

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

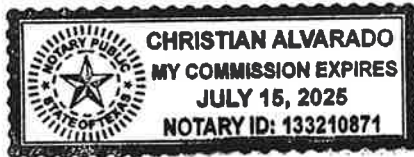
The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filer)	2. Total pages filed:
<b>3. CANDIDATE / OFFICEHOLDER NAME</b> MS. (MRS) <u>(MRS)</u> <u>Wallace</u> NICKNAME: _____ LAST: <u>Bridges</u> SUFFIX: _____		<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: red; font-weight: bold;">JUL 17 2023</div> <div style="font-size: 1.2em; color: red; font-weight: bold;">Board of Education</div> Date <del>Received</del> or Date Postmarked Receipt # _____ Amount \$ <u>0</u> Date Processed <u>7-18-23</u> Date Closed <u>7-18-23</u>	
<b>4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS (PO BOX, APT / SUITE), CITY, STATE, ZIP CODE <u>915 East Pecos St Fort Worth TX 76104</u>			
<b>5. CANDIDATE / OFFICEHOLDER PHONE</b> AREA CODE: <u>(682)</u> PHONE NUMBER: <u>554-2304</u> EXTENSION: _____			
<b>6. CAMPAIGN TREASURER NAME</b> MS. (MRS) / MR. _____ (MRS) _____ NICKNAME: _____ LAST: <u>Goldie Rhone</u> SUFFIX: _____			
<b>7. CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <u>P.O. Box 1651 Ft Wt Tx 76101</u>			
<b>8. CAMPAIGN TREASURER PHONE</b> AREA CODE: _____ PHONE NUMBER: <u>(817) 898-6360</u> EXTENSION: _____			
<b>9. REPORT TYPE</b> <input type="checkbox"/> January 15 <input type="checkbox"/> 20th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Candidate Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Forwarded Modified Reporting Limit <input type="checkbox"/> Final Report (after C/OH - FRI)			
<b>10. PERIOD COVERED</b> Month Day Year    THROUGH:    Month Day Year <u>Jan / 20 / 23</u> <u>July / 15 / 23</u>			
<b>11. ELECTION</b> ELECTION DATE: Month Day Year    ELECTION TYPE: Primary Runoff Other (describe) _____ <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12. OFFICE</b> OFFICE TITLE (Party): _____		<b>13. POLITICAL PARTY</b> (checked)	
<b>14. NOTICE FROM POLITICAL COMMITTEE(S)</b> 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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE TYPE  GENERAL  SPECIAL		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <i>Wallace Bridges</i>		16 Filer ID (Ethics Commission Filer)
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)	\$ <i>300.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>397.76</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>712.42</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Wallace Bridges*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Wallace Bridges* this the *18* day of *July*

20 *23* to certify which, witness my hand and seal of office.

*Christian Alvarado* *Christian Alvarado* *Coordinator*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Wallace Bridges* and my date of birth is *10/27/58*

My address is *915 East Cannon St* *Fort Worth* *Tx* *76104*  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declaration)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 (omit pages Schedule A1)

2 FILER NAME Wallace Bridges 3 Filer ID (Ethics Commission Filer)

4 Date 6/20/23 5 Full name of contributor \_\_\_\_\_ 7 Amount of contribution (\$) \$ 300.00  
 6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
1234 Terrall St Fort Worth TX 76104

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor	out-of-state PAC (Or _____)	Amount of contribution (\$)
	Contributor address: _____	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor	out-of-state PAC (Or _____)	Amount of contribution (\$)
	Contributor address: _____	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor	out-of-state PAC (Or _____)	Amount of contribution (\$)
	Contributor address: _____	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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)

Advertising Expense Accounting/Printing Consulting Expense Campaigns/Conventions Made By Candidate/Officeholder/Political Committee Child Care Payment	Event Expense Fuel Food/Beverage Expense Gift/Wrap/Wedding Expense Legal Services	Loan Payments/Reimbursement Office Overhead/Rental Expense Printing Expense Printing Expense Salary/Wages/Contract Labor	Self-Insured Unloading Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (check a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: _____	2 FILER NAME <i>Wallace S. Dicks</i>	3 Filer ID (Ethics Commission File#) _____
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4 Date _____	5 Payee name <i>Boswell Flowers</i>
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6 Amount (\$) <i>\$ 54.07</i>	7 Payee address: City: State: Zip Code <i>Fort Worth TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Flowers for injured trader</i>	(b) Description
	(c) Check if travel outside of Texas (Complete Schedule T) Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/7/23</i>	Payee name <i>Jeanette Martinez</i>
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Amount (\$) <i>\$ 25.00</i>	Payee address: City: State: Zip Code <i>Fort Worth TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Campaign Donation</i>	Description
	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
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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)**

- |  |                              |                                 |  |
|--|------------------------------|---------------------------------|--|
| Advertising Expense                        | Event Expense                | Loan Repayment/Reimbursement    | Solvent's Fundraising Expense            |
| Accounting/Banking                         | Fees                         | Office Overhead/Member Expenses | Transportation/Travel/Relocation Expense |
| Consulting Expense                         | Food/Beverage Expense        | Printing Expense                | Travel In-Country                        |
| Commissions/Donations Made By              | Gift/Words/Memorials Expense | Shipping Expense                | Travel Out Of District                   |
| Candidate/Officeholder/Political Committee | Legal Services               | Training/Notes/Contract Labor   | Other (as per category not listed above) |
| Char Card Payment                          |                              |                                 |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Wallace Bridges</i>	<b>3</b> Filer ID (Ethics Commission Filer):
<b>4</b> Date <i>2/14/23</i>	<b>5</b> Payee name <i>Go Daddy.com</i>	
<b>6</b> Amount (\$) <i>\$40.30</i>	<b>7</b> Payee address:	City: State: Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule):	(b) Description <i>Website Maintenance</i>
	(c) Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held
<b>Date</b> <i>2/14/23</i>	<b>Payee name</b> <i>Go Daddy.com</i>	
<b>Amount (\$)</b> <i>80.68</i>	<b>Payee address:</b>	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule):	Description <i>Website MAINTENANCE</i>
	(c) Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held
<b>Date</b> <i>5/11/23</i>	<b>Payee name</b> <i>Walmart</i>	
<b>Amount (\$)</b> <i>\$197.71</i>	<b>Payee address:</b>	City: State: Zip Code <i>Fort Worth TX</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <i>Teacher Incentives</i>	Description <i>cookies + candy for Teachers in district 4</i>
	(c) Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED