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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

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

M

OFFICE USE ONLY

NICKNAME

LAST

SUFFIX

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

CEIVED

915 East Cambridge St ENL 710104

M 1 2021

OFFICEHOLDER
PHONE

(682) 554-2304

CA DID E/OFFICE OLDER
CA G F A CE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3030.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 307.68

CONTRIBUTION

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE FISCAL YEAR

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diane E. Williams State
Notary of TN

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Wallace, Bridges

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3030.00
2		\$ 0
3		0
4		\$ 0
		\$ 2307.68
6	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
	SCHEDULE E: LOANS	
9		
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7		\$

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Donor State

or ZIP

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City

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North

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Wind Hills

Village

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Donor Occupation

Not Employed

Not Employed

Finance

Business Consultant

Public Relations Consultant

Human Resource

Educator

Greeter

Respiratory Therapist

Mental health therapist

Engineer

Not Employed

Not Employed

Therapist

Administrator

Donor Employer

Not Employed

Not Employed

Chm

RARLLC

Self

GM Financial

ISD

Premier Parking

THR Harris

Youth advocate program

TCC

Not Employed

Not Employed

Lena Pope

City of Fort Worth

the Bridge Camp

Finacne Report April 1, 2021

Donor First Name	Donor Last Name	Donor Address	Donor City	Donor State	Donor ZIP
Patricia	Wells	P. O. Box 1521	Palmetto	FL	34220
Denise	Wott	8023 Carlotta Road South	Jacksonville	FL	32211
Kristina	Willo	1008 E Humbolt St	FORT WORTH	TX	76104
Mary	Woha	517 zachum dr	Arlington	TX	76002
Patrick	Wnta	1008 East Humbolt st	FORT WORTH	TX	76104
Rocheia	Wnks	2820 Galvez Avenue	Fort Worth	TX	76111
Kelly	W Gray	2820 Galvez Avenue	Fort Worth	TX	76111
Jarred	Ward	6000 Bosque River Ct	North Richland Hills	TX	76180-0200
Walter	Wiams	6001 Forest Lane	Fort Worth	TX	76112
Rodney	Warris	5905 Spring Hill Cy	Arlington	TX	76016
Regenia	Wane	5110 Santa Rosa Dr	Kennedale	TX	76060
Linda	Weron	2004 Missouri Ave	Fort Worth	TX	76104
Angela	Wpko	1817 Fairmount Ave.	Fort Worth	TX	76110
Arquilla	Wove	7509 Fresh Springs Rd	Ft. Worth	TX	76120

Donor Occupation	Donor Employer
Not Employed	Not Employed
Not Employed	Not Employed
Realtor	Self Employed
Intervention Specialist	FWISD
Maintenance	City of fort worth
Childcare Director	Self-employed
Not Employed	Not Employed
Principal	Sable Brands LLC
Director	TCC
TPM	DART
School Administrator	Mansfield ISD
Not Employed	Not Employed
Social Worker	FWISD
Not Employed	Not Employed

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense

Event Expense

Constitution Fundraising Expense

2 FILER

Place Bridges

EXPENDITURE CATEGORIES FOR BOX 8(a)

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Loan or Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address;

City;

Zip Code

Gift/Awards/Memorials Expense

Travel Expenses

Travel Out Of District

Other (enter category not listed above)

(b) Description

PURPOSE

EXPENDITURE

(c)

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

1 Total as Schedule F1

375 Attached

State;

Amount (\$)

City;

State;

Zip Code

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

Description

PURPOSE
OF
EXPENDITURE

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

[illegible]

Zip	Category	Description
75216	Advertising Expense	Expense for campaign advertising
75060		Yard signs & street signs
78701		Texas Voter files

Amount

\$692.80

\$1,244.88

\$370.00

\$2,307.68 Total