FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. 15 CANDIDATE / MS/MRS/MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER Bridget** NAME Date Received OCT 0 2 2025 SUFFIX **NICKNAME** LAST Wade ZIP CODE Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** 3034 Alabama Ct. MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77027 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** D. Mrs. Melissa NAME SUFFIX **NICKNAME** LAST Moncrief STREET ADDRESS (NO PO BOX PLEASE); **CAMPAIGN** APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** 3817 Ella Lee Lane Houston, TX 77027 (Residence or Business) PHONE NUMBER CAMPAIGN AREA CODE **EXTENSION TREASURER PHONE** 512-825-9101 REPORT **TYPE** 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) 8th day before election Exceeded modified Final Report (Attach C/OH-FR) July 15 reporting limit PERIOD Month Day Year Month Day Year COVERED **THROUGH** 09/25/2025 07/01/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/04/2025 χ General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) HISD School Board Trustee District 7 Harris **HISD School Board Trustee District 7**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

				2 of 15			
13 C / OH NAME	Wade, Bridget	1	14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3				
16 CONTRIBUTION TOTALS	· · · · · · · · · · · · · · · · · · ·						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 15,223.77			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 17,849.35			
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 50,879.08			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 4,000.00			
17 AFFIDAVIT	OSIEL GOMEZ NOTARY PUBLIC STATE OF TEXAS	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.					
AFFIX NO	MY COMM, EXP. 07/08/2 NOTARY ID 13384986-	Signature of C	Candidate or Officeholde	er			
Sworn to and subso	cribed before me, by the s	aid Bridget Wade ertify which, witness my hand and seal of office.	, this the	day			
Signature of office	Cer administering	OSIEL GOMEZ Printed name of officer administering	OFFICE Title of officer a	MANAGER dministering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 15					
18 FILER NA Wade, Bi		19 Filer ID							
	NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,223.77					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	-					
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$	17,849.35					
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.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$:					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 4/15 FILER NAME 3 Filer ID Wade, Bridget 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 09/09/2025 Arnold, Stephanie (Mrs.) \$1,041.98 6 Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/09/2025 \$50.00 Barrett, Beverly (Ms.) Contributor address; City; State; Zip Code Houston, TX 77046 Employer (See Instructions) Principal occupation / Job title (See Instructions) University of St. Thomas Professor Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#; Date 09/09/2025 Bass, Ellen (Mrs.) \$260.73 Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$104.48 09/11/2025 Brock, Nancy (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77027 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$260.73 09/09/2025 Chaney, Jereann (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/6 Rpt: 5/15 3 Filer ID FILER NAME Wade, Bridget Date Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: \$1,000.00 08/12/2025 Crownover, James (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77027 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$52.40 08/20/2025 Farris, Judy (Ms.) Contributor address; City; State; Zip Code Oklahoma City, OK 73120 Principal occupation / Job title (See Instructions) Employer (See Instructions) Francis Tuttle Tech Center R/N Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$250.00 09/09/2025 Foutch, Michelle (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77019 Employer (See Instructions) Principal occupation / Job title (See Instructions) Investor Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$2,500.00 09/09/2025 Francisco, George (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056 Employer (See Instructions) Principal occupation / Job title (See Instructions) Executive M6 Midstream out-of-state PAC (ID#:_ Amount of Contribution (\$) Date Full name of contributor Hale, Randy (Mr.) \$1,041.98 09/09/2025 Contributor address; City; State; Zip Code Houston, TX 77098 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/6 Rpt: 6/15 3 Filer ID FILER NAME Wade, Bridget 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$104.48 09/09/2025 Haley, Joanie (Mrs.) 6 Contributor address; City; State; Zip Code Houston, TX 77057 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 08/18/2025 Harrington, Anne (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$500.00 08/20/2025 Hickey, Charlotte (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77057 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 07/31/2025 Kinder, David (Mr.) Contributor address; City; State; Zip Code Houston, TX 77057 Employer (See Instructions) Principal occupation / Job title (See Instructions) **KGC Consulting** President Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$104.48 09/09/2025 Lee, Jane (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/6 Rpt: 7/15 FILER NAME 3 Filer ID Wade, Bridget Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 09/16/2025 Mischer, Leila (Mrs.) \$1,041.98 6 Contributor address; City; State; Zip Code Houston, TX 77019 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Homemaker Date Full name of contributor Out-of-state PAC (ID#: Amount of Contribution (\$) 09/09/2025 \$1,000.00 Moss, Gary (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) Moss Landscaping Owner Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/09/2025 Neuhaus, Joan (Mrs.) \$104.48 Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: \$1,000.00 08/20/2025 Robertson Jr., Corbin (Mr.) Contributor address; City; State; Zip Code Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Quintana Minerals Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 07/31/2025 \$260.73 Sharman, Ralph (Dr.) Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician **UT Health**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/6 Rpt: 8/15 2 FILER NAME 3 Filer ID Wade, Bridget out-of-state PAC (ID#: 7 Amount of Contribution (\$) Date 5 Full name of contributor 07/19/2025 Wade, Katherine (Ms.) \$200.00 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73120 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Librarian Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/25/2025 \$1,000.00 Weaver, James (Mr.) Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retried Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/21/2025 \$521.15 Whitaker, Reid (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056 Employer (See Instructions) Principal occupation / Job title (See Instructions) Accelerate Learning Researcher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/09/2025 \$521.15 Whitaker, Reid (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accelerate Learning Researcher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$104.48 09/09/2025 Wooten, Suzanne (Mrs.) Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBU	UTIONS	SCHEDULE A1
The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15
2 FILER NAME Wade, Bridget	3 Filer ID	
4 Date 5 Full name of contributor out-of-state PA Wozencraft, Frank (Mr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)	
Houston, TX 77055		
8 Principal occupation / Job title (See Instructions) Investments	Employer (See Instruction Chilton Capital	ons)
Date Full name of contributor out-of-state PA 09/09/2025 Zinn, Jeffrey (Mr.) Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$1,041.98
Houston, TX 77027		
Principal occupation / Job title (See Instructions) Commercial Real Estate	Employer (See Instruction Z3 RE	ons)
Forms provided by Texas Ethics Commission www	w.ethics.state.tx.us	Version V4.1.0.f10d0fd

