

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 25</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI Mr. William Cade <small>NICKNAME LAST SUFFIX</small> Lovelace</p>		<p>OFFICE USE ONLY</p> <p>Date Received 1/15/2021</p> <p>AC</p> <p>Date Hand-delivered or Date Postmarked Emailed</p> <p>Receipt # Amount \$ 0</p> <p>Date Processed 1/15/2021</p> <p>Date Imaged 1/15/2021</p>
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1601 8th Avenue, Fort Worth, TX 76104</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (817) 953-9656</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI Mr. Felipe <small>NICKNAME LAST SUFFIX</small> Gutierrez</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4129 College Avenue, Suite 419, Fort Worth, TX 76104</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (817) 713-7426</p>		
<p>9 REPORT TYPE</p>	<p> <input checked="" type="checkbox"/> January 15 <input 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) </p>		
<p>10 PERIOD COVERED</p>	<p> Month Day Year Month Day Year 10 / 26 / 2020 THROUGH 12 / 31 / 2020 </p>		
<p>11 ELECTION</p>	<p> 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 </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) OFFICE SOUGHT (if known)</p> <p style="text-align: right;"> Fort Worth ISD School Board District 9 Trustee </p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **William Cade Lovelace** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

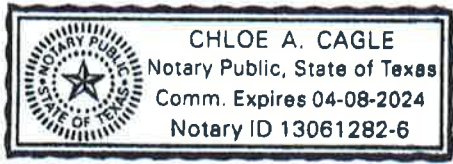
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

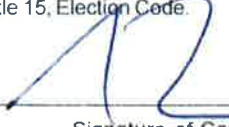
☐ Additional Pages

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)	\$ 28,397.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,262.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31,135.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Cade Lovelace, this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

Chloe A. Cagle
 Signature of officer administering oath

Chloe A. Cagle
 Printed name of officer administering oath

TX Notary Public
 Title of officer administering oath

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	\$ 28,075.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 322.59
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,262.04
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: 15
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Aiken 6 Contributor address; City; State; Zip Code 124 S. Main St, Ste. 207, Burleson, TX 76028	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Allen Contributor address; City; State; Zip Code 2300 6th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 12/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Amon Contributor address; City; State; Zip Code 1404 S. Adams Street, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Bahari Contributor address; City; State; Zip Code 1955 Alston Ave., Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		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 12/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Beames 6 Contributor address; City; State; Zip Code 2233 W. Rosedale Street, Fort Worth, TX 76110	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Stay at home mom		9 Employer (See Instructions)
Date 12/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Berry Contributor address; City; State; Zip Code 717 Kyle, Arlington, TX 76011	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 12/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Brammer Contributor address; City; State; Zip Code 1969 Alston Ave., Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Brender Contributor address; City; State; Zip Code 600 8th Avenue, Fort Worth, TX 76104	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
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 12/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chloe Cagle 6 Contributor address; City; State; Zip Code 3220 McCart Ave., Fort Worth, TX 76110	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions)
Date 11/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cass Calloway Contributor address; City; State; Zip Code 6008 Maple Avenue, Apt. 468, Dallas, TX 75235	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Carmichael Contributor address; City; State; Zip Code 432 Samuels Avenue, #6104, Fort Worth, TX 76102	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Craig Contributor address; City; State; Zip Code 9121 Arlene Drive, White Settlement, TX 76108	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jane Debenport 6 Contributor address; City; State; Zip Code 2526 S. Adams Street, Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Drago Contributor address; City; State; Zip Code 454 Fairbrook Lane, Fort Worth, TX 76140	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 12/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Drake Contributor address; City; State; Zip Code 2530 Ryan Place Dr., Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 12/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Easterly Contributor address; City; State; Zip Code 2901 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Oil & Gas		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 12/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Beth Ebert 6 Contributor address; City; State; Zip Code 2350 South Adams, Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Fox Contributor address; City; State; Zip Code 3513 Overton Park Dr. E, Fort Worth, TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
Date 12/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Gardner Contributor address; City; State; Zip Code 2529 6th Ave., Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Regional Director of Real Estate		Employer (See Instructions)
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Gee Contributor address; City; State; Zip Code 2512 S. Adams, Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
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SCHEDULE A1

