

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 MR	FIRST Wallace	MI	OFFICE USE ONLY Date Received 4/23/2021 <u>Date Hand-delivered</u> or Date Postmarked Receipt # Amount \$ Date Processed 4/23/2021 Date Imaged
	NICKNAME	LAST Bridges	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 915 East Cannon St Ft Worth TX 76104	APT / SUITE #	CITY; STATE; ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (682)	PHONE NUMBER 554-2304	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Goldie	MI	
	NICKNAME	LAST Rhone	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1651 Fort Worth TX 76101			
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 898-6360	EXTENSION	
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 Mar / 23 /			THROUGH Month Day Year April / 21 / 21
11 ELECTION	ELECTION DATE Month Day Year MAY / 1 / 2021		ELECTION TYPE Primary Runoff Other Description <u>General</u> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) School Board Trustee District 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPFCIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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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 Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,185.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>91.19</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2093.81</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

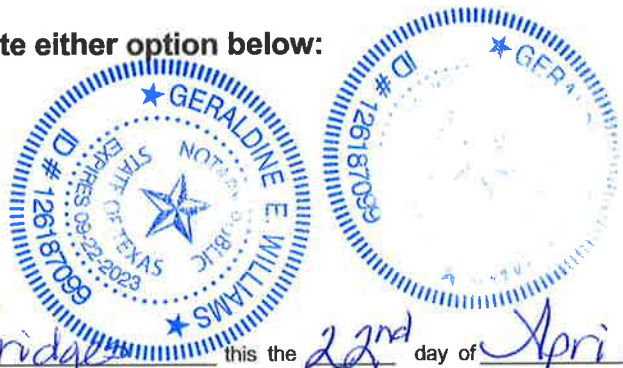
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 22nd day of April, 2021, to certify which witness my hand and seal of office.

Geraldine E. Williams Geraldine E. Williams Notary
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, It Wt, PX, 76104, Tarrant, TX
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 22 day of April, 2021
(month) (year)

Wallace Bridges
Signature of Candidate/Officeholder (Declarant)

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. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>2185.00</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4. SCHEDULE E: LOANS		\$ <i>0</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>91.19</i>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ <i>0</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

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 <i>Wallace Bridges</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>April 21/21</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Ramon Romero</i>	7 Amount of contribution (\$) <i>\$ 2,000.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 181 Ft wt TX 76101</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>April 21/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>William Schiltz</i>	Amount of contribution (\$) <i>\$ 85.00</i>
Contributor address; City; State; Zip Code <i>2600 E Southlake Blvd Southlake TX 76092</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>April 6/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Terry Boyce</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; City; State; Zip Code <i>1007 Broadway Ft wt TX 76104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>March 28/21</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Monique Hill</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>274 Kennedy Dr Crowley TX 76036</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Wallace Bridges</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>April 15, 2021</i>	5 Payee name <i>Black Coffee</i>	
6 Amount (\$) <i>\$91.19</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>1417 Vaughn Blvd Ft Wt Tx 76105</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Building facility rental fee</i>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
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 <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



Black Coffee

Invoice Paid

\$91.19

Paid on April 15, 2021

Campaign Event

Invoice #000041

April 15, 2021

Customer

Wallace Bridges

wbridgescampaign@gmail.com

Message

This is an agreement to rent Black Coffee on April 16, 2021 from 5 pm to 7 pm. The rental fee is \$75. The party is responsible for set up and cleaning after. Set up can begin at 4:30 pm, and cleaning must be completed by 7:15pm. The party is responsible for any damages. Black Coffee is not responsible for the party's property. The party also agrees to pay for any damages caused as a result of the event. Coffee sales are not included in this price.

We appreciate your business.

Invoice summary

Rental Fee	\$75.00
<hr/>	
Subtotal	\$75.00
Sales Tax	\$6.19
Tip	\$10.00
<hr/>	
Total Paid	\$91.19

Visa 6056

04/15/21,
10:32 AM

Send estimates or invoices for your business?

Process \$1,000 in sales free when you sign up for Square.

[Get Started](#)

Black Coffee

1417 Vaughn Blvd

Fort Worth, TX 76105 United States

info@blackcoffeefw.com

817-782-9867

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