

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> M / MRS / MR FIRST <i>Michelle</i> MI NICKNAME <i>Bridge</i> SUFFIX <i>L.</i>		OFFICE USE ONLY Date Received BEE COUNTY ELECTIONS ADMINISTRATION					
	ADDRESS / PO BOX: <i>P.O. Box 1744</i> APT / SUITE #: <i>1744</i> CITY: <i>Beeville, Tx</i> STATE: <i>TX</i> ZIP CODE: <i>78104</i>		FEB 22 2022					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			RECEIVED					
<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(341)</i>	PHONE NUMBER <i>318.7147</i>	EXTENSION					
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> M / MRS / MR FIRST <i>Michelle</i> MI NICKNAME <i>Bridge</i> SUFFIX <i>L.</i>		Receipt # <input type="text"/> Amount \$ <input type="text"/>					
			Date Processed					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>4000 N. ST. MARY'S #1</i>		STATE; ZIP CODE <i>Beeville, Tx 78102</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(341)</i>	PHONE NUMBER <i>318.7147</i>	EXTENSION					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month <i>1</i>	Day <i>21</i>	Year <i>22</i>	Month <i>2</i>	Day <i>19</i>	Year <i>22</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 1 / 22</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>Bee County Clerk</i>					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE					COMMITTEE NAME	
							COMMITTEE ADDRESS	
							COMMITTEE CAMPAIGN TREASURER NAME	
							COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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15 C/OH NAME	Michelle Bridge	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS		

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Michelle Bridge, and my date of birth is 1-19-72.  
My address is 822 W. FM 391, Beeville, TX 78102 USA.

Executed in Bee County, State of Texas, on the 22 day of Februy, 20 22.  
(street) (city) (state) (zip code) (country)

2michelle  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<i>Michelle Bridge</i>	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
<b>2 FILER NAME</b> <i>Mike Bridge</i>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <i>2-1-22</i>	<b>5 Full name of contributor</b> <i>Ernest Seddon is Sylvia Bridge</i>	<b>6 Contributor address;</b> <i>Fairway Rd Bivill Tx 78102</i>
		<b>7 Amount of contribution (\$)</b> <i>100.00</i>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
Date	Full name of contributor ..... Contributor address;.....	<input type="checkbox"/> out-of-state PAC (ID#: ..... City;..... State;..... Zip Code
Principal occupation / Job title (See Instructions)		Amount of contribution (\$)
Date	Full name of contributor ..... Contributor address;.....	<input type="checkbox"/> out-of-state PAC (ID#: ..... City;..... State;..... Zip Code
Principal occupation / Job title (See Instructions)		Amount of contribution (\$)
Date	Full name of contributor ..... Contributor address;.....	<input type="checkbox"/> out-of-state PAC (ID#: ..... City;..... State;..... Zip Code
Principal occupation / Job title (See Instructions)		Amount of contribution (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		