CA DID E / OFFICE OL ER
CA IG FI A CE REPO

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

FIRST: Wallace

M

NICKNAME

LAST: Bridges

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 915 East Canning St

APT / SUITE #:

CITY: Ft Worth

STATE:

ZIP CODE: 76104

CEIVED

M 1 2021

OFFICEHOLDER PHONE: (682) 554-2304

CA DID E / OFFICE OLDER
CA G F A CE 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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3030.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 307.68

CONTRIBUTION

[redacted]

1261

[redacted]

State

[redacted]

SUBTOTALS - C/OH

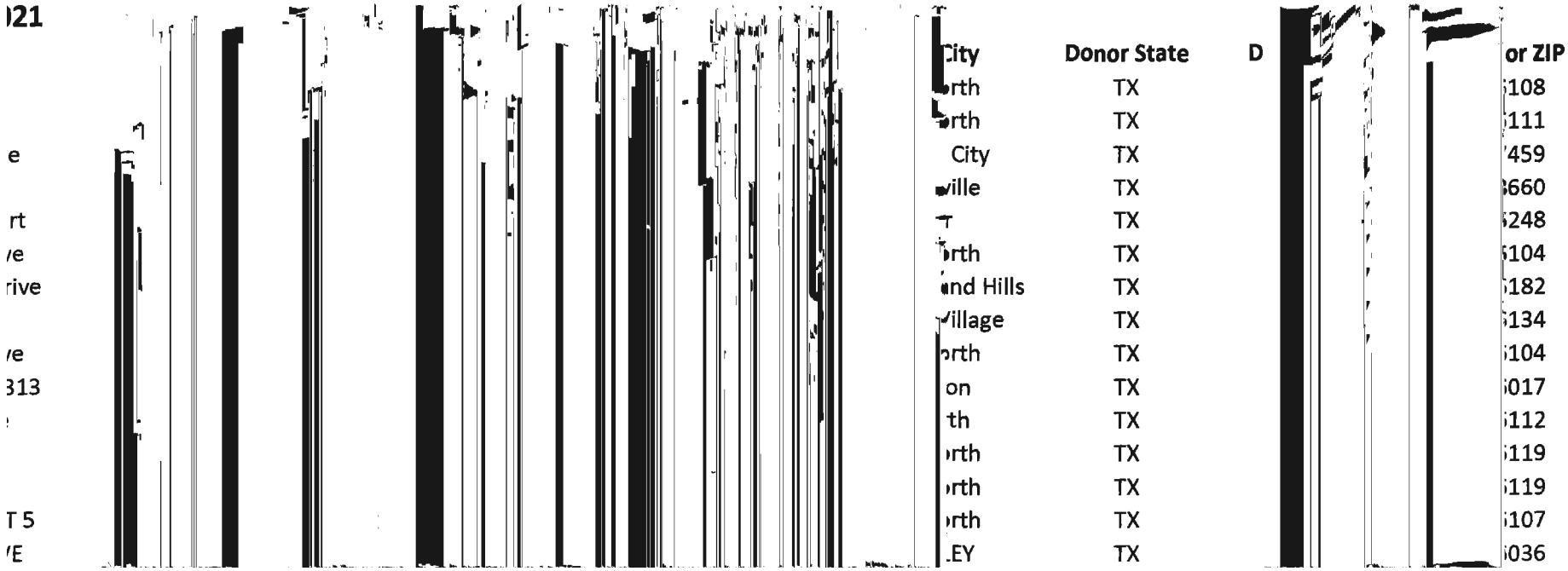
FORM C/OH
COVER SHEET PG 3

19 FILER NAME Wallace. Bridges

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS

	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 3030.00
2.	[redacted]	$ 0
3.		0
4.		$ 0
		$ 2307.68
6.		
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
	SCHEDULE E: LOANS	
9.		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
		$
7	[redacted]	$



City	Donor State	D	or ZIP
rth	TX		108
rth	TX		111
City	TX		459
ville	TX		660
T	TX		248
rth	TX		104
nd Hills	TX		182
Village	TX		134
rth	TX		104
on	TX		017
th	TX		112
rth	TX		119
rth	TX		119
rth	TX		107
LEY	TX		036

Donor Occupation	Donor Employer
Not Employed	Not Employed
Not Employed	Not Employed
Finance	Chm
Business Consultant	RARLLC
ublic 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

e Bridge Cam[illegible] Finacne Report April 1, 2021

or First Na	e D	ast Name	Donor Addr1	Donor City	Donor State	Donor ZIP
Patricia		ells	P. O. Box 1521	Palmetto	FL	34220
Denise		ott	8023 Carlotta Road South	Jacksonville	FL	32211
Kristina		dillo	1008 E Humbolt St	FORT WORTH	TX	76104
Mary		ioha	517 zachum dr	Arlington	TX	76002
Patrick		nta	1008 East Humbolt st	FORT WORTH	TX	76104
Rocheia		rks	2820 Galvez Avenue	Fort Worth	TX	76111
Kelly		Gray	2820 Galvez Avenue	Fort Worth	TX	76111
Jarred		vard	6000 Bosque River Ct	North Richland Hills	TX	76180-0200
Walter		iams	6001 Forest Lane	Fort Worth	TX	76112
Rodney		rris	5905 Spring Hill Cy	Arlington	TX	76016
Regenia		ane	5110 Santa Rosa Dr	Kennedale	TX	76060
Linda		eron	2004 Missouri Ave	Fort Worth	TX	76104
Angela		pko	1817 Fairmount Ave.	Fort Worth	TX	76110
Arquilla		ove	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

POLIT CAL EXPEND TURES ADE FROM POL T CAL CONTRIBUTIO S

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense | Event Expense | Solicitation/Fundraising Expense

2 FIL E Hase Bridges

EXPENDITURE CATEGORIES FOR BOX 8(a)

Consulting Expense
Contributions/Donations Made By Candi holder/Political Committee
Loan I/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount ($) 7 Payee address; City; Zip Code

Gift/Awards/Memorials Expense
Legal Services
Travel Out Of District
(Other/enter a category not listed above)

8 (b) Description

PURPOSE OF EXPENDITURE

(c)

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

Candidate Payment

1 Total es Schedule F1: 3-5 attached

State;

Amount ($) City; State; Zip Code

(a) Category (See Categories listed at the top of this schedule)

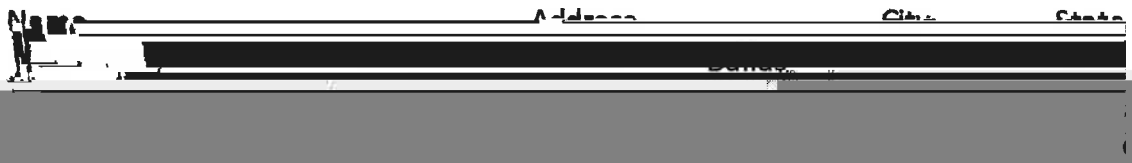
Description

PURPOSE OF EXPENDITURE

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held



Zip	Categery	Desceription
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