

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 Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI Wallace NICKNAME LAST SUFFIX Bridges	OFFICE USE ONLY Date Received RECEIVED MAY -2 2022 Board of Education Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 915 East Cannon St Fort Worth TX 76104		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 554-2304		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI Goldie NICKNAME LAST SUFFIX Rhone		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. 1651 Fort Worth, TX 76111		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 898-6360		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 29 / 22 THROUGH 4 / 29 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	Wallace. Bridges
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$ 9,520.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,785.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,508.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Wallace Bridges, this the 2nd day of May, 2020, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Exec. Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Wallace. Bridges</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,520.49</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8,785.07</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Amount	Paid At	Donor First Name	Donor Last Name	Donor Address Line 1
100	4/1/22 12:47	Walter	Williams	6001 Forest Lane
1000	4/1/22 22:29	Ramon	Romero	PO Box 181
500	4/7/22 20:03	Charles	Caldwell	P O Box 601174
1000	4/7/22 20:07	Gregory	Cody	2035 Tartan Trail, Suite 320
500	4/7/22 20:16	Leon	Haley	7322 old mill run
1000	4/7/22 20:49	Monica	Jackson	600 Six flags Drive, #435,
50	4/8/22 10:45	Sharon	Coulberson	810 Cavalier Drive
50	4/8/22 14:34	Shannon	Alfred	5023 Southpoint Dr., 5023
500	4/15/22 14:02	Mark	Floyd	Southpoint Dr
150	4/16/22 10:33	Michael	Campbell	1925 POWDERHORN DR
3000	4/19/22 12:20	John	Kleinheinz	P O Box 8902
1000	4/19/22 16:51	Jeffery	Postell	301 Commerce Street Suite 1900
100	4/22/22 8:51	Scioscia	Flowers	2341 Blue Smoke Court N.
50	4/22/22 12:06	Pablo	Calderon	6731 Trail Cliff Way
50	4/23/22 9:21	Deandre	Johnson	4813 Kemble St.
				162 Afton rd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Wallace Bridges

3 Filer ID (Ethics Commission Filers)

4 Date

4-7

5 Full name of contributor out-of-state PAC (ID#: _____)

Shandra Colon

6 Contributor address; City; State; Zip Code

5015 Addison Circle #373 Addison, TX 75001

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-7

Full name of contributor out-of-state PAC (ID#: _____)

John Proctor

Contributor address; City; State; Zip Code

P.O. Box 765129 Dallas TX 75376

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-7

Full name of contributor out-of-state PAC (ID#: _____)

Trelaine MAPP

Contributor address; City; State; Zip Code

12612 Beech Treacher Bulless TX 76040

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14

Full name of contributor out-of-state PAC (ID#: _____)

Good Government Fund

Contributor address; City; State; Zip Code

1300 L St NW Suite 200 Washington DC 20005

Amount of contribution (\$)

\$ 3,000.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Wallace. Bridgman

3 Filer ID (Ethics Commission Filers)

4 Date

4/15

5 Full name of contributor

Dee Kelly JR

out-of-state PAC (ID# _____)

6 Contributor address

City

State

Zip Code

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

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 (ID# _____)

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 (ID# _____)

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Favors/Telefonics Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
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 pages Schedule F1	2 FILER NAME Wallace Bridges	3 Filer ID (Ethics Commission Filers)
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4 Date 4-13-22	5 Payee name Fort Worth Black News
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6 Amount (\$) 738.00	7 Payee address: 111 4th Street Suite 200 Fort Worth TX 76102	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description News Adds.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> 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 4-14-22	Payee name Reilly Echols printing
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Amount (\$) 2,497.54	Payee address: 1710 South Harwood Dallas TX 75215	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailers	Description post card
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> 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 4-14-22	Payee name EDSI
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Amount (\$) 1058.69	Payee address: 203 S. Beltline Rd Irving TX 75060	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description yard signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/holder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Memorabilia Expense
Legal Services

Loan Repayment/Financing
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
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 pages Schedule F1	2 FILER NAME Wallace Bridges	3 Filer ID (Ethics Commission Filers)
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4 Date 4-27-22	5 Payee name REILY ECHOLS printing
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6 Amount (\$) 687.39	7 Payee address: 1710 South Harwood City: Dallas TX State: TX Zip Code: 75245
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Door Hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 4-28-22	Payee name Mack & BRE
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Amount (\$) 50.00	Payee address: Fe worth TX City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Video editing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Printing
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Announcements/Invitations Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
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 pages Schedule F1:	2 FILER NAME: Phalco Bridges	3 Filer ID (Ethics Commission Filers)
4 Date: 11-11-22	5 Payee name: fedex	
6 Amount (\$): 6.33	7 Payee address: City: State: Zip Code 3851 Airport Fwy Ft Worth TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description: COPIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name:	Office sought: Office held:

Date: 11-11-22	Payee name: fedex	
Amount (\$): 20.62	Payee address: City: State: Zip Code 3851 Airport Fwy Fort Worth TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description: COPIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name:	Office sought: Office held:

Date: 11-11-22	Payee name: USPS	
Amount (\$): 20.30	Payee address: City: State: Zip Code 251 W LANCASTER AVE Ft. Worth TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description: POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name:	Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorabilia Expenses
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expenses
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
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 pages Schedule F1: 2		2 FILER NAME Wallace Bridges		3 Filer ID (Ethics Commission Filers)	
4 Date 4-11-22		5 Payee name Walmart			
6 Amount (\$) \$11.52		7 Payee address: City: State: Zip Code 3851 Airport Fwy Fort Worth TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description envelopes, pens		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	

Date 4-11-22		Payee name USPS			
Amount (\$) 58.00		Payee address: City: State: Zip Code 251 W Lancaster Ave Ft. Worth TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description Postage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	

Date 4-11-22		Payee name US PS			
Amount (\$) 46.10		Payee address: City: State: Zip Code 251 W LANCASTER AVE FT WORTH TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description Postage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/holder/Political Committee
Credit Card Payment

Event Expense
Fees
Fund/Travel/Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
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 pages: Schedule F1	2 FILER NAME <i>Wallace Bridges</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/22</i>	5 Payee name <i>Jose A Romero</i>	
6 Amount (\$) <i>575.00</i>	7 Payee address: <i>2501 Mitchell Blvd Ft Worth TX 76108</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description: <i>Installation and Removal of Campaign Signs</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, off/holder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name: Office sought: Office held:		
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, off/holder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name: Office sought: Office held:		
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, off/holder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name: Office sought: Office held:		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense
Printing Expense
Salary/Wages/Contract Labor

Solicitation/Underwriting Expense
Transportation Equipment & Related Expense
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 pages Schedule F1	2 FILER NAME Wallace Bridges	3 Filer ID (Ethics Commission Filers)
4 Date 4-19-22	5 Payee name Ed Gray And Associates	
6 Amount (\$) \$175.00	7 Payee address; City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Campaign Promotion
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-25-22	Payee name chillis	
Amount (\$) 86.68	Payee address; 5010 U.S 287 Frontage Rd	City: State: Zip Code Artington TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Lunch Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-26-22	Payee name Reilly Echols Printing	
Amount (\$) 2497.54	Payee address; 1710 South Harwood	City: State: Zip Code Dallas TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description postcard mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held