## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	<ul><li>2 Total pages filed.</li><li>3</li></ul>	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr. Williar  NICKNAME LAST  Lovela	SUFFIX	2/5/2021		
4 ORIGINAL REPORT TYPE	30th day before election 15th app	off Other (specify) eeded \$500 limit a day after treasurer ointment (officeholder only) al report	Date Hand-delivered or Date Postmarked  2/5/2021 emailed  Receipt # Amount \$ O  Date Processed		
5 ORIGINAL PERIOD COVERED	Month Day Year 10 26 2020 TH	Month Day Year  ROUGH 12 / 31 / 2020	0/5/2021  Date Imaged 0/5/2021		
6 EXPLANATION OF CO	DRRECTION				
In-kind donation correction.					
Check ONLY if applicable:  Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.  Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  Signature of Candidate/Officeholder					
(1) Affidavit	AL	omplete either option below:	CHLOE A. CAGLE Notary Public, State of T Comm. Expires 04-08-2 Notary ID 13061282		
Sworn to and subscribed before me by William Cade Overall this the 29 day of January.					
	which, witness my hand and seal of off	ice. Cagle of officer administering oath	Notany, State 6,TX  Title of officer administering oath		
		OR			
(2) Unsworn Declaration					
My name is, and my date of birth is					
My address is	· · · · · · · · · · · · · · · · · · ·				
	(street)	(city) (sta	ate) (zip code) (country)		
Executed in	County, State of	, on the day of(month)	, 20		
		Signature of Candida	te/Officeholder (Declarant)		
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME W	Iliam Cad	de Lovelace	5 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! OF 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  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$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		\$30,812.96	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$10,000.00		
Nota Con	CHLOE A. CAGLE ry Public, State of 1 nm. Expires 04-08-2 otary ID 13061282	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me	
AFFIX NOTARY STAN		VI Warre Code   Malaca	aceth	
Sworn to and subso		to certify which, witness my hand and seal of office.	, this the	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	