

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr</td> <td>Wallace</td> <td></td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: small;">LAST</td> <td style="border-top: 1px dashed black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Bridges</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Wallace		NICKNAME	LAST	SUFFIX		Bridges		OFFICE USE ONLY	Date Received		
MS / MRS / MR	FIRST	MI															
Mr	Wallace																
NICKNAME	LAST	SUFFIX															
	Bridges																
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 915 East Cannon st Fort Worth , Texas 76104	<div style="font-size: 2em; color: blue; font-weight: bold; margin: 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px 0;">JAN 15 2025</div> <div style="color: blue; font-weight: bold; margin: 0;">FWISD - Legal Services</div>															
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 554-2304	Date Hand-delivered or Date Postmarked															
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Ms</td> <td>Goldie</td> <td></td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: small;">LAST</td> <td style="border-top: 1px dashed black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Rhone</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms	Goldie		NICKNAME	LAST	SUFFIX		Rhone		Receipt #	Amount \$		
MS / MRS / MR	FIRST	MI															
Ms	Goldie																
NICKNAME	LAST	SUFFIX															
	Rhone																
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O 1651 fort Worth, Texas 76111																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 898 6360																
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 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)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">THROUGH</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">/ 1</td> <td style="text-align: center;">/ 24</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">/ 15</td> <td style="text-align: center;">/ 24</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/ 1	/ 24		1	/ 15	/ 24
Month	Day	Year	THROUGH	Month	Day	Year											
7	/ 1	/ 24		1	/ 15	/ 24											
11 ELECTION	ELECTION DATE <small>Month Day Year</small> 5 / 3 / 24	ELECTION TYPE <small>Primary Runoff Other Description</small> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____															
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)															
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
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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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,530.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 730.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____ this the _____ day of _____, 20_____, 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 Wallace Bridges, and my date of birth is 10/27/1958.

My address is 915 east Cannon street, Fort Worth, Tex, 76104, U.S.
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 15 day of Jan, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 Wallace Bridges		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

Date	Name	amount	address
10/15/2024	Linda Pavlik	\$200.00	1600 Texas st Fort Worth , tex 761
10/15/2024	Michael Bell	\$250.00	7809 Whitney lane FW, Tex 76112
10/15/2024	Kristan Banta	\$85.00	1008 Humbolt st FW T 76104
10/15/2024	Linebarger	\$2,000.00	100 Trockmorton st FW Tex 76102
		\$2,535.00	
total			

Name	Amount	Description
7/31/2024 Briscoe Elementary	\$200.00	School Supplies for stu
7/24/2024 O D Wyatt &Morningside Mid	\$200.00	Gifts cards for OD Wya
8/12/2024 Walmart	\$14.59	Candy purchase for an
8/23/2024 Hustle Blendz coffe	\$10.10	Coffe meeting
8/26/2024 Hustle Blendz coffe	\$6.86	Coffe meeting
9/6/2024 Harambee Festival Luncheon	\$87.21	Harabee Lifetime Achie
10/15/2024 Hustle Blendz coffe	\$8.44	Coffe meeting
10/15/2024 Walmart	\$28,96	food for fundraiser eve
10/15/2024 Walmart	\$32.73	food for fundraiser eve
10/17/2024 Walmart	\$28.96	food for fundraiser eve
10/17/2024 Hustle Blendz coffe	\$12.15	Coffe meeting
12/5/2024 Rally for Education	\$100.00	Rally for Education Chr lunch for students
	\$730.00	