Office sought	Office held																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 3/11/2021</td> <td colspan="5">Payee name Fastsigns</td> </tr> <tr> <td>Amount (\$) \$75.49</td> <td colspan="5"> Payee address; City; State; Zip Code 2603 8th Avenue, Suite 109 Fort Worth, TX 76110 </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) Printing Expense</td> <td colspan="3">Description Campaign sign</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table> </td> </tr> </table>						Date 3/11/2021	Payee name Fastsigns					Amount (\$) \$75.49	Payee address; City; State; Zip Code 2603 8th Avenue, Suite 109 Fort Worth, TX 76110					PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign sign			<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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Date 3/11/2021	Payee name Fastsigns																																				
Amount (\$) \$75.49	Payee address; City; State; Zip Code 2603 8th Avenue, Suite 109 Fort Worth, TX 76110																																				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign sign																																		
	<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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																													
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	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 William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/2021		5 Payee name Kameron Manning			
6 Amount (\$) \$48.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Literature Drop		
	(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 3/21/2021		Payee name Tommy Tipton			
Amount (\$) \$48.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Literature Drop		
	<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 3/21/2021		Payee name Cherrina Clark			
Amount (\$) \$48.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Literature Drop		
	<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

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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)
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4 Date 3/21/2021	5 Payee name Latoya Davis
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6 Amount (\$) \$48.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract labor	(b) Description Literature Drop
	(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
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Date 3/21/2021	Payee name Gabrielle Davis
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Amount (\$) \$48.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Literature Drop
	<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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Date 3/19/2021	Payee name Sportswear Graphics
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Amount (\$) \$132.07	Payee address; City; State; Zip Code 110 St. Louis Avenue, Fort Worth, TX 76104
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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
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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 3/24/2021		5 Payee name Texas Democrats			
6 Amount (\$) \$280.00		7 Payee address; City; State; Zip Code 1106 Lavaca, Suite 100, Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Van Access		
	(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 3/27/2021		Candidate / Officeholder name Charles Jackson			
Amount (\$) \$75.00		Payee name Charles Jackson			
Amount (\$) \$75.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Literature Drop		
	<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 3/27/2021		Candidate / Officeholder name Kameron Manning			
Amount (\$) \$75.00		Payee name Kameron Manning			
Amount (\$) \$75.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Literature Drop		
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME William Cade Lovelace	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2021	5 Payee name Jared Moore	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Literature Drop
	(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 3/27/2021	Payee name Cherrina Clark	
Amount (\$) \$75.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Literature Drop
	<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 3/27/2021	Payee name Carolyn Hunter	
Amount (\$) \$45.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Literature Drop
	<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 3/15/2021		5 Payee name Home Depot			
6 Amount (\$) \$60.40		7 Payee address; City; State; Zip Code 4850 SW Loop 820, Fort Worth, TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sign materials		
	(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 3/11/2021		Payee name King's Liquors			
Amount (\$) \$110.86		Payee address; City; State; Zip Code 2810 W Berry St, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Beverages		
	<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 3/10/2021		Payee name Put a Cork in It			
Amount (\$) \$96.56		Payee address; City; State; Zip Code 2972 Park Hill Dr, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Beverages		
	<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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/2021		5 Payee name Starbucks			
6 Amount (\$) \$19.43		7 Payee address; City; State; Zip Code 1608 W. Rosedale, Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description Coffee		
	(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 3/10/2021		Payee name Walgreens			
Amount (\$) \$4.96		Payee address; City; State; Zip Code 3100 McCart Avenue, Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Beverage supplies		
	<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 3/31/2021		Payee name Paypal			
Amount (\$) \$141.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising expense		Description Paypal 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					
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