FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069740 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Chad E. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Bridges CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. **Emily** NAME NICKNAME LAST **SUFFIX** Hillsman **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 560-2452 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 458 Fort Bend Court Of Appeals, Justice Place 3 District 14

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Bridges, Chad E. (Th	e Honorable)	14 Filer ID (I	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 11,925.00		
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES	<u>5)</u>	\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,935.87		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 15,441.09		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 11,950.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	companying report is to be reported by me		
		The Hono	orable Chad E. Bridge	es		
			Candidate or Officehold			
AFFIX NO	TARY STAMP / SEAL AB	DVE				
	Sworn to and subscribed before me, by the said day					
of	of, 20, to certify which, witness my hand and seal of office.					
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 25
-	ER NAN		(Eth	ics Commission Filers)	
Bri	idges, C	Chad E. (The Honorable)	00069740		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1 10				_	
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	11,450.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	475.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	8,397.24
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	538.63
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/25		
2	FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Bridges, Cha	ad E. (The Honorable)		00069740	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
	06/12/2024	Bennet, Traci		\$250.00	
	6 Contributor address; City; State; Zip Code				
		Missouri City, TX 77459			
	Contributor's	<u> </u>	9 Contributor's Job Title		
8					
10	Attorney	employer/law firm		nouse (if any)	
10		ounty DA's Office	11 Law firm of contributor's s	pouse (II arry)	
_			IN/A		
12	ii contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	01/03/2024	Chiang, Jennifer		\$250.00	
		Contributor address; City; State; Zip Code			
		Sugar Land, TX 77487			
	Contributor's	Principal Occupation	Contributor's Job Title		
	Attorney		Attorney		
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)	
	Chiang Law	Firm	Christopher Meyers La	w Firm	
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	03/27/2024	Martinez, Mario		\$1,000.00	
		Contributor address; City; State; Zip Code		···]	
		Katy, TX 77494			
	Contributor's	Principal Occupation	Contributor's Job Title		
	Attorney		Attorney		
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)	
	The Law Off	fices of Mario A. Martinez, PLLC	N/A		
	If contributor i	s a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/25		
2	FILER NAME Bridges, Cha	ad E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069740		
4	Date 03/09/2024 5 Full name of contributor out-of-state PAC (ID#:) Muhammed, Cedrick 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00				
		Houston, TX 77099						
8		Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10		employer/law firm luhammad, P.C.		11 Law firm of contributor's sp N/A	ous	se (if any)		
12		s a child, law firm of parent(s) (i	f any)	14/71				
		o a crima, law iirir or parcrit(o) (i	. arry)					
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	02/26/2024	Seymore, Charles				\$1,000.00		
Contributor address; City; State; Zip Code Sugar Land, TX 77478								
	Contributor's I	rincipal Occupation		Contributor's Job Title				
	Retired Judg	je, Mediator/Arbitrator		Retired Judge				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Ret. Justice	Charles Seymore		N/A				
	If contributor is	s a child, law firm of parent(s) (i	f any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
	02/01/2024	Shuler, Elizabeth	_			\$500.00		
Contributor address; City; State; Zip Code Cypress, TX 77433								
\vdash	Contributor's I	Principal Occupation		Contributor's Job Title	_			
	Attorney			Liz Shuler Attorney				
	Contributor's employer/law firm Law firm of contributor's s			ous	se (if any)			
	Self Employed N/A			N/A				
	If contributor is	s a child, law firm of parent(s) (i	f any)					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/25				
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)		
	Bridges, Cha	ridges, Chad E. (The Honorable)				00069740		
4	Date 02/24/2024	5 Full name of contributor Sims, Brandon	out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	\$250.00	
		6 Contributor address; City;	State; Zip Code					
		Sugar Land, TX 77478						
8	Contributor's Principal Occupation Attorney 9 Contributor's Job Title Attorney			•				
10		employer/law firm aw Firm, PLLC		11 Law firm of contributor's s	spous	se (if any)		
12	2 If contributor i	s a child, law firm of parent(s) (if any)	<u>I</u>				
_	Date	Full name of contributor	out-of-state PAC (ID#	:)	Τ	Amount of Contribution (\$)		
	06/27/2024	Stott, Cory	_				\$250.00	
		Contributor address; City;	State; Zip Code					
		Pearland, TX 77098						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	spous	se (if any)		
	Johnson Du	nlap		n/a				
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#	:)		Amount of Contribution (\$)		
	05/25/2024	Sutarwalla, Murtaza					\$250.00	
	Contributor address; City; State; Zip Code							
		Houston, TX 77095						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney							
	Contributor's employer/law firm Law firm of contributor's sp							
	Edwards Sutarwalla Samani LLP Edwards Sutarwalla Sa			ama	ni LLP			
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.						ages Schedule A(J) /4 Rpt: 7/25)1:
2	FILER NAME Bridges, Cha	ILER NAME ridges, Chad E. (The Honorable)			3		(Ethics Commiss	sion Filers)
4			7	Amoun	t of Contribution (\$)	\$2,500.00		
8	Contributor's	Richmond, TX 77469 Principal Occupation		9 Contributor's Job Title				
ľ	Contributor 3 i	Tinopai Occupation		5 Contributor 3 300 Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any	·)	
12	If contributor i	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amoun	t of Contribution (\$))
	06/28/2024	West, Scott						\$5,000.00
		Contributor address; City; Sugar Land, TX 77479						
		Principal Occupation		Contributor's Job Title				
	Attorney	omployer/low firm		Attorney	2011	oo (if on	۸	
	West Law Fi	employer/law firm irm		Law firm of contributor's s	pou	se (II ariy	')	
		s a child, law firm of parent(s) (i	f any)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/25 3 Filer ID (Ethics Commission Filers) FILER NAME Bridges, Chad E. (The Honorable) 00069740 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/26/2024 Franklin, Will \$300.00 One ticket to the Harris 7 Contributor address; City; State; Zip Code County Lincoln Reagan Dinner Houston, TX 77002 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) Managing Director Lime Rock Properties 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 04/18/2024 Stott, Cory \$175.00 Fort Bend Lincoln Reagan Contributor address; City; State; Zip Code Dinner ticket Pearland, TX 77098 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL)

