

CAND DATE / OFF CEHOLDER
CA PA GN FINA CE 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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS /

FIRST

MI

OFFICE USE ONLY

NICKNAME

LAST

SUFFIX

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT /

#;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date

Date Postmarked

6 CAMPAIGN
TREASURER
NAME

/ MRS / MR

M

Receipt #

Amount \$

Date Processed

Date Imaged

NICKNAME

SUFFIX

ADDRESS / PO BOX / APT / SUITE #

CITY

ZIP CODE

TREASURER
ADDRESS

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

8th day before election

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

P.O. 1651 Fort Worth TX 76

(817) 898-6360

MAY 6 23

CANDIDATE/OFFICEHOLDER
CAGFA REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Wallace Bridges

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO
SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S

COMMITTEE TYPE COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE(S)

COMMITTEE CAMPAIGN TREASURER NAME

KNOWLEDGE OF CANDIDATE, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE

☐ Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

\$ 1500.00

\$ 944.40

1454.70

OF SUCH EXPENDITURES.

17 CONTRIBUTION
TOTALS

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

Printed name of officer administering oath Title of officer administering oath

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	\$ 1500.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C: LOANS	\$
5.	SCHEDULE D: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
6.	SCHEDULE E1: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE E2: UNPAID INCURRED OBLIGATIONS	\$
8.	SCHEDULE F: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
9.	SCHEDULE G: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
12.	SCHEDULE J: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

DO NOT include this page in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Accounting/Bookkeeping Food Office Overhead/Rental Expense Transportation Equipment & Related Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

See how to complete this form.

1 Total pages Schedule F1 3 Filer ID (Ethics Commission Filer)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

8 (b) Description

PURPOSE
OF
EXPENDITURE

9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held

The Instruction Guide

2 FILER NAME

PURPOSE
Amount OF
EXPENDITURE Payee address; City; State Zip Code

Description

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

Date Payee name

PURPOSE
Amount OF
EXPENDITURE Payee address; City; State Zip Code

Description

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Amount	Description
13-Jul	\$9.04	Meeting
15-Jul	\$100.00	campaign Dounation
15-Jul	\$50.00	Campaign Dounation
18-Jul	\$20.25	Parking Fee
18-Jul	\$44.11	lunch with volunteer
15-Jul	\$25.12	Dinner with volunteer
18-Jul	\$7.33	meeting with volunteer
19-Jul	\$18.40	parking Fee
20-Jul	\$15.28	lunch with volunteer
22-Jul	\$28.26	refill volunteer gas
15-Sep	\$20.00	Incentive for parent meetir

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

2 3 Filers ID (Ethics Commission Filers)

2 3 Filers ID (Ethics Commission Filers)

4 Da

out-of-state PAC (I

LIME bang.

6 Contributor address;

State; Zip Code

2100 7100

7 Amount of contribution (\$)

out-of-state PAC (ID#:

111.11. 2 1.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

City;

Date

Full name of contributor

Amount of contribution (\$)

Contributor address;

State; Zip Code

out-of-state PAC (ID#:

Employer (See Instructions)

100 Throckmorton St 500

out-of-state PAC (ID#: