#### 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 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Chad E. NAME Date Received **ELECTRONICALLY FILED** 10/06/2024 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 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 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

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Bridges, Chad E. (Th	e Honorable)	<b>14</b> 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 d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 18,925.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 40,471.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	<b>\$</b> 6,588.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	<b>\$</b> 23,950.00
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
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify 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 24			
Chad E. (The Honorable)	<b>19</b> Filer ID 00069740	(Ethics Com	mission Filers)			
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)			18,925.00			
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
SCHEDULE E(J): LOANS (JUDICIAL)		\$	12,000.00			
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	40,471.78			
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				
	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)  SCHEDULE E(J): LOANS (JUDICIAL)  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS  SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	Chad E. (The Honorable)  E SUBTOTALS SCHEDULE  SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)  SCHEDULE E(J): LOANS (JUDICIAL)  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	Chad E. (The Honorable)  DESUBTOTALS SCHEDULE  SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)  SCHEDULE E(J): LOANS (JUDICIAL)  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/24
2	FILER NAME Bridges, Cha	ad E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069740
4	Total Date 07/30/2024 Solution Out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$25.00		
		Weson Lakes, TX 7744	1			
8		Principal Occupation		9 Contributor's Job Title		
_	Retired			Retired		or (it am)
10	N/A	employer/law firm		11 Law firm of contributor's sp	pous	se (II any)
12		s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/01/2024	Bolin, Amanda  Contributor address; City;	State; Zip Code			\$500.00
L	Contributorio	Fulshear, TX 77441		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Smith, McDo	onald & Bolin		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#:	)		Amount of Contribution (\$)
	08/28/2024	Favre, Mary				\$1,000.00
		Contributor address; City; Sugar Land, TX 77478				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Self-Employ	ed		Self Employed		
		employer/law firm		Law firm of contributor's sp	pous	se (if any)
	N/A			N/A		
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/24
2	FILER NAME Bridges, Cha	ad E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069740
4	08/25/2024 Gonzalez, Ralph  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$300.00		
		Richmond, TX 77469				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp		` ',
_		f Ralph Gonzalez		Law Office of Ralph Go	nza	llez
12	If contributor is	s a child, law firm of parent(s) (i	tany)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/22/2024	Kovach, John Contributor address; City;	State; Zip Code			\$1,000.00
		Richmond, TX 77469				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kovach and			Kovach and Rosen		
	If contributor is	s a child, law firm of parent(s) (if	fany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	09/02/2024	Landry, Gary	_			\$25.00
		Contributor address; City;  Richmond, TX 77469	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired	iniopai Goodpaion		Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A	•		N/A		
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/24
2	FILER NAME Bridges, Cha	ad E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069740
4	09/02/2024 Longoria, Joseph  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00			
		Houston, TX 77007				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp N/A	oous	se (if any)
12		ndon, Fielder & Mott s a child, law firm of parent(s) (i	f any)	IWA		
12	in Continuator is	s a cilliu, law littii oi paretii(s) (i	i aliy)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	07/03/2024 Love Ducote Law Firm			\$5,000.00		
	Contributor's F	Sugar Land, TX 77478 Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/28/2024	Moffett, Marie				\$25.00
		Contributor address; City; Sugar Land, TX 77479				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Precinct Cha	air 2129		N/A		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A			N/A		
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONT	RIBUTIC	ONS			SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1		es Schedule A(J) Rpt: 7/24	1:
2	FILER NAME				3	Filer ID	(Ethics Commiss	ion Filers)
	Bridges, Cha	Bridges, Chad E. (The Honorable)			0006974	0		
4	Date	5 Full name of contributor out-of-	state PAC (ID#:_	)	7	Amount of	f Contribution (\$)	
	08/04/2024	Montalvo, Evelyn						\$250.00
		6 Contributor address; City; State; Zip C Richmond, TX 77406	ode					
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title				
	Retired			Retired				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
	N/A			N/A				
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-	state PAC (ID#:_	)		Amount of	f Contribution (\$)	
	07/22/2024	Needville Republican Women's PA	.C					\$500.00
		Contributor address; City; State; Zip C	ode		1			
	Contributor's I	Needvilee, TX 77461 Principal Occupation		Contributor's Job Title				
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-	state PAC (ID#:_	)		Amount of	f Contribution (\$)	
	09/25/2024	Republican Party of Texas						\$2,500.00
		Contributor address; City; State; Zip C  Austin, TX 78768	ode					
Н	Contributor's I	I Principal Occupation		Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/24
2	FILER NAME Bridges, Cha	ad E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069740
4	08/16/2024 Seymore, Charles  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00			
		Sugar Land, TX 77478				
8		Principal Occupation		9 Contributor's Job Title		
		je, Mediator/Arbitrator		Retired Judge		
10		employer/law firm more Attorney		11 Law firm of contributor's sp N/A	ou	se (if any)
12		s a child, law firm of parent(s) (if a	any)	<u> </u>		
F	Date	Full name of contributor	aut of state BAC (ID#:	,	Т	Amount of Contribution (\$)
	09/06/2024	Sheridan, Jonette  Contributor address; City; S	out-of-state PAC (ID#:_			\$50.00
	Contributoro	Pearland, TX 77581		Contributor's Job Title		
	Retired	Principal Occupation		Retired		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	N/A	imployer/idw iiim		N/A	Jou.	se (ii arry)
	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Τ	Amount of Contribution (\$)
	07/19/2024	Texans for Lawsuit Refor	_			\$5,000.00
		Contributor address; City; S  Austin, TX 78701	tate; Zip Code			
	Contributorio [			Contributorio Joh Titlo		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	L		