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Attorney

N/A

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Attorney

N/A

(See instructions)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 9/25	Bridges, Chad E. (The Honorable)	00069740
4	Date	5 Payee name	•
	02/20/2024	Brazoria County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	135 Spanish Oak Cir	
		Lake Jackson, TX 77566	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
			Donation to Brazoria County Republican Party
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0.6
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	01/05/2024	Brazoria County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	135 Spanish Oak Cir	
		Lake Jackson, TX 77566	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Advertising sponsorship with LRD Tickets
			natoritioning openiesis inp than 2.12 mentets
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/03/2024	Dibrell & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4203 Glade Shadow Ct.	
	4000.00	1255 51885 5188511 58	
		Katy, TX 77494	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
		· · · · · · · · · · · · · · · · · · ·	Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<u> </u>	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 2/16 Rpt: 10/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	02/01/2024	Dibrell & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Fee
		Consuming 1 cc
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
		Consulting 1 cc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	03/28/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Conculting Foo
		Consulting Fee
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	Tatal name C	1
1	Total pages Schedule F1: Sch: 3/16 Rpt: 11/25	2 FILER NAME Bridges, Chad E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069740
4	Date	5 Payee name
	03/29/2024	Dibrell & Associates
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy, TX 77494
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Yard signs and T-Shirts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4203 Glade Shadow Ct.
	Ψ000.00	
		Katy, TX 77494
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
		Softsularly 1 cc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 4/16 Rpt: 12/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	06/28/2024	Dibrell & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consulting Fee
		Consuming 1 co
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	<u> </u>
	Date	Payee name
	05/21/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.00	4203 Glade Shadow Ct.
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense T-Shirts and signs
		i -Silits and signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/10/2024	Expose Excellence Youth Program Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4203 Glade Shadow Ct
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Event sponsor fee for advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 5/16 Rpt: 13/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	02/12/2024	Fort Bend Republican Women's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1910 Fawn Way Cr.
		Richmond, TX 77406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Candidates Forum
		Sandidates Forum
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
	01/25/2024	Payee name
		Fort Bend Republican Women's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1910 Fawn Way Cr.
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Fee
		Miceting Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/13/2024	Payee name
		Greater Houston Pachyderm Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	PO Box 22531
		Houston, TX 77227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch Meeting
		Lunch Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES 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 Gift/Awards/Memorials 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 com	iple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/16 Rpt: 14/25	Bridges, Chad E. (The Honorable)		00069740
4	Date	5 Payee name		•
	01/31/2024	Greater Houston Pachyderm Club		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$30.00	PO Box 22531		
		Houston, TX 77227		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Lunch Meeting
_	Complete ONL V if direct	Candidate/Officeholder name Office soug	hŧ	Office held
9	Complete ONLY if direct expenditure to benefit C/OH		H	Office field
-	Data			
	Date 01/16/2024	Payee name Levine, Burt		
		•		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$300.00	9999 Bellaire Suite 909		
		Haveton TV 77000		
		Houston, TX 77036		
	PURPOSE OF	, , ,	(b)	Description Check if traval outside of Taxas, Complete Schoolule T
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Consulting Expense
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/13/2024	Levine, Burt		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$300.00	9999 Bellaire Suite 909		
		Houston, TX 77036		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Consulting Expense
				Consularly Expense
L	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Great Cara r ayment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 15/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	03/13/2024	Levine, Burt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	9999 Bellaire Suite 909
		Houston, TX 77036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Consulting Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit G/OI	
	Date	Payee name
	04/15/2024	Levine, Burt
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	9999 Bellaire Suite 909
		Houston, TX 77036
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/13/2024	Levine, Burt
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	9999 Bellaire Suite 909
	+555.55	
		Houston, TV 77026
		Houston, TX 77036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 8/16 Rpt: 16/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	06/13/2024	Levine, Burt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	9999 Bellaire Suite 909
		Houston, TX 77036
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Expense
		Consulting Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/01/2024	Muslim Bar Associtation of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	602 Sawyer Suite 490
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Event Sponsorship
	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	04/24/2024	Muslim Bar Associtation of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	602 Sawyer Suite 490
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Eid Dinner Event
