

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: <u>MC</u> FIRST: <u>Wallace</u> MI NICKNAME: _____ LAST: <u>Bridges</u> SUFFIX: _____	OFFICE USE ONLY Date Received <div style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">MAR 31 2021</div> Date Hand-delivered or Date Postmarked <div style="color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>915 East Cannon St FW TX 76104</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(682) 554-2304</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MS</u> FIRST: <u>Galde</u> MI NICKNAME: _____ LAST: <u>Rhone</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 1651, Ft Worth TX 76101</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 713-1475</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 THROUGH Month Day Year <u>2 / 19 / 21</u> THROUGH <u>3 / 22 / 21</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 01 / 21</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>FWISD Board Trustee District 4</u>	
14 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"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS 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		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3030.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2307.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 722.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Walter Bridges
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Walter Bridges this the 31st day of March,

2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3030.00
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	\$ 2307.68
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:

4 - See attached

2 FILER NAME

Wallace Bridges

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/21

5 Full name of contributor

Melvin Lee

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City;

State;

Zip Code

7535 Colonial Dr Forest Hill TX 76140

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/21

Full name of contributor

Wallace Bridges

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1000.00

Contributor address;

City;

State;

Zip Code

915 East Cannon St FW TX 76104

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.

Wallace Bridges Campaign Finance Report April 1, 2021

Date	Amount	Donor First Name	Donor Last Name	Donor Addr1	Donor City	Donor State	Donor ZIP
3/1/2021	50	Rene	McCauley	11801 Elko lane	Fort Worth	TX	76108
3/2/2021	25	Phyllis	Allen	2707 Ennis Ave	Fort Worth	TX	76111
3/3/2021	250	Nick	Kreager	5706 Fairwind Lane	Missouri City	TX	77459
3/3/2021	250	Rob	Reyes	3937 Octavia Dr	Pflugerville	TX	78660
3/7/2021	50	William	Schlitz	1039 Bradford Court	Keller	TX	76248
3/10/2021	25	Mauna	Mims	937 E Baltimore Ave	Fort Worth	TX	76104
3/11/2021	25	R	VC	9229 Meandering Drive	North Richland Hills	TX	76182
3/11/2021	250	Ross	Haynes Jr.	27 Oakridge Ln.	Edgcliff Village	TX	76134
3/13/2021	50	Edwardean	Harris	700 S. Kentucky Ave	Fort Worth	TX	76104
3/17/2021	25	Bryan	Humphrey	4924 Overview Dr. 313	Arlington	TX	76017
3/17/2021	50	Walter	Williams	6001 Forest Lane	Ft Worth	TX	76112
3/18/2021	25	Roderick	Leufrey	5241 E. Berry St.	Fort Worth	TX	76119
3/18/2021	30	Tamiya	Mcgilveary	3858 Freddie st	Fort Worth	TX	76119
3/24/2021	25	Megan	Canale	4901 Bryce Ave. APT 5	Fort Worth	TX	76107
3/28/2021	50	Monique	Hill	274 KENNEDY DRIVE	CROWLEY	TX	76036

Donor Occupation	Donor Employer
Not Employed	Not Employed
Not Employed	Not Employed
Finance	Chm
Business Consultant	RARLLC
Public Relations Consultant	Self
Human Resource	GM Financial
Educator	ISD
Greeter	Premier Parking
Respiratory Therapist	THR Harris
Mental health therapist	Youth advocate program
Engineer	TCC
Not Employed	Not Employed
Not Employed	Not Employed
Therapist	Lena Pope
Administrator	City of Fort Worth

Wallace Bridges Campaign Finacne Report April 1, 2021

Date	Amount	Donor First Name	Donor Last Name	Donor Addr1	Donor City	Donor State	Donor ZIP
2/12/2021	50	Patricia	Wells	P. O. Box 1521	Palmetto	FL	34220
2/12/2021	100	Denise	Scott	8023 Carlotta Road South	Jacksonville	FL	32211
2/13/2021	100	Kristina	Cedillo	1008 E Humbolt St	FORT WORTH	TX	76104
2/13/2021	25	Mary	Onuoha	517 zachum dr	Arlington	TX	76002
2/13/2021	25	Patrick	Banta	1008 East Humbolt st	FORT WORTH	TX	76104
2/13/2021	50	Rocheia	Parks	2820 Galvez Avenue	Fort Worth	TX	76111
2/13/2021	50	Kelly	Allen Gray	2820 Galvez Avenue	Fort Worth	TX	76111
2/14/2021	25	Jarred	Howard	6000 Bosque River Ct	North Richland Hills	TX	76180-0200
2/14/2021	25	Walter	Williams	6001 Forest Lane	Fort Worth	TX	76112
2/15/2021	25	Rodney	Norris	5905 Spring Hill Cy	Arlington	TX	76016
2/19/2021	100	Regenia	Crane	5110 Santa Rosa Dr	Kennedale	TX	76060
2/20/2021	50	Linda	Cameron	2004 Missouri Ave	Fort Worth	TX	76104
2/27/2021	25	Angela	Popko	1817 Fairmount Ave.	Fort Worth	TX	76110
2/28/2021	100	Arquilla	Dove	7509 Fresh Springs Rd	Ft. Worth	TX	76120

Donor Occupation	Donor Employer
Not Employed	Not Employed
Not Employed	Not Employed
Realtor	Self Employed
Intervention Specialist	FWISD
Maintenance	City of fort worth
Childcare Director	Self-employed
Not Employed	Not Employed
Principal	Sable Brands LLC
Director	TCC
TPM	DART
School Administrator	Mansfield ISD
Not Employed	Not Employed
Social Worker	FWISD
Not Employed	Not Employed

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 | 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 F1: 3 - See attached	2 FILER NAME Wallace Bridges	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 (\$)	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, 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 (\$)	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, 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

Name	Address	City	State
Reilly Echols	1710south Harwood	Dallas	Tx
Edwards & Patterson Sign	203 S Beltline Rd	Irving	Tx
Van / Voterbuilder	1106 Lavaca Suite 100	Austin	Tx

Zip	Category	Description
75216	Advertising Expense	Expense for campaign advertising
75060		Yard signs & street signs
78701		Texas Voter files

Amount

\$692.80

\$1,244.88

\$370.00

\$2,307.68 Total