



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

**16 NOTICE FROM POLITICAL COMMITTEE(S)**  
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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 4,335. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,942.88
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,812.04
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wallace Bridges, this the 7<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.

Laura Litton

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Exec. Secretary

Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME

*Wallace-bridge*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,335. <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,842. <sup>80</sup>
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	\$

# 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 Total pages Schedule A1:
2 FILER NAME <b>Wallace Bridges</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/22</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lorraine C. Miller</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address; City; State; Zip Code <b>1220 East Terrell Ave Ft Wt 76104</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/16/22</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Preston Geren</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1200 Washington Ave Ft Wt Tx 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/21/22</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kelly Allen Gray</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>2820 Galvez Ave Ft Wt Tx 76111</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/5/22</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Johnny Lewis</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>953 East Terrell Ave Ft Wt Tx 76104</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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. Bridges

3 Filer ID (Ethics Commission Filers)

4 Date

3-22

5 Full name of contributor

John Proctor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

P.O. Box

City;

Dallas

State;

Tx

Zip Code

75376

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.**

Amount	Paid At	Donor First Name	Donor Last Name	Donor Address Line 1	Donor City
150	2/14/22 14:02	William	Schlitz	1039 Bradford Court	Keller
25	2/14/22 14:03	Krystal	James	812 1/2 Moss street	New orleans
50	2/15/22 11:39	Stacy	Martin	5012 Alicia Dr	Fort Worth
25	2/16/22 12:24	Linda	Cameron	2004 Missouri Ave	Fort Worth
100	2/16/22 23:55	Jarred	Howard	6000 Bosque River Ct	north richland hills
250	2/17/22 10:44	Goldie	Rhone	4456 Hulen Cir W	Fort worth
25	2/17/22 14:26	Stephanie	Love	603 Marble Falls Court	Arlington
50	2/18/22 17:17	Shagranda	M. Traveler	1412 Judy Lane	Mansfield
100	2/19/22 23:41	Regenia	Crane	5110 Santa Rosa Dr	Arlington
20	2/20/22 12:30	Kintisha	Williams	2817 Sierra Dr	Fort Worth
250	2/21/22 18:12	Tonya	Veasey	6113 Cholla Drive	Fort Worth
50	2/21/22 18:17	Heather	Guidry	604 Stonehenge drive	Hurst
500	2/21/22 21:42	Alice	Puente	2737 Calder Ct	Fort Worth
250	2/22/22 7:38	Richard	Knight	7908 Cabin Court	Arlington
50	2/22/22 15:55	Angelo	Williams	2396 Coffeeberry Road	West Sacramento
250	2/23/22 10:31	Angela	Rainey	27 Oakridge Lane	Fort Worth
100	2/26/22 11:16	Todd	Moye	1800 6th Ave	FORT WORTH
25	2/26/22 16:03	Orion	Smith	560 Magnolia Pkwy	Benbrook
25	3/5/22 20:55	Drew	Bowen	5225 Purington Ave	Fort Worth
100	3/5/22 20:58	Denise	Scott	8023 Carlotta Rd South	Jacksonville
25	3/5/22 21:46	Sibyl	Wright	320 Perkins Ct	Suisun City
25	3/7/22 15:44	Edwardean	Harris	700 S. Kentucky Ave	Fort Worth

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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  
Gift/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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Wallace, Bridges	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/20/22	<b>5</b> Payee name TEXAS Democratic Party
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<b>6</b> Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; Austin TX	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description Democratic Voter List
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/14/22	Payee name Reilly Echols Printing Inc
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address 1710 South Harwood Dallas TX 75215	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description Door Hangers
	<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 3/10/22	Payee name EDWARDS + PATTERSON SIGN
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 203 S. Beltline Rd Irving TX 75060	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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