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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 12/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Givens 6 Contributor address; City; State; Zip Code 1216 Elizabeth, Fort Worth, TX 76110	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions)
Date 12/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Herring Contributor address; City; State; Zip Code 1801 Bolton St., Fort Worth, TX 76111	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Financial		Employer (See Instructions)
Date 12/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Hicks Contributor address; City; State; Zip Code 1801 Bolton St., Fort Worth, TX 76111	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Holland Contributor address; City; State; Zip Code 1112 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Realtor		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

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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 12/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Johnson 6 Contributor address; City; State; Zip Code 2519 5th Ave., Fort Worth, TX 76110	7 Amount of contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions)
Date 11/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich Johnston Contributor address; City; State; Zip Code 2600 Ryan Place Drive., Fort Worth, TX 76110	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions)
Date 11/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Jones Contributor address; City; State; Zip Code 1302 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Karnes Contributor address; City; State; Zip Code 2618 5th Ave., Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Curator		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 12/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Keith <hr/> 6 Contributor address; City; State; Zip Code 2724 Willing Avenue, Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michealle Key <hr/> Contributor address; City; State; Zip Code 2732 Willing Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions)
Date 11/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Kline <hr/> Contributor address; City; State; Zip Code 1215 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Commerce & Investment Real Estate Broker		Employer (See Instructions)
Date 10/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda W. Lanier <hr/> Contributor address; City; State; Zip Code 760 Harbor Bend Rd., #203, Memphis TN	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 12/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Lawler	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4009 Dawn Drive, Benbrook, TX 76126		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 12/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Lawler	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4009 Dawn Drive, Benbrook, TX 76126		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 12/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Lewis	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2708 6th Avenue, Fort Worth, TX 76110		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 10/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Lovelace	Amount of contribution (\$) \$6,000.00
Contributor address; City; State; Zip Code 2316 5th Avenue, Fort Worth, TX 76110		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 10/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Lovelace 6 Contributor address; City; State; Zip Code 1540 S. Gessner Rd., Houston, TX 77063	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 11/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry L. Lovelace Contributor address; City; State; Zip Code 3049 Ridgeview Dr., Grapevine, TX 76051	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paige Lyons Contributor address; City; State; Zip Code 1904 Maplewood Trl., Colleyville, TX 76034	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie MacFarlane Contributor address; City; State; Zip Code 2104 Washington Ave., Fort Worth, TX 76110	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Queen Bee		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

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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 12/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Ribitzki 6 Contributor address; City; State; Zip Code 1151 Cedar Bluff Ct., Aledo, TX 76008	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 11/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad McCarty Contributor address; City; State; Zip Code 5609 Charlotte St., Fort Worth, TX 76112	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Miles Contributor address; City; State; Zip Code 1300 Mistletoe Dr., Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 12/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Murray Contributor address; City; State; Zip Code 1017 Creek Hollow Lane, Fort Worth, TX 76131	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher		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 11/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Neubauer 6 Contributor address; City; State; Zip Code 4800 Grapevine Terrace, Fort Worth, TX 76123	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee New Contributor address; City; State; Zip Code 6400 Drury Lane, Fort Worth, TX 76116	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions)
Date 12/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malorie Nielsen Contributor address; City; State; Zip Code 1409 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 12/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer O'Connell Contributor address; City; State; Zip Code 2745 Ryan Place Dr., Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Tax Preparer		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

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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 12/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Robertson 6 Contributor address; City; State; Zip Code 1200 Elizabeth Blvd., Fort Worth, TX 76110	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2020		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Rodriguez Contributor address; City; State; Zip Code 601 Westport Pkwy., Grapevine, TX 76051
Principal occupation / Job title (See Instructions) Customer Service Field Tech Rep		Amount of contribution (\$) \$50.00 Employer (See Instructions)
Date 12/17/2020		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Sanchez Contributor address; City; State; Zip Code 2933 Lipscomb, Fort Worth, TX 76110
Principal occupation / Job title (See Instructions) Health IT		Amount of contribution (\$) \$25.00 Employer (See Instructions)
Date 11/30/2020		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Scharar Contributor address; City; State; Zip Code 2322 Willing Avenue, Fort Worth, TX 76110
Principal occupation / Job title (See Instructions) CPA Attorney		Amount of contribution (\$) \$500.00 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 12/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Shetter 6 Contributor address; City; State; Zip Code 1100 Hemphill Street, Fort Worth, TX 76104	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions)
Date 12/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Shutt Contributor address; City; State; Zip Code 1508 Elizabeth Blvd., Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Webb Contributor address; City; State; Zip Code 11605 Hobbiton Trail, Austin, TX 78739	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO - Webb Digital Network		Employer (See Instructions)
Date 11/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri West Contributor address; City; State; Zip Code 2530 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Designer		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 12/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Wiley 6 Contributor address; City; State; Zip Code 3800 W. 5th Street, Fort Worth, TX 76107	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libby Willis Contributor address; City; State; Zip Code 2300 Primrose Avenue, Fort Worth, TX 76111	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant/Retired Attorney		Employer (See Instructions)
Date 11/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Younger Contributor address; City; State; Zip Code 2307 5th Avenue, Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