N	IONET	ARY POLITICAL CONTRIBUTION	INS		SCHEDULE A	(J)1
TI	he Instru	ction Guide explains how to complete this fo	1	otal pages Schedule A(J)1: ch: 6/6 Rpt: 9/24		
	LER NAME ridges, Cha	ad E. (The Honorable)		1	ler ID (Ethics Commission 0069740	Filers)
<b>4</b> Da	ate 7/01/2024	<ul> <li>Full name of contributor</li></ul>	)	<b>7</b> At	mount of Contribution (\$)	\$1,500.00
		Richmond, TX 77469				
	ontributor's F torney	Principal Occupation	9 Contributor's Job Title Attorney			
<b>10</b> Co	ontributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (	if any)	
Ar	rington, Tu	u & Burnett	N/A			
<b>12</b> If (	contributor is	s a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this	s form.	1	iges Schedule E(J): 2 Rpt: 10/24
2	FILER NAME Bridges, Chad E	. (The Honorable)		3 Filer ID 000697	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 08/26/2024	7 Name of lender out-of-state Bridges, Chad	PAC (ID#:	)	9 Loan Amount (\$) \$7,000.00
6	Is lender a financial institution?	8 Lender address; City; State	Zip Code		10 Interest Rate
	No	Sugar Land, TX 77479			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	Lawyer		Judge		
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spou	se (if any)	
	State of Texas		Social Security Adminis	stration	
16	If lender is child, la	w firm of parent(s) (if any)			
17	17 Description of Collateral  X None  18 Check if personal funds were deposited X			ere deposited	d into political account (See Instructions)
19	19 GUARANTOR INFORMATION 20 Name of guarantor			22 Amount Guaranteed (\$)	
	X not applicable	<b>21</b> Guarantor address; City; State			
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	oouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this	s form.	1	iges Schedule E(J): 2 Rpt: 11/24
2	FILER NAME Bridges, Chad E	. (The Honorable)		3 Filer ID 000697	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 09/09/2024	7 Name of lender out-of-state Bridges, Chad	PAC (ID#:	)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; State	Zip Code		10 Interest Rate
	No	Sugar Land, TX 77479			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	Lawyer		Judge		
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spou	se (if any)	
	State of Texas		Social Security. Admini	stration	
16	If lender is child, la	w firm of parent(s) (if any)	•		
17	17 Description of Collateral  X None  18 Check if personal funds were deposited			d into political account (See Instructions)	
19	19 GUARANTOR INFORMATION 20 Name of guarantor			22 Amount Guaranteed (\$)	
	X not applicable	<b>21</b> Guarantor address; City; State			
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	oouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalana C. I. I. T.	
	Total pages Schedule F1: Sch: 1/13 Rpt: 12/24	2 FILER NAME Bridges, Chad E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069740
4	Date	5 Payee name
	07/03/2024	Austin County Republican Party
6	Amount (\$) \$105.00	7 Payee address; City; State; Zip Code 10 West Main St  Bellville, TX 77418
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Austin County Republican Dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Colon & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	7941Katy Freeway #108
	DUDDOG-	Houston, TX 77024
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ad for TFRW Program
		7.6. 13. 11. 10g/aiii
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2024	Colon & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	7941Katy Freeway #108
		Houston, TX 77024
	DUDDOSE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Push Cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### 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 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 Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 2/13 Rpt: 13/24	Bridges, Chad E. (The Honorable)		00069740	
4	Date	5 Payee name		•	
	09/20/2024	Dibrell & Associates			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,500.00	4203 Glade Shadow Ct.			
		Katy, TX 77494			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>)</b> Description		
	OF EXPENDITURE	Advertising Expense		outside of Texas. Com	plete Schedule T.
l	EXPENDITURE		ш	n, TX, officeholder living	g expense
			Streaming A	dvertising	
Ļ	0 1 0 0 1 1 1 1			0.00	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	i	Office he	eld
	·				
	Date	Payee name			
	08/29/2024	Dibrell & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	4203 Glade Shadow Ct.			
		Katy, TX 77494			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>Description</b>		
l	OF EXPENDITURE	Advertising Expense		outside of Texas. Com n, TX, officeholder living	
l			Streaming A		y expense
				g	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>	Office he	eld
	expenditure to benefit C/OI				
H	Date	Payee name			
	08/29/2024	Dibrell & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,900.00	4203 Glade Shadow Ct.			
	·				
		Katy, TX 77494			
-	PURPOSE	-	) Description		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		outside of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austir	n, TX, officeholder living	g expense
			Video Produ	ction	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough		Office he	eld
	experience to beliefit 6/01	•			