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Git/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	-	s/Contract Labor	OTHER (enter a categor	y not listed above)
				The Instruction Guide	evhimina mom to (withi	ete uns IVIII.	Ia eu ia	
1	Total pages Schedule F1:							3 Filer ID	
	Sch: 1/6 Rpt: 10/15		Nade, Bridg	et					
4	Date	5 F	Payee name						
	07/31/2025		Anedot						
6	Amount (\$)	7 F	Payee addres	ss; City;	State; Zip (Code			
	\$67.04	1	1340 Poydra	as St. #1170					
		ì	New Orlean	s, LA 70112					
8	PURPOSE	(a) (Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description		
	OF		Accounting/		,		Check if travel	outside of Texas. Complete Sc	hedule T.
	EXPENDITURE			•				n, TX, officeholder living expens	se
Ī							Credit card p	rocessing fees	
L		<u> </u>							
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	Office s	ought		Office held	
	expenditure to beliefit 6/01	•							
	Date		Payee name						
	08/31/2025	′	Anedot						
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code			
	\$63.00	\$63.00 1340 Poydras St. #1170							
		New Orleans, LA 70112							
	PURPOSE			ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	۱ ۱	Accounting	Banking			lane.	outside of Texas. Complete So n, TX, officeholder living expens	
							l-mail	rocessing fees	J-0
							a. Juli Juliu p		
\vdash	Complete ONLY if direct	C	andidate/Offi	ceholder name	Office s	ought	·	Office held	
	expenditure to benefit C/OI					J			
H	Date		Payee name						
	09/25/2025	1	Anedot						
⊩	Amount (\$)	<u> </u>	Payee addre	ee. City	State; Zip	Code			
	\$386.13	l	•	- · · ·	State, Alp	Coue			
	ф380.13		1340 Poyar	as St. #1170					
			Name Onland	- 1 4 70440					
L		₩		ıs, LA 70112					
	PURPOSE OF			ee Categories listed at the to	op of this schedule)	(b)	Description Check if travel	outside of Toyan Complete Co	chedule T
	EXPENDITURE	'	Accounting	Banking				outside of Texas. Complete Son, TX, officeholder living expens	
1								processing fees	
		l					•	-	
H	Complete ONLY if direct		andidate/Off	ceholder name	Office s	ought		Office held	
1	expenditure to benefit C/O					-			
一					······································				
L									

