

# 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: <u>3</u>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">Michelle L.</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">Bridge</div>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">BEE COUNTY ELECTIONS ADMINISTRATION</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">DEC - 8 2025</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">RECEIVED</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">Date Processed</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">P.O. Box 1764 Boeville, TX 78104</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">(361) 318-7147</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">Michelle L.</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">Bridge</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">105 W. Corpus Christi St. Room 108 Boeville TX 78102</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">(361) 318-7147</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.5em;">10 / 8 / 25</div> </div> <div>THROUGH</div> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.5em;">10 / 23 / 25</div> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.5em;">3 / 3 / 26</div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div>ELECTION TYPE</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Bee County Clerk	Bee County Clerk	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;">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.</div>		
	<div style="display: flex; justify-content: space-between;"> <div>COMMITTEE TYPE</div> <div>COMMITTEE NAME</div> </div> <div style="margin-top: 5px;"><input type="checkbox"/> GENERAL</div> <div style="margin-top: 5px;"><input type="checkbox"/> SPECIFIC</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">COMMITTEE ADDRESS</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</div> <div style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</div>	
<input type="checkbox"/> Additional Pages			

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Michelle L. Bridge</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Michelle Bridge  
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 P.O. Box 1764 Beaville Tx 78104 Bcc  
(street) (city) (state) (zip code) (country)  
Executed in Bcc County, State of Texas, on the 5 day of December, 2025  
(month) (year)  
Michelle Bridge  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Michelle Bridge</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0