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/13 Rpt: 14/24	Bridges, Chad E. (The Honorable)		00069740	
4	Date	5 Payee name	'		
	08/26/2024	Dibrell & Associates			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,400.00	4203 Glade Shadow Ct.			
		Katy, TX 77494			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description		
	OF EXPENDITURE	Printing Expense	Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Check if Austin, TX	, officeholder living	g expense
			Push Cards		
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			0111	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough		Office he	eld
	·				
	Date	Payee name			
	08/23/2024	Dibrell & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	4203 Glade Shadow Ct.			
		Katy, TX 77494			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description		
	OF EXPENDITURE	Printing Expense	Check if travel outs Check if Austin, TX		
			Pushcards	, onicendider living	y expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office he	eld
	expenditure to benefit C/OI				
	Date	Payee name			
	08/08/2024	Dibrell & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,075.00	4203 Glade Shadow Ct.			
	·				
		Katy, TX 77494			
	PURPOSE	•	Description		
	OF	Advertising Expense	Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	ravolusing Expense	Check if Austin, TX		g expense
			Streaming Adve	ertising	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough		Office he	eld
	experience to beliefit 6/01	•			

### 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/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: 4/13 Rpt: 15/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	07/30/2024	Dibrell & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	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 Expense
		Consuming Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	
	Date	Payee name
	07/26/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	-	Check if Austin, TX, officeholder living expense  Video Streaming Ad
		Video Streaming Ad
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<b>D</b> :	
	Date	Payee name
	07/24/2024	Dibrell & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4203 Glade Shadow Ct.
		Katy, TX 77494
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Streaming Video Ad
		Streaming video Ad
$\vdash$	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 Commit

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: 5/13 Rpt: 16/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	07/11/2024	Dibrell & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,375.00	4203 Glade Shadow Ct.
		Katy, TX 77494
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Big Signs
		Dig Cigns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
<u> </u>		
	Date	Payee name
	09/12/2024	Exchange Club of Fort Bend
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 169
		Sugar Land, TX 77487
	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  Hole Sponsorship/Signage
		Tiole Opensorship eightige
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	09/03/2024	Fort Bend County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 461
		Sugar Land, TX 77487
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation to Fort Bend Republican Party
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	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: Sch: 6/13 Rpt: 17/24	2 FILER NAME Bridges, Chad E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069740	
4	Date 07/31/2024	5 Payee name Fort Bend County Republican Party	_
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 461  Sugar Land, TX 77487	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation to Party  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation to party	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 07/25/2024	Payee name Fort Bend County Republican Party	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 461 Sugar Land, TX 77487	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation to Party  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation to Party	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 07/22/2024	Payee name Fort Bend Seniors Meals on Wheels	
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1330 Band Road	
		Rosenberg, TX 77471	
	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  Photo Booth Sponsor	
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Dursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Ct Labor 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: 7/13 Rpt: 18/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
l	07/01/2024	Kingwood Tea Party
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 5478
L		Kingwood, TX 77325
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation for 4th of July Parade
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	09/16/2024	Levine, Burt
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 9999 Bellaire Suite 909
		Houston, TX 77036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  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/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	08/13/2024	Levine, Burt
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 9999 Bellaire Suite 909
		Houston, TX 77036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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

imbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 8/13 Rpt: 19/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	07/11/2024	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/12/2024	Missouri City Police Officers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.99	3849 Cartwright
	Ψ131.99	3049 Cartwinght
		Missouri City, TX 77459
	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  Hole Sponsorship
		Tiole opensorsing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davido namo
	08/20/2024	Payee name  Muslim Bar Associtation of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	602 Sawyer Suite 490
	l	Hauston TV 77007
		Houston, TX 77007
	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
		Awards Dinner Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/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: 9/13 Rpt: 20/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	08/14/2024	Wix
6	Amount (\$) \$12.99	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd
_	DUDDOGE	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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/15/2024	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/Ol	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/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: 10/13 Rpt: 21/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	07/10/2024	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.99	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 ice
Ļ	Complete ONLY if direct	Condidate/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
	09/25/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.75	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  Web Site Donation Processing Fee
		Web Site Donation Frocessing Fee
L	On and the ONE Wife disease	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	09/06/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.75	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
		Web Site Donation Processing Fee
$\vdash$	Complete Chilly '' ''	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

### 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)

	Credit Card r dyment	The Instruction Guide explains how to con	nple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID		(Ethics Commission Filers)
	Sch: 11/13 Rpt: 22/24	Bridges, Chad E. (The Honorable)		000697	740	
4	Date	5 Payee name				
	08/25/2024	Wix				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de			
	\$9.00	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	Fees		Check if travel outside of Texas		
	EXI ENDITORE			Check if Austin, TX, officeholde Web Site Donation Prod		
				Web Site Donation Frot	,633	ing ree
a	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Off	ice h	eld.
9	expenditure to benefit C/O		JIIL	Oili	CC III	eiu
	Data				_	
	Date 08/22/2024	Payee name Wix				
	Amount (\$)	Payee address; City; State; Zip Coo	ae			
	\$29.30	500 Terry A Francois Blvd				
		05				
		San Francisco, CA 94158				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	_	
	EXPENDITURE	Fees		Check if travel outside of Texas  Check if Austin, TX, officeholds		
				Web Site Donation Prod		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Offi	ice h	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	08/22/2024	Wix				
	Amount (\$)	Payee address; City; State; Zip Coo	de			
	\$9.55	500 Terry A Francois Blvd				
		San Francisco, CA 94158				
	PURPOSE		(b)	Description		
	OF	Fees	( - /	Check if travel outside of Texas	s. Con	nplete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholde		
				Web Site Donation Prod	ess	ing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Offi	ice h	eld
	experientare to beliefit 6/01	•				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/13 Rpt: 23/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	08/16/2024	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.30	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	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web Site Donation Processing Fee
		Web Site Bollation 1 100c33ing 1 co
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/04/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.55	500 Terry A Francois Blvd
	Ψ1.00	555 Forty / Charlotte Bird
		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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Web Site Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	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	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web Site Donation Processing Fee
		web site boliation Flocessing 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 -Candidate/Officeholder/Political Co

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: 13/13 Rpt: 24/24	Bridges, Chad E. (The Honorable) 00069740
4	Date	5 Payee name
	07/30/2024	Wix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.23	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
		Web Site Donation Processing Fee
		The series of th
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T	Date	Payee name
	07/01/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.80	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	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Web Site Donation Processing Fee
		Web Site Donation Flocessing Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	