2 FILER NAME

William Cade Lovelace

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 322.59

5 Date

12/4/2020

6 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lauren Lovelace-Murray

7 Contributor address;

City;

State;

Zip Code

1017 Creek Hollow Lane, Ft. Worth, TX 76131

8 Amount of Contribution \$

\$322.59

9 In-kind contribution description

Face Masks

☐ Check if travel outside of Texas. Complete Schedule T.

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

Horse Show Manager

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

Fort Worth Stock Show & Rodeo

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address;

City;

State;

Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

William Cade Lovelace

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 10,000.00

5 Date of loan

10/26/2020

7 Name of lender

☐ out-of-state PAC (ID#: _____)

William Cade & Jennifer Lovelace

9 Loan Amount (\$)

\$10,000.00

6 Is lender
a financial
Institution?☐ Y ☒ N

8 Lender address; City; State; Zip Code

2316 5th Avenue, Fort Worth, TX 76110

10 Interest rate

0%

11 Maturity date

10/26/2021

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

Self Employed

14 Description of Collateral

☒ none

15

Check if personal funds were deposited into political
account (See Instructions)16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political
account (See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/2020		5 Payee name Parmer Consulting			
6 Amount (\$) \$6,000.00		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		
	(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 11/06/2020		Payee name Cade Lovelace			
Amount (\$) \$30.96		Payee address; City; State; Zip Code 2316 5th Ave., Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement - Staples		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					
Date 11/08/2020		Payee name Cade Lovelace			
Amount (\$) \$29.98		Payee address; City; State; Zip Code 2316 5th Ave., Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement - Staples		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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1;		2 FILER NAME William Cade Lovelace		3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/2020		5 Payee name Lovelace Law, PC			
6 Amount (\$) \$102.98		7 Payee address; City; State; Zip Code 1601 8th Avenue, Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement		(b) Description Envelopes - AlphaGraphics		
	(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 11/16/2020		Payee name Cade Lovelace			
Amount (\$) \$90.93		Payee address; City; State; Zip Code 2316 5th Ave., Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Letterhead - Staples		
	<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 11/16/2020		Payee name Cade Lovelace			
Amount (\$) \$55.00		Payee address; City; State; Zip Code 2316 5th Ave., Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Stamps - USPS		
	<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

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 11/16/2020		5 Payee name Lovelace Law, PC			
6 Amount (\$) \$55.00		7 Payee address; City; State; Zip Code 1601 8th Avenue, Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement		(b) Description Stamps - USPS		
	(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 11/16/2020		Payee name Cade Lovelace			
Amount (\$) \$11.00		Payee address; City; State; Zip Code 2316 5th Ave., Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Stamps - USPS		
	<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 11/17/2020		Payee name Lovelace Law, PC			
Amount (\$) \$110.00		Payee address; City; State; Zip Code 1601 8th Avenue, Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description Stamps - USPS		
	<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

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 11/18/2020		5 Payee name Chloe Cagle			
6 Amount (\$) \$210.87		7 Payee address; City; State; Zip Code 3220 McCart Avenue, Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement		(b) Description Letterhead - Staples		
	(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 11/16/2020		Payee name Chloe Cagle			
Amount (\$) \$325.00		Payee address; City; State; Zip Code 3220 McCart Avenue, Fort Worth, TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Clerical 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					
Date 12/31/2020		Payee name Paypal			
Amount (\$) \$240.37		Payee address; City; State; Zip Code P.O. Box 105658, Atlanta, GA 30348			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Transaction Fees		
	<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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

William Cade Lovelace

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder