CA D D E / OFFICEHOLDER CA G F A CE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS: | FIRST: | M: | NICKNAME: | LAST: Wallace | SUFFIX:

Bid to

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / #; CITY; STATE; ZIP CODE

915 East Cannon St Fort Worth TX 76104

RECEIVED

Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (682) PHONE NUMBER: 55-2 EXTENSION:

6 CAMPAIGN TREASURER NAME

MRS / MR: | FIRST: Goldie | MI: | NICKNAME: | LAST: Howe | SUFFIX:

Receipt # | Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

.0 1651 Fort Worth x 6/1

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 898-6360 EXTENSION:

9 REPORT TYPE

☐ Runoff ☐ 15th day paign

[redacted]

CA D D E / OFF CE OLDER
CA G F A CE EPO

FORM C/OH
COVER SHEET PG 2

[redacted]

S BTO LS - C/O

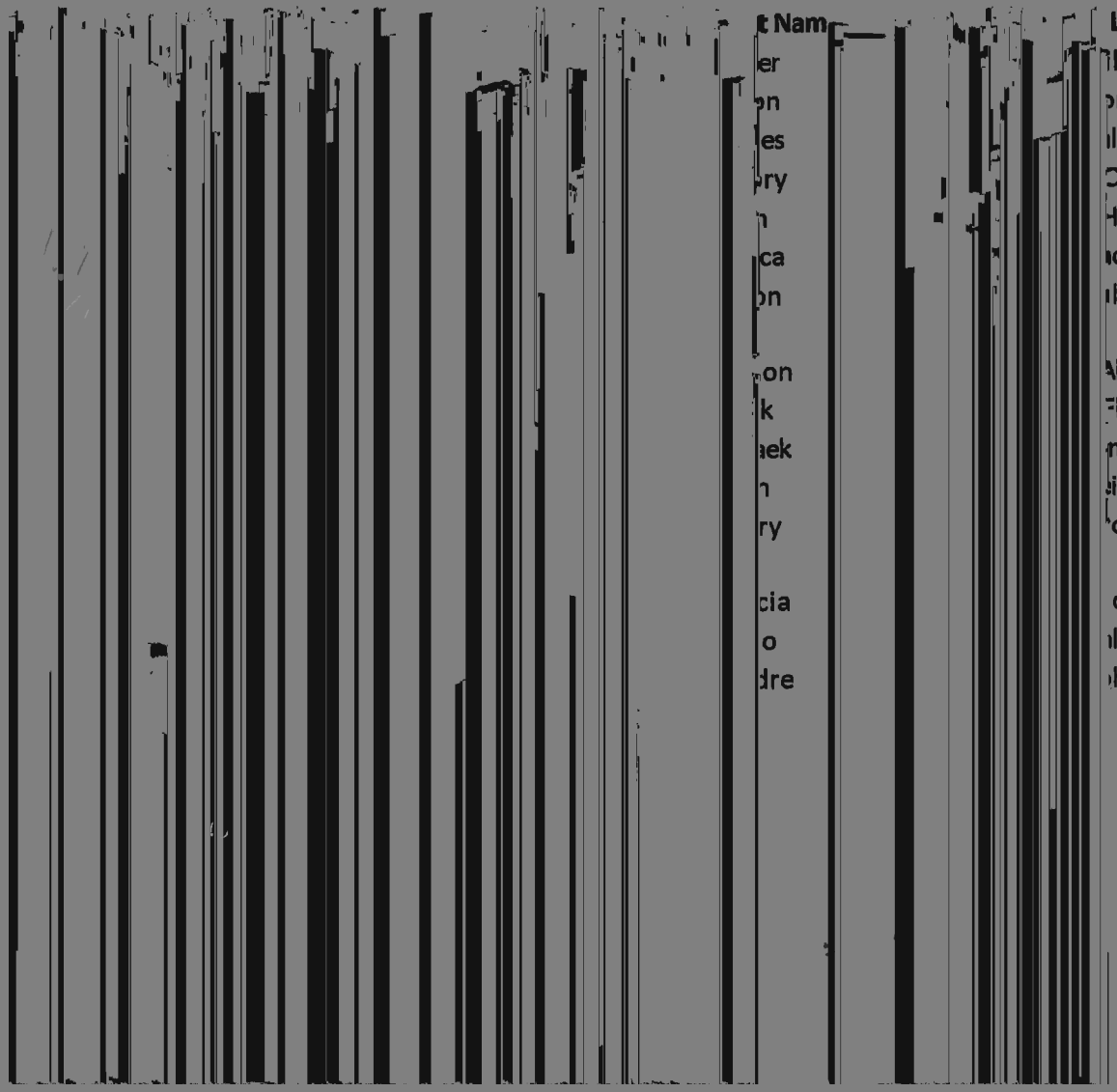
FORM C/OH
COVER SHEET PG 3

19 FILER

[redacted] a i >

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	520.4 SUBTOTAL AMOUNT
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	
4.		SCHEDULE E: LOANS	$	
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		8.8
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$	
7	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$	
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	
		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	
10.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$	



t Nam	Last Name	Donor Address Line 1
er	lliams	6001 Forest Lane
on	omero	PO Box 181
es	ldwell	P O Box 601174
ry	Cody	2035 Tartan Trail, Suite 320
n	Haley	7322 old mill run
ca	ckson	600 Six flags Drive, #435,
on	lberson	810 Cavalier Drive
		5023 Southpoint Dr, , 5023
on	Alfred	Southpoint Dr
k	Floyd	1925 POWDERHORN DR
aek	mpbell	P O Box 8902
n	inheinz	301 Commerce Street Suite 1900
ry	ostell	2341 Blue Smoke Court N.
cia	owers	6731 Trail Cliff Way
o	lderon	4813 Kemble St.
dre	hnson	162 Afton rd