	Complete ONII V if allows	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 9/16 Rpt: 17/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	01/16/2024	NAACP of Missouri City and Vicinity
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	PO Box 1053
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MLK Day Breakfast
		WEN Day Breaklast
^	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/14/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Website Fee
	Operation ONLY & Street	Open Highest (Office health are result)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/10/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website Fee
	Operation ONE VALUE	Open Highest (Office health are now as a first of the second to the seco
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 18/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	05/14/2024	Wix
6	Amount (\$) \$12.99	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd
		San Francisco, CA 94158
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Fee
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/15/2024	Wix
	Amount (\$) \$12.99	Payee address; City; State; Zip Code 500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/10/2024	Wix
	Amount (\$) \$7.79	Payee address; City; State; Zip Code 500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 19/25	Bridges, Chad E. (The Honorable)	00069740
4	Date	5 Payee name	·
	03/11/2024	Wix	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.79	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
8	PURPOSE	(b) Descrip	
	OF EXPENDITURE	Advertising Expense	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
		Websit	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/14/2024	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.99	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ntion
	OF EXPENDITURE	Advertising Expense	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
		☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/14/2024	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.99	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ntion
	OF EXPENDITURE	Advertising Expense	k if travel outside of Texas. Complete Schedule T.
		U Checi Websit	k if Austin, TX, officeholder living expense
		Wood	.5 1 66
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ç	
1			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor 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)	
	Sch: 12/16 Rpt: 20/25	Bridges, Chad E. (The Honorable) 00069740	
4	Date	5 Payee name	
	02/12/2024	Wix	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.79	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Website Fee	
		Website 1 ee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
_			
	Date	Payee name	
	01/30/2024	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$207.84	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Yearly Wix website fee	
		really Wix Website Ice	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
	Date	Payee name	
L	01/16/2024	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.26	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website fee	
		wensite iee	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials 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
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 21/25	Bridges, Chad E. (The Honorable)	00069740
4	Date	5 Payee name	
	01/16/2024	Wix	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.99	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Website fee
Ļ	Operation ONLY if direct	Oscalidate IO# saladar rassa	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	01/10/2024	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.79	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	-		Check if Austin, TX, officeholder living expense Website fee
			Website iee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Chiec riciu
_	Date	Davies reme	
	06/27/2024	Payee name Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.55	500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Online contribution processing fee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 14/16 Rpt: 22/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	06/12/2024	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.55	500 Terry A Francois Blvd
		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online contribution processing fee
		Change contains and processing for
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	05/25/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.55	500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online contribution processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	05/22/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online contribution processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 15/16 Rpt: 23/25	2 FILER NAME Bridges, Chad E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069740
4	Date 03/09/2024	5 Payee name Wix	
6	Amount (\$) \$6.10	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bution processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/26/2024	Payee name Wix	
	Amount (\$) \$29.30	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bution processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/19/2024	Payee name Wix	
	Amount (\$) \$7.55	Payee address; City; State; Zip Code 500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bution processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 16/16 Rpt: 24/25	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	02/01/2024	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.80	500 Terry A Francois Blvd
		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online contribution processing fee
		Chimic Schallstar, proceeding to
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/03/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.55	500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online contribution processing fee
		Offinite contribution processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 1/1 Rpt: 25/25 Bridges, Chad E. (The Honorable) 00069740 Date Payee name 06/24/2024 Rupani Foundation Amount (\$) Payee address; City; State; Zip Code \$513.63 8303 Southwest Freeway, Ste. 495 Reimbursement from political contributions Х intended Houston, TX 77074 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Advertising Sponsorship for back to school supplies/ backpack drive event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2024 San Jacinto Conservatives Amount (\$) Payee address; City; State; Zip Code \$25.00 405 Wafer St. Reimbursement from political contributions Χ Pasadena, TX 77506 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Event Fee for Candidates forum Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH