CA D DATE / OFF CEHOLDER CA G F ANCE 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

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2021

Board of ducation

Date Hand-delivered or Date ~~Postmarked~~

7-15-2021

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	M
Mr.	William	Cade

NICKNAME | LAST | SUFFIX

Lovelace

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1601 8th Avenue, Fort Worth, TX 76104

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(817) 953-9656

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	M
	Felipe	

NICKNAME | LAST | SUFFIX

Gutierrez

[redacted]

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 [redacted] 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

/OTHER THAN

2

TOTALS

OR

5 POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GU EES OF LOANS)

EXPENDITURE 6
3. L UNITEMIZED POLITICAL EXPENDITURE.

4. T L POLITICAL EXPENDITURES

BALANCE

O DING
TOTALS

of Officeholder

Please mplete either option below:

(1) it

oath

Title of administering oath

[redacted] FORM C/OH

[redacted]

2. [redacted] $

[redacted] $

5. [redacted]

7 $

8. William Cade Lovelace

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	$ SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$11,750.00
11 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. SCHEDULE E: LOANS	
■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$15,380.05
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 CONTR BUT ONS

SCHEDULE A1

[redacted]

☐ out-of-state PAC

[redacted]

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)

[redacted]

7 Amount of contribution ($)

☐ out-of-state PAC

05/28/2021 William Cade Lovelace $5,000.00

[redacted]

1601 8th Avenue, Fort Worth, TX 76104

[redacted]

MONETARY POL TICAL CONTRIBUTIONS

SCHEDULE A1

[redacted] information is not applicable. DO NOT include this page in the report.

[redacted]

☐ out-of-state PAC

[redacted]

☐ out-of-state PAC (I

[redacted]

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: [redacted]

[redacted] City;

2 FILER NAME

William Cade Lovelace

3 Filer ID (Ethics Commission Filers) [redacted]

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, Memphic, TN 38103

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date	Full name of contributor	Amount of contribution ($)
[redacted]		

[redacted] City; State; Zip Code

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not [redacted] DO NOT include this [redacted] in the [redacted]

Advertising Expense

Solicitation/Fundraising Expense

[redacted]

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
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 payee Schedule F1 **2** FILER NAME **3** Filer ID (Ethics Commission Filers)

2 William Cade Lovelace

4 Date
5/28/2021

5 Payee name
Golden Peak

6 Amount ($)
$7,140.00

7 Payee address; City; State Zip Code
PO Box 5390, Vail, CO 81658

8

(b) Description

(a) Category (See Categories listed at the top of this schedule)
Consulting & Printing Expense

PURPOSE OF EXPENDITURE

9 Complete ONLY if [redacted] expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date
5/28/2021

Payee name
Blue Rose Group

Amount ($)
$3,580.00

Payee address; City; State; Zip Code
124 Dupont Circle, Fort Worth, TX 76134

Description
Canvassing services

PURPOSE OF EXPENDITURE

Candidate / Officeholder name Office sought Office held

[redacted]

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense | Loan Repayment/Reimbursement
Fees | Office Overhead/Rental Expense
Food/Beverage Expense | Polling Expense
Gift/Awards/Memorials Expense | Printing Expense
Legal Services | Salaries/Wages/Contract Labor

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: 06/18/2021

5 Payee name: Blue Rose Group

6 Amount ($): $4,535.00

7 Payee address; City: State: Zip Code: 124 Dupont Circle, Fort Worth, TX 76134

PURPOSE OF EXPENDITURE: Canvassing services

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Date: 6/16/2021

Payee name: Constant Contact

Travel Out Of District

Amount ($): 21.32

Payee address; City: State: Zip Code: 1601 Trapelo Rd., Waltham, MA 02451

Candidate/Officeholder/Political Committee Credit Card Payment

PURPOSE OF EXPENDITURE

Description: Emails

Other (enter a category not listed above)

Candidate / Officeholder name | Office sought | Office held