# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to comp	lete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages file	ed
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		МІ	OFFICE	USE ONLY
NAME	Mr.	William LAST		Cade	Date Received	
		_ovelace		33.1		
4 CANDIDATE /		SUITE # CI	TY STATE	ZIP CODE	DEC	EIVED
OFFICEHOLDER MAILING						that V has had
ADDRESS	1601 8th Aven	ue, Fort W	orth, TX 7	6104	APR	01 2021
Change of Address					Doord n	of Education
5 CANDIDATE/ OFFICEHOLDER	( 817 ) 953-96	E NUMBER	EXTEN	SION	Date Hand-delivered	
PHONE 6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER		Felipe			Date Processed	
NAME	NICKNAME	LAST		SUFFIX		
	G	Sutierrez			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO)	X PLEASE) APT / SUI	TE#; CIT	Υ,	STATE	ZIP CODE
(Residence or Business)	4420 Collogo	Avenue Si	uita 410 E	East Mast	h TV 7640	24
	4129 College A	Avenue, St	JILE 415, F	-ort wort	II, IA / 0 IC	)4 
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE ( 817 ) 713-742	E NUMBER	EXTEN	SION		
9 REPORT TYPE	January 15	30th day before ele	ection R	unoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before elect		xceeded Modified eporting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year 2021	THROUGH	Month 03	Day Year 7 1 202	
11 ELECTION	ELECTION DATE	Primary		ELECTION TYPE		
1	Month Day Year		Runoff	Other Description		
	05 / 01 /202	T Seneral				
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if known)		
				Vorth ISD of Board		
				ct 9 Truste	e	
GO TO PAGE 2						

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

19/28					
15 C/OH NAME		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)	Ş	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,375.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	Ş	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES	9	15,875.60		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	23,312.36		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	10,000.00		
	swear, or affirm, under penalty of perjury, that the accompanying report is true equired to be reported by me under Title 15, Election Code.	and correct	ct and includes all information		
	quite to be reported by the under this 16, Election odds.				
	Signature of Ca	ndidate or (	Officeholder		
	Diama annulata akhan anting balau				
Please complete either option below:					
Posteron					
(1) Affidavit	CHLOE A. CAGLE Notery Public, State of Texas Comm. Expires 04-08-2024 Notery ID 13061282-6				
	before me by William Cade Lovelace this the	Ist .	day of April.		
20 2 to certify	which, witness my hand and seal of office.				
01,000 A. Co		an Pu	Wir State of TX		
Signature of officer administr	0		tle of officer administering oath		
	OR				
(2) Unsworn Declarati	ion				
M	and the date of high in				
	, and my date of birth is				
My address is					
		state) (zip	code) (country)		
Executed in	County, State of, on theday of	)	20 (year)		
	Signature of Candid	late/Officeho	older (Declarant)		

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	William Cade Lovelace 20 Filer ID (Ethics Com			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$8,375.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$15,875.60		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	tions \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$		
11,0	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	JRNED \$		

### SCHEDULE A1

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 13
2 FILER NAME William Cade		ĸ	3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2021	5 Full name of contributor □ out-of-state P  Martin Rechnitzer 6 Contributor address; City;  232 NW Tarrant Avenue, Suite 104		7 Amount of contribution (\$) \$200.00
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)
Date 1/15/2021	Full name of contributor out-of-state P Elzie Wilson Contributor address; City; 2308 5th Avenue, Fort Worth, TX 76	State; Zip Code	Amount of contribution (\$) \$75.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date 1/15/2021	Full name of contributor out-of-state P.  Ross King  Contributor address; City;  2616 College Avenue, Fort Worth, 1	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date 1/16/2021	Full name of contributor out-of-state Property David J. Claire  Contributor address; City;  2301 6th Avenue, Fort Worth, TX 76	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS A	NEEDED
	If contributor is out-of-state PAC, please see Ins		

### SCHEDULE A1

		·
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME William Cado		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/2021	5 Full name of contributor OUI-of-state PAC (ID#————————————————————————————————————	7 Amount of contribution (\$) \$500.00
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See In	structions)
Date 1/21/2021	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions) Employer (See in:	structions)
Date 1/21/2021	Full name of contributor	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
Date 1/23/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$150.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	

### SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sche	dule A1
FILER NAM	te Lovelace	3 Filer ID (Ethics C	Commission Filers)
4 Date 1/24/2021	5 Full name of contributor out-of-state PAC (ID#_Scioscia Flowers 6 Contributor address; City; State 6731 Trail Cliff Way, Fort Worth, TX 7613	\$100,00	ibution (\$)
Principal occ	cupation / Job title (See Instructions)	nployer (See Instructions)	
Date 2/1/2021	Full name of contributor	\$100.00	ibution (\$)
Principal occ	upation / Job title (See Instructions)	aployer (See Instructions)	
Date 2/8/2021	Full name of contributor out-of-state PAC (ID#_Raquel Reising  Contributor address; City; State  2722 5th Avenue, Fort Worth, TX 76110	\$100.00	ibution (\$)
Principal occ	upation / Job title (See Instructions)	nployer (See Instructions)	
Date 2/10/2021	Full name of contributor out-of-state PAC (ID#	\$100.00	ibution (\$)
Principal occ	upation / Job title (See Instructions)	ployer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF TH	C COLEDIN E AS NEEDED	

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

#### 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 □ oul-of-state PAC Olyn Poole 6 Contributor address, City; 6816 Kirk Drive, Fort Worth, TX 7611	State; Zip Code	7 Amount of contribution (\$) \$500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date 2/22/2021	Full name of contributor out-of-state PAC  Heather Raiden  Contributor address; City;  2332 Edwin Street, Fort Worth, TX 76	State; Zip Code	Amount of contribution (\$) \$100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 2/23/2021	Full name of contributor out-of-state PAC  Jason Brown  Contributor address; City;  2112 Pembroke Dr., Fort Worth, TX 7	State; Zip Code	Amount of contribution (\$) \$250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 2/24/2021	Full name of contributor out-of-state PAC  David Shipman  Contributor address; City;  201 W. Bufford Street, Ste. 101, Burke	State; Zip Code	Amount of contribution (\$) \$250.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)		
	ATTACH ADDITIONAL COPIES (				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

### SCHEDULE A1

The	Instruction Guide explains how to complete this form	n.	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 out-of-state PAC (ID#_Francisco Hernandez 6 Contributor address; City; St 800 W. Weatherford, Fort Worth, TX 761	ate; Zíp Code	7 Amount of contribution (\$) \$500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 2/25/2021	Full name of contributor	ate; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 2/25/2021	Full name of contributor out-of-state PAC (ID#_Gilberto Gutierrez  Contributor address; City; State 2321 Willing Avenue, Fort Worth, TX 761	ate; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 2/26/2021	Joel Burns	ate; Zip Code	Amount of contribution (\$) \$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDUI F AS N	#EEDED
	If contributor is out-of-state PAC, please see Instruction		

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME William Cade			3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2021	Connie Head	State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date 3/1/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/3/2021	Kyle Lane	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occuj	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/6/2021	Full name of contributor out-of-state PAC  Jim Loveless  Contributor address; City;  2800 S. Hulen Street, Ste. 210, Fort \	State; Zip Code Worth, TX 76109	Amount of contribution (\$) \$250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
<sup>2</sup> FILER NAME William Cade	Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2021	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$) \$50.00
8 Principal occu	pation / Job title (See Instructions) 9 Emp	ployer (See Instruc	tions)
Date 3/8/2021	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$) \$50.00
Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instruc	tions)
Date 3/8/2021	Full name of contributor out-of-state PAC (ID#:  Collin Shellenberger  Contributor address; City; State;  7750 Deer Chase Dr., Fort Worth, TX 7614	Zip Code	Amount of contribution (\$) \$100.00
Principal occup	eation / Job title (See Instructions) Emp	ployer (See Instruc	ctions)
Date 3/9/2021	Full name of contributor out-of-state PAC (ID#	Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	oloyer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS		
	If contributor is out-of-state PAC, please see Instruction gu	nae tor additional	reporting requirements.

