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FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages f	iled:
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	<u></u>	Lovelace			JUL 1	5 2021
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1601 8th Aver	APT / SUITE #; nue, Fort Worth,	CITY; STATE; TX 76104	ZIP CODE		dugation or Date Postmarked 5-2021
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ADDRESS (Residence or Business)	4129 College	e Avenue, Suite	419, Fort Worl	th, TX 7610	4	
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MONETARY POLITICAL CONTR BUT ONS

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MONETARY POL TICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date	5 Full name of contributor	7 Amount of contribution (\$)
5/29/21	Brenda & Jim Lanier	\$500.00
	760 Harbor Bend Road, #203, Memphic, TN 38103	
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
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SCHEDULE F1

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POL T CAL EXPEND TURES MADE FROM POL TICAL CONTR BUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

A. A	Event Expense	Loan Repayment/Reimbursement	O Halland Condensation Consession
÷	Food/Beverage Expense	Polling Expense	
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4	William Cade Lovelace		
4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address;	City;	State: ZIp Code
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