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbu

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wates/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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
	Sch: 2/6 Rpt: 11/15	Wade, Bridget
4	Date	5 Payee name
	08/22/2025	Beaver Media & Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,000.00	5000 Longmont #12
		Houston, TX 77056
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Polling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	08/26/2025	Beaver Media & Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	5000 Longmont #12
		Houston, TX 77056
	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
		Consulting Expense
		Consuming Expenses
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	H
	Date	Payee name
	09/25/2025	Beaver Media & Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	5000 Longmont #12
		Houston, TX 77056
	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/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mittee L	Gift/Awards/Memorials Legal Services The Instruction G			/ages/	/Contract Labor O	ravel Out of District other (enter a catego	ory not listed above)
	Total pages Schedule F1: Sch: 3/6 Rpt: 12/15		FILER NAME Wade, Bridg					3 Fi	iler ID	
4	Date 08/20/2025	E		ia & Communic						
6	Amount (\$) \$1,285.97	5	Payee addres 5000 Longm Houston, TX	nont #12	State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Printing Exp	e Categories listed at l	the top of this sch	nedule)		Description Check if travel outside Check if Austin, TX, off yard sign		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	(Office sou	ght		Office held	
	Date 09/08/2025	E		lia & Communi						
	Amount (\$) \$595.38	į	Payee addres 5000 Longm Houston, TX	nont #12		; Zip Co				
	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp	ee Categories listed at PENSE	the top of this sch	nedule)		Description Check if travel outside Check if Austin, TX, of yard signs		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	(Office sou	ght		Office held	
	Date 09/12/2025	1	Payee name Data & Maili	ing Resources						
	Amount (\$) \$1,957.80	4	Payee addres 4929 Blalocl Houston, TX	k Rd.	State	; Zip Co	ode			
	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp	ee Categories listed at DENSE	the top of this sch	hedule)	(b)	Description Check if travel outside Check if Austin, TX, of Mailing	•	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	(Office sou	ight		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
Gilt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Soldie Manage (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Political 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					
	Sch: 4/6 Rpt: 13/15	Wade, Bridget					
4	Date	5 Payee name					
	08/12/2025	Dolphin Graphics					
_							
ь	Amount (\$)	7 Payee address; City; State; Zip Code					
ŀ	\$216.50	5601 Bintliff Suite 530					
		Houston, TX 77036					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Advertising Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
•		Thank you Cards					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
H	Date	Payee name					
	09/22/2025	Majority Strategies LLC					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,150.00	PO Box 679219					
		Dallas, TX 75267					
卜	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Printing Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Design for mailouts					
ĺ							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	H					
F	Date	Payee name					
	09/25/2025	Prosperity Bank					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2.00	4295 San Felipe					
1							
		Houston, TX 77027					
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		ACH expense					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	н					
 							
1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services 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
	Sch: 5/6 Rpt: 14/15	Wade, Bridget
4	Date	5 Payee name
	08/26/2025	Prosperity Bank
6	Amount (\$) \$2.00	7 Payee address; City; State; Zip Code 4295 San Felipe
		Houston, TX 77027
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ACH expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/22/2025	Prosperity Bank
	Amount (\$) \$2.00	Payee address; City; State; Zip Code 4295 San Felipe
L		Houston, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ACH expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/18/2025	Quickbooks
	Amount (\$) \$40.51	Payee address; City; State; Zip Code 2632 Marine Way
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Quickbooks
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor	OTHER (enter a category not	t listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	3 Filer ID	
	Sch: 6/6 Rpt: 15/15		Wade, Bridg			_			
4	Date	5	Payee name						
	07/18/2025		Quickbooks						
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