### SCHEDULE A1

ii tiic roque	steet information to not applicable, <b>50</b> No. 110	rade tins page in the	Toport.
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 3/11/2021	5 Full name of contributor out-of-state PAC ( Jim Zadeh 6 Contributor address; City: 3408 Harwen Terrace, Fort Worth, TX	State; Zip Code	7 Amount of contribution (\$) \$200.00
8 Principal occ		<b>9</b> Employer (See Instruc	ctions)
Date 3/11/2021	Full name of contributor	State: Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		tions)	
Date 3/11/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 3/11/2021	Full name of contributor out-of-state PAC ( Brienn Richter Contributor address; City;  1801 6th Avenue, Fort Worth, TX 761	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	ction guide for additional	reporting requirements.

### SCHEDULE A1

			· · · · · · · · · · · · · · · · · · ·
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1;
2 FILER NAM William Cad			3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2021	Joan Kline	State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 3/11/2021	Full name of contributor out-of-state PAC  Anne Kline Linch  Contributor address; City;  1215 Elizabeth, Fort Worth, TX 76110	(ID#) State; Zip Code	Amount of contribution (\$) \$100.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/10/2021	Randy Parham	State; Zip Code th, TX 76104	Amount of contribution (\$) \$250.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/13/2021	Full name of contributor out-of-state PAC  Tyler Craig  Contributor address; City;  9121 Arlene Dr., White Settlement, TX	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instru	iction guide for additional	reporting requirements.

### SCHEDULE A1

Th	e Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1
2 FILER NAM William Cad			3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2021	5 Full name of contributor □ out-of-sta Gloria Garcia 6 Contributor address; City, 4220 Hardy Street, Fort Worth, T	State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instr	ructions)
Date 3/17/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instr	ructions)
Date 3/19/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$250.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instr	ructions)
Date 3/20/2021	Full name of contributor Dull-of-sta Wendy & Keith Kessel Contributor address; City; 2616 6th Avenue, Fort Worth, TX	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instr	ructions)
-	ATTACH ADDITIONAL CO		

### SCHEDULE A1

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

			·
Th	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 3/21/2021	5 Full name of contributor out-of-state PAC Angie Hulse 6 Contributor address; City; 4317 Woodwick Court, Fort Worth, TX	State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 3/21/2021	Full name of contributor out-of-state PAC  Cami Miller  Contributor address: City:  2700 Ryan Place Dr., Fort Worth, TX	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/15/2021	Jim Loveless  Contributor address; City; 2800 S. Hulen Street, Suite 210, Fort		Amount of contribution (\$) \$100.00
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruc	rtions)
Date 3/25/2021	Full name of contributor out-of-state PAC Wade Barrow Contributor address; City; 2417 5th Avenue, Fort Worth, TX 761	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C		
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.

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### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	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 (III Karin Cagle 6 Contributor address; City; 2618 5th Avenue, Fort Worth, TX 7611	State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/29/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/31/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/21/2021	Full name of contributor out-of-state_PAC (If Will Northern Contributor address; City; 1405 Elizabeth Blvd., Fort Worth, TX 7	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional	reporting requirements.

# 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 B Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense F y Gift/Awards/Memonals Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Iolling Expense Ioiling Expense Ioilaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
	·	tow to complete tills form.	2 51 10 (51)			
1 Total pages Schedule F1	William Cade Lovelace		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
1/4/2021	Parmer Consulting					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$2,000.00	35559 Williams Rd., Ste. 105, F	ort Worth, TX 76116	5			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting				
	(C) Check if Iravel outside of Texas. Complete Sche	dule T. Check if Aus	tin. TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	Davis name					
Date	Payee name					
1/6/2021	AlphaGraphics					
Amount (\$)	Payee address;	City	State: Zip Code			
\$62.62	5836 Camp Bowie Rd., Fort Wo	rth, TX 76107				
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF	Printing Expense	Envelopes				
EXPENDITURE						
	Check if travel outside of Texas, Complete Sche	dule T Check if Aus	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					
1/7/2021	Tovar PR					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$392.50	PO Box 182365, Arlington, TX 7	6096				
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF EXPENDITURE	Contract Labor	Translation Se	ervices			
	Check if Iravel outside of Texas, Complete Sche	dule T. Check if Aus	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 O	F THIS SCHEDULE AS NE	EDED			