MONETARY POLITICAL CONTRIBUTIONS — SCHEDULE A1

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#:_____)	7 Amount of contribution ($)
4-7	Shandra Colon		$500.00

6 Contributor address; City; State; Zip Code: 5015 Addison Circle #373 Addison, TX 75001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4.7	John Procter		$1,000.00

Contributor address; City; State; Zip Code: [redacted]

Date [redacted] ☐ out-of-state PAC (ID#:_____)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	☐ out-of-	Amount of contribution ($)
4-7	[illegible] mont		$500.00

Contributor address; City; State; Zip Code: 1300 L St NW Suite 200 Washington DC 2005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution ($)

$3,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPE D TU S DE
FRO POLITICAL CO T IBUTIO S

SCHEDULE F1

DITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense
Fees
Food/Beverage Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

[redacted]

Check Card Payment

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

4 Date 4-13-22

5 Payee name Font Black

6 Amount ($) 739.00

7 Payee [redacted] City Fort Worth State TX Zip Code

[redacted]

POL T CAL EXPE D TU S DE
FRO POL TICAL CO T UT O S

SCHEDULE F1

CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1 2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
4-2-22

5 name

6 Amount ($)
687.39

7 Payee address:
1710 South Harwood

City: Dallas State: TX Zip Code 75215

8 PURPOSE OF EXPENDITURE

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

(b) Description
Door Hangers

(c) ☐ Check if travel outside of Texas. Complete Schedule T

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
4-28-22

Payee name
BRE

Amount ($)
50.00

address:

City: Ft Worth State: TX Zip Code

PURPOSE OF EXPENDITURE

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

Description
Video editing

☐ 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

Date

Payee name

Amount ($)

Payee address:

City:

State:

Zip Code

Description

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

PURPOSE OF EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

POLIT CAL PE D TU S DE
FRO POL TICAL CO TR BUTIO S

SCHEDULE F1

ES FOR BOX 8(a)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Expense
Accounting/Taxation | Fees | Office Expense | Campaign Consultant & Related Expense
Polling Expense
Printing Expense
Labor

The instruction Guide explains how to complete this form.

Total pages | NAME

4 Date
11-1-22

5

7 Payee address | Zip Code

4.33

Credit Card Payment

8

Filer ID (Ethics Commission Filers)

(b) Description
Copies

PURPOSE OF EXPENDITURE

City | State

(c)

Candidate / Officeholder name | Office sought | Office held

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

expenditure to benefit C/OH

20.62

3851 Airport Fw

Fort Worth TX

PURPOSE OF

name

Copies

Payee address | City | State | Zip Code

Description

EXPENDITURE

Date
4-11-22

(See Categories listed at the top of this

USPS

20.30

251 W Lancaster Ave

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date

Payee name

PURPOSE

2

Amount ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

CATEGORIES FOR BOX 8(a)

Advertising Expense | Event Expense | Office Expense | Solicitation/Fundraising Expense
Accounting | Fees | Polling Expense | Equipment & Related Expense
Consulting Expense | Gift/Awards/Memorials Expense | Travel In District
Legal Services

1 Total Schedule F1 2 Filer ID (Ethics Commission Filers)

4-11-22 NOMINEE

Credit Card Payment | Committee | Labor | Other (enter a category not listed above)

$11.52 | 3851 Airport Fwy | FortWorthTX

The instruction guide explains how to complete this form.

8 | 4 Date | (a) Category (See Categories listed at the top of this schedule) | 5 Payee name

PURPOSE OF EXPENDITURE

envelopes, pens

Check if travel outside of Texas. Complete Schedule T | Check if Austin, TX, officeholder living expense

Office sought | Office held

Payee name

4-11-22 USPS

Amount ($) | Payee address

58 00 | 251W LANCASTER AVE | FT.WORTH TX 76102

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

PURPOSE OF EXPENDITURE

(b) Description

postage

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 (c)

Office held

Candidate / Officeholder name

4-11-22 USPS

expenditure to benefit C/OH

City

Date

251 W LANCASTER AVE

Category (See Categories listed at the top of this schedule) | City | State | Zip Code

PURPOSE OF EXPENDITURE

Check if travel outside of Texas. Complete Schedule T | Description | Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPE DITURES DE
FRO POL TICAL CO T BUTIO S

SCHEDULE F1

EXPEN ES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 | 2 FILER NAME Wallace Bridge | 3 Filer ID (Ethics Commission Filers)

4 Date 4-19-22 | 5 Payee name Ed Gray Associates

6 Amount ($) $175.00 | 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE

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

[redacted]

expenditure to benefit C/OH

Date 4-25-22 | Payee name Chillis

[redacted]