

# 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>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(MRS)</b>	FIRST <b>Wallace</b>	MI
	NICKNAME	LAST <b>Bridges</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE <b>Fort Worth TX 76104</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION <b>(682) 554-2304</b>
6 CAMPAIGN TREASURER NAME	MRS / MR <b>(MRS)</b>	FIRST <b>Goldie</b>	MI
	NICKNAME	LAST <b>Rhone</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY STATE ZIP CODE <b>P.O. 1053 Fort Worth, TX 76111</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION <b>(817) 898-6360</b>
9 REPORT TYPE	<input checked="" 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 checked="" 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 <b>1 / 10 / 24</b> THROUGH <b>7 / 15 / 24</b>		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE Primary Runoff Other Description General Special
12 OFFICE	OFFICE HELD (if any) <b>FWISD School Board #4</b>	13 OFFICE SOUGHT (if known)	
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	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

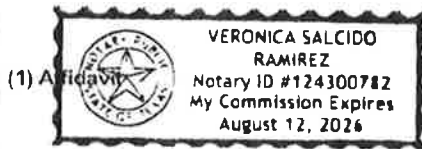
15 C/OH NAME Wallace Bridges 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>887.23</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,034.49</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Wallace Bridges this the 15<sup>th</sup> day of July, 2024, to certify which witness my hand and seal of office.  
Veronica Ramirez Veronica Ramirez Notary Public  
 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 Oct 27, 1958  
 My address is 915 East Camarost 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 (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>0</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	SCHEDULE E: LOANS	\$ <i>—</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>887.23</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Walker, Bridges</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<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
	(c) <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 <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	
<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 <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	
<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 <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**