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# SCHEDULE F1

		EXPENDITURE CATE	SORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salanes/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1	2 FILER N	AME Cade Lovelace			3 Filer ID (Ethio	cs Commission Filers)
4 Date 1/8/2021	5 Payee na Staples	ame				
6 Amount (\$) 27.05	7 Payee at 1600 S.	ddress; University, Fort Worth	, TX 76	City; 3107	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Calegories listed at the top of this: Expense	schedule)	(b) Description Small envelo	pes	
	(c)	Check if travel outside of Texas, Complete So	chedule T	Check if Au	istin, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
1/8/2021	USPS					
Amount (\$) \$165.00	2600 8th	n Avenue, Fort Worth,	TX 761	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sing Expense	chedule)	Description Stamps		
		Check if travel outside of Texas, Complete So	chedule T	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
1/11/2021	Staples					
Amount (\$) \$153.67	Payee ac	University, Fort Worth	, TX 76	City;	State	Žip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so Expense	chedule)	Description Letterhead		
		Check if travel outside of Texas, Complete So	chedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NI	EEDED	

### SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR E	30X 8	(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	lyment/R trhead/R pense cpense /ages/Co	Reimbur tental Ex	sement opense abor	Travel In Distric	Equipme :1 )istrict	Expense ent & Related Expense not listed above)
1 Total pages Schedule F1	2 FILER NA	AME Cade Lovelace					3 Filer ID (E	thics C	Commission Filers)
4 Date 1/11/2021	5 Payee na	me							
6 Amount (\$)	7 Payee ad	dress;			City	/;	State		Zip Code
\$110.00	2600 8th Avenue, Fort Worth, TX 76110								
8	(a) Category (See Calegories listed at the top of this schedule) (b) Description								
PURPOSE OF EXPENDITURE	OF								
	(c)	Check if travel outside of Texas, Complete	Schedule T		Ch	eck if Austi	n, TX, officeholder	living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		0	office s	ought		Of	ffice held
Date	Рауее паг	me							
1/29/2021	Parmer (	Consulting							
\$2,000.00	35559 W	dress: /illiams Rd., Ste. 105	, Fort W	orth,	TX		State		Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ng Expense	schedule)		Descrip ISUlta				
		Check if travel outside of Texas. Complete 9	Schedule T		Ch	eck if Austin	n, TX, officeholder	living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Of	ffice s	ought		Of	fice held
Date	Payee na	me							
2/25/2021	Timothy I	Brestowski							
Amount (\$) \$500.00	Payee add	dress;			City	ri .	State;		Zip Code
	Category	(See Categories listed at the top of this	schedule)	D	escrip	tion			
PURPOSE OF EXPENDITURE	Contract	Labor		Vide	eogra	apher			
		Check if travel outside of Texas, Complete S	Schedule T.		Ch	eck if Austin	n, TX, officeholder l	iving exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		0	Office s	ought		0	office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHE	DULE	AS NEE	DED		

# SCHEDULE F1

if the requested in	formation is not applicable, DO NOT Inc	lude this page in the re	eport.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees         O           Food/Beverage Expense         P           By         Gift/Awards/Memorials Expense         P	pan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	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 NAME		3 Filer ID (Ethics Commission Filers)
	William Cade Lovelace		
4 Date 2/25/2021	5 Payee name Chloe Cagle		
6 Amount (\$)	7 Payee address;	City;	State Zip Code
\$262.50	3220 McCart Avenue, Fort Wort	h, TX 76110	
8	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Contract Labor	Clerical Work	
	(C) Check if travel outside of Texas, Complete Sched	luleT Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/25/2021	Designer Graphics		
Amount (\$)	Payee address;	City;	State Zip Code
\$3,017.47	12404 Hwy. 155 South, Tyler, TX	X 75703	
	Category (See Categories listed at the top of this sched		
PURPOSE OF EXPENDITURE	Advertising Expense	Political signs	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought	Office held
Date	Рауее лате		
3/1/2021	Hallie Hoch		
Amount (\$)	Payee address;	City	State: Zip Code
\$400.00			
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Social media v	vork
	Check if travel outside of Texas, Complete Sched	uleT. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

### SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memonals Expense P	pan Repayment/Reimbursement Iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form,	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	<sup>2</sup> FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2021	5 Payee name Parmer Consulting		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2,000.00	35559 Williams Rd., Ste. 105, Fo	ort Worth, TX 76116	
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign Co	nsultant
	(c) Check if travel outside of Texas. Complete School	dule T Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
3/1/2021	Red Productions		
Amount (\$)	Payee address;	City;	State; Zip Code
\$2,999.99	329 S. Main Street, Fort Worth,	TX 76104	
	Category (See Categories listed at the top of this scheen	dule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Video services	5
	Check if travel outside of Texas, Complete Sched	ule T. Check if Austi	n. 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		
3/2/2021	Cade Lovelace		
Amount (\$)	Payee address;	City;	State Zip Code
\$127.53	2316 5th Avenue, Fort Worth, TX	K 76110	
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Reimbursement	Sign hardware	- Home Depot
	Check if travel outside of Texas, Complete Sched	lule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees   Off	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense ilaries/Wages/Contract Labor ow to complete this form.	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 NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2021	5 Payee name Sportswear Graphics		
6 Amount (\$)	7 Payee address;	City;	State: Zip Code
\$132.07	1100 St. Louis Avenue, Fort Wor	th, TX 76104	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	T-shirts	
	(c) Check if travel outside of Texas. Complete Schedu	ule T Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/9/2021	Starbucks		
Amount (\$)	Payee address;	City;	State; Zip Code
\$19.43	1608 W. Rosedale, Fort Worth, T	X 76104	
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Coffee	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	n 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		
3/11/2021	Fastsigns		
Amount (\$)	Payee address;	City;	State; Zip Code
\$75.49	2603 8th Avenue, Suite 109 Fort	Worth, TX 76110	
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Campaign sign	٦
	Check if travel outside of Texas, Complete Schedu	uleT Check if Aust	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	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 Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Printing Expense Salanes/Wages/Contract Labor Gift/Awards/Memorials Expense 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 3 Filer ID (Ethics Commission Filers) William Cade Lovelace 4 Date 5 Payee name 3/21/2021 Kameron Manning 6 Amount (\$) 7 Payee address; City; State: Zip Code \$48.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Contract Labor Literature Drop OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/21/2021 Tommy Tipton Amount (\$) City; State: Zip Code Payee address; \$48.00 Category (See Categories listed at the top of this schedule) Description Contract Labor Literature Drop **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Date Payee name 3/21/2021 Cherrina Clark Amount (\$) Payee address; Zip Code City; \$48.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor Literature Drop EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

### SCHEDULE F1

				1 3		
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credil Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1	2 FILER N	IAME			3 Filer ID (Ethic	cs Commission Filers)
		Cade Lovelace				,
4 Date	5 Payee n	ame				
3/21/2021	Latoya [	Davis				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$48.00						
8	(a) Catego.	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Contrac	t labor		Literature Drop	р	
OF EXPENDITURE						
_,,,_,,,,	(c)	Check if travel outside of Texas, Complete So	rhadula T	Check if August	n, TX, officeholder livin	a avponce
					TK Officertoider fivin	
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
0/04/0004	0 - 11- 11	- D - 1				
3/21/2021	Gabriell	e Davis				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$48.00						
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE	Contrac	t Labor		Literature Drop	) "	
OF EXPENDITURE						
		Check if Iravel outside of Texas. Complete Sc	hedule T	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ł					
Date	Payee n	Bme				
3/19/2021	Sportsw	ear Graphics				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$132.07	110 St. I	_ouis Avenue, Fort Wo	rth, TX	76104		
	Category	(See Categories listed at the top of this so	hedule)	Description		
PURPOSE		Expense				
OF	. mining	EXPONSO		Tshirts		
EXPENDITURE						
		Check if travel outside of Texas, Complete So	hedule T	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
	AT	TACH ADDITIONAL COPIES	UE THIS (	SCHEDIII E AS NEE	DED	
	44.1	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ALC: 1 EHRO 2	JULIE HOLLE HO MEET		

### SCHEDULE F1

if the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po  iy Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	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 NAME		3 Filer ID (Ethics Commission Filers)	
4.5	William Cade Lovelace			
4 Date 3/24/2021	Texas Democrats			
6 Amount (\$) \$280.00	7 Payee address: 1106 Lavaca, Suite 100, Austin,	City; TX 78701	State, Zip Code	
8	(a) Category (See Categories listed at the top of this sched			
PURPOSE OF EXPENDITURE	Advertising Expense	Van Access		
	(c) Check if Iravel outside of Texas, Complete Schedu	uleT 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			
3/27/2021	Charles Jackson			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$75.00				
	Category (See Categories listed at the top of this schedu			
PURPOSE OF EXPENDITURE	Contract Labor	Literature Drop	0	
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Auslin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Рауее пате			
3/27/2021	Kameron Manning			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$75.00				
-	Category (See Categories listed at the top of this schedule	ule) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Literature Drop		
	Check if travel outside of Texas, Complete Schedul	leT. Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

### 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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  how to complete this form.  Transportation Equipment & Related Exprinting Expense Travel In District Other (enter a category not listed above)	ense
1 Total pages Schedule F1	2 FILER NAME William Cade Lovelace	3 Filer ID (Ethics Commission File	rs)
4 Date 3/27/2021	5 Payee name Jared Moore	, , , , , , , , , , , , , , , , , , , ,	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$75.00			
8	(a) Category (See Categories listed at the top of this si	chedule) (b) Description	
PURPOSE	Contract Labor	Literature Drop	
OF EXPENDITURE			
	(c) Check if travel outside of Texas, Complete Sch	nedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3/27/2021	Cherrina Clark		
Amount (\$)	Payee address;	City; State; Zip Code	
\$75.00			
	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Literature Drop	
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austin, $TX_{g}$ officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3/27/2021	Carolyn Hunter		
Amount (\$) \$45.00	Payee address	City; State; Zip Code	
	Category (See Categories listed at the top of this sci	nedule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Literature Drop	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED	

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po  iy Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense Iaries/Wages/Contract Labor ow to complete this form,	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 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: 4850 SW Loop 820, Fort Worth,	City; TX 76109	State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this sched	Sign materials	(b) Description Sign materials  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 3/11/2021	Payee name King's Liquors			
Amount (\$) \$110.86	Payee address; 2810 W Berry St, Fort Worth, TX	76109	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Event Expense	Description Beverages		
	Check if travel outside of Texas, Complete Schedu	le T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 3/10/2021	Payee name Put a Cork in It			
Amount (\$) \$96.56	Payee address; 2972 Park Hill Dr, Fort Worth, TX	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Event Expense	Description Beverages		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name	leT. Check if Austi	n, TX, officeholder living expense  Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credil Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/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 NAME William Cade Lovelace	ow to complete this form.	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
3/10/2021	Starbucks			
6 Amount (\$)	7 Payee address;	City	State; Zip Code	
\$19.43	1608 W. Rosedale, Fort Worth,	TX 76104		
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description		
PURPOSE OF EXPENDITURE	Event expense	Coffee		
	(c) Check if travel outside of Texas, Complete Sched	dule T. Check if Austi	n, TX, officehalder living expense	
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
3/10/2021	Walgreens			
Amount (\$)	Payee address;	City;	State Zip Code	
\$4.96	3100 Mccart Avenue, Fort Worth	n, TX 76110		
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Event Expense	ent Expense Beverage supplies		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/31/2021	Paypal			
Amount (\$) \$141.00	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Fundraising expense	Paypal fee		
	Check if travel outside of Texas, Complete Sched	uleT, Check if Austi	n. TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				