

CANDIDATE / OFFICEHOLDER
CANDIDATE FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
Mr.

FIRST
William

M
Cade

OFFICE USE ONLY

Date Received

NICKNAME _____ LAST

SUFFIX

RECEIVED

JUL 15 2021

Board of Education

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1601 8th Avenue, Fort Worth, TX 76104

Date Hand-delivered or Date Postmarked

7-15-2021

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 953-9656

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

M

Felipe

Date Processed

NICKNAME

LAST

SUFFIX

Date Imaged

Gutierrez

ADDRESS

(Residence or Business)

4129 College Avenue, Suite 419, Fort Worth, TX 76104

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 713-7426

9 REPORT TYPE

15th day after campaign

I E/OFFICE OLDER
C IG FI A C O

FO C/OH
COVER SHEET PG 2

15 C/OH

16 Filer ID (Ethics Commission F

1. ~~CONTRIBUTION~~ (OTHER THAN

2. ~~CONTRIBUTION~~

TOTALS

OR

5. ~~TOTAL POLITICAL CONTRIBUTIONS~~ MAINTAINED AS OF THE LAST DAY

(OTHER THAN PLEDGES, LOANS, OR GU EES OF LOANS)

EXPENDITURE

6.
3.

L UNITEMIZED POLITICAL EXPENDITURE.

4. T L POLITICAL EXPENDITURES

CONTRIBUTION

BALANCE

O

DING
TOTALS

Please mplete either option below.

TOTAL PRINCIPAL AMOUNT OF ALL O DING LOANS AS OF THE

(1) it

oath

Title of administering oath

A black and white photograph of a large, multi-story building with a prominent central tower and many windows, likely a government or institutional building. The building is surrounded by trees and a paved area.

7

8. **William Cade Lovelace**

21	SCHEDULE SUBTOTALS		\$	SUBTOTAL AMOUNT
	NAME OF SCHEDULE			

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$11,750.00
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11 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

3 SCHEDULE B: PLEDGED CONTRIBUTIONS \$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

4. SCHEDULE E: LOANS

SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,380.05
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6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

[REDACTED]

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

DO NOT include this page in the report

☐ out-of-state PAC

The Instruction Guide explains how to complete this form.

☐ out-of-state PAC

1 Total pages Schedule A1

2 FILER NAME

William Cade Lovelace

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

☐ out-of-state PAC

05/28/2021 William Cade Lovelace

\$5,000.00

1601 8th Avenue, Fort Worth, TX 76104

Personal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

☐ out-of-state PAC

☐ out-of-state PAC (I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

City;

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

William Code Lovelace

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

5/29/21

Brenda & Jim Lanier

\$500.00

6 Contributor address;

City;

State; Zip Code

760 Harbor Bend Road, #203, Memphis, TN 38103

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Date

Full name of contributor

Amount of contribution (\$)

City; State; Zip Code

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the information is not required, DO NOT include this in the

Advertising Expense

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Consulting Expense
Contributions/Donations Made By
Total page 1 of 1
Credit Card Payment

The Instruction Guide explains how to complete this form.
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Printing Expense
Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District
3-File ID (Ethics Commission Filers)
Other (enter a category not listed above)

1 Total page 1 of 1
2 FILER NAME
William Cade Lovelace

4 Date

5/28/2021

5 Payee name

Golden Peak

6 Amount (\$)

\$7,140.00

7 Payee address;

PO Box 5390, Vail, CO 81658

City;

State

Zip Code

8

(b) Description

(a) Category (See Categories listed at the top of this schedule)

Consulting & Printing Expense

OF
EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

5/28/2021

Blue Base Group

Amount (\$)

\$3,580.00

Payee address;

124 Dupont Circle, Fort Worth, TX 76134

City;

State;

Zip Code

Description

Canvassing services

PURPOSE
OF
EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

[illegible]

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 Filer)
4 Date 06/18/2021	5 Payee name Blue Cross Group	
6 Amount (\$) \$4,535.00	7 Payee address; 124 Dupont Circle, Fort Worth, TX 76134	City: State: Zip Code

PURPOSE

Canvassing services

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/16/2021	Constant Contact		Travel Out Of District
Amount (\$)	Payee address;	City;	State; Zip Code
21.32	1601 Trapelo Rd., Waltham, MA 02451		

Description

Emails

Other (enter a category not listed above)

PURPOSE OF EXPENDITURE

	Candidate / Officeholder name	Office sought	Office held
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