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	MS / MRS / MR FIRST	MI	OFFICE USE ON	ILY
NAME	Mr Adam		Date Received	
	NICKNAME LAST	SUFFIX	1	
	Bazaldua			
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	1	
OFFICEHOLDER MAILING	00	Dallas TX 75357		
ADDRESS	PO Box: 571823	74.10007		
Change of Address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(214) 597 4180		Date Hand-delivered or Date Po	ostmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amoun	nt \$
TREASURER NAME	Mrs Rhonda		Date Processed	
	NICKNAME LAST Devan	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE	
ADDRESS	160 Hillside	Swannanoa NC 28	3778	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (828) 674 0805	EXTENSION		
9 REPORT TYPE	January 15 X 30th day before e	lection Runoff	15th day after campaign	n
	January 15 X 30th day before e	nulloli nulloli	treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/O	H - FR)
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	01 / 10 / 2019	THROUGH 03 /	25 / 2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	05 / 04 / 2019 X General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Council District 7		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)	
Mr Adam Bazaldua				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 10916.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 1025.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7880.05	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA ORTING PERIOD	ST DAY \$ 3036.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C AY OF THE REPORTING PERIOD	\$ 0.00	
18 AFFIDAVIT		· · · · · · · · · · · · · · · · · · ·	of perjury, that the accompanying report is information required to be reported by me	
		ELECTRONICALLY	Y CERTIFIED	
		Signature of C	andidate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc	ribed before me, t	by the said Mr Adam Bazaldua	, this the 2nd	
day of <u>April</u>	, 20 <u></u> 19,	to certify which, witness my hand and seal of offic	ce.	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr Adam Bazaldua	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,873.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 4,725.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$ 2,130.05
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$ 4,725.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH \$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	\$ 0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
02/22/2019	Alisa Tiona		100.00
02/22/2019	6 Contributor address; City; State;	Zip Code	100.00
	11404 bertram Jonestow	n, TX 78645	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of contribution (\$)
01/27/2019	Alison Watts		50.00
	Contributor address; City; State;	Zip Code	
	1137 Castlewood DeSoto, 7	ΓX 75115	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/19/2019	Barry Jacobs		200.00
	Contributor address; City; State; 6725 Bob O Link Dallas, T.	•	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/01/2019	Brooke Mayer		50.00
	Contributor address; City; State; 6036 Belmont Dallas, T	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 2 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date		(ID#:)	7 Amount of contribution (\$)
02/12/2019	Cannon Flowers		100.00
	6 Contributor address; City; State;	Zip Code	
	3809 PARRY Dallas, T	ГХ 75226	
0 0 0 0 0			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/21/2019	Charles Bassett		50.00
03/21/2019	Contributor address; City; State;	Zip Code	20.00
	2854 VACHERIE Dallas, T	TX 75227	
	,		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/12/2019	Charles Billings		250.00
02/12/2019	Contributor address:	Zin Codo	230.00
	Contributor address; City; State; 14841 Dallas Parkway Dallas, T	TX 75254	
	14041 Dullus Luikway	IX 13237	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/21/2019	Daniela Billings	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	75.00
03/21/2019			73.00
	Contributor address; City; State; 8421 BIRCH Dallas, T	Zip Code TX 75217	
	0421 BIRCH Banas, 1	1X 13211	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	rions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
02/15/2019	Eileen Moore		100.00
02, 10, 2019	6 Contributor address; City; State;	Zip Code	200100
	8816 SWEETWATER Dallas, 7	TX 75227	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions\
• Fillicipal occu	Jation / Job title (See instructions)	9 Employer (See mandor	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/06/2019	Eric Johnson		250.00
	Contributor address; City; State;	Zip Code	
	3525 Turtle Creek Dallas, 7	TX 75219	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ione\
1 IIIOipai 000ap	auon / 305 tue (366 mandanana)	Limployer (Occ mondon	ions)
Date		(ID#:)	Amount of contribution (\$)
01/10/2019	Faisal Lalani		101.00
	Contributor address; City; State;	•	
	5527 Matalee Dallas, 7	TX 75206	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	,	- 13 - (,
	1		
Date	Full name of contributor □ out-of-state PAC (Falvio Pina	(ID#:)	Amount of contribution (\$)
03/18/2019	Faivio i ina		1000.00
	Contributor address; City; State; 1777 N Record Dallas,	Zip Code	
	1/// N Record Danas,	TX 75203	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 11
2 FILER NAME Mr Adam Bazalo	ua		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2019	5 Full name of contributor ☐ out-of-state PAC Grace Dennis 6 Contributor address; City; State;	(ID#:)	7 Amount of contribution (\$) 100.00
	P.O. Box 870057 Dallas,	TX 75187	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 01/22/2019	Greta Stogner	(ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City; State;		
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 01/31/2019	Full name of contributor	(ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City; State; 160 Hillside Swanna	Zip Code anoa, NC 28778	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/16/2019	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; State;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 11	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Mr Adam Bazald	ua			
4 Date		(ID#:)	7 Amount of contribution (\$)	
01/21/2019	John Feisthamel		500.00	
	6 Contributor address; City; State;	Zip Code		
	621 Straus Cedar H	Iill, TX 75104		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	iona)	
• Filicipal occu	Sation / Job title (See Instructions)	g Employer (See instructi	ions)	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)	
02/19/2010	Joseph Groves		1000.00	
03/18/2019		Zip Code	1000.00	
		TX 75203		
	1/// IN Record Dallas,	1X 73203		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		(ID#:)	Amount of contribution (\$)	
02/01/2019	Karen Bazaldua		100.00	
	Contributor address; City; State;	Zip Code		
	1649 Plum Suite #205 Midloth	ian, TX 76065		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(10#.	Amount of contribution (\$)	
	Kelly Graham	(ID#:)		
03/05/2019			1000.00	
	Contributor address; City; State; 1200 Main Dallas, 7	Zip Code TX 75202		
	1200 Main Danas,	1X 73202		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
			,	

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SCHEDULE A1

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 6 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of contribution (\$)
02/22/2019	Kelly Harrell		175.00
	6 Contributor address; City; State; 2	Zip Code	
	5807 Westmont Austin, TX	78731	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC (ID#:	:)	Amount of contribution (\$)
02/15/2019	Kim Boyce		82.00
02/13/2017	Contributor address; City; State;	Zip Code	02.00
	6016 Oram Dallas, TX	75206	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
01/25/2019	Lisa Saucedo		50.00
	Contributor address; City; State; Z 3427 Maybeth Dallas, TX	Zip Code 75212	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
02/22/2019	Lorie Yeoham		300.00
	Contributor address; City; State; Z 6333 Forest Highlands Ft Worth, 7	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 7 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor ut-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
02/18/2019	Lynn Davenport		50.00
	6 Contributor address; City; State;	Zip Code	
	9627 Windy Hill Dallas, T	ΓX 75238	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
03/05/2019	Mark Melton		250.00
03/03/2017	Contributor address; City; State;	Zip Code	230.00
	5519 Reiger Dallas, T	ΓX 75214	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
03/05/2019	Marla Watson		1000.00
	Contributor address; City; State; 2600 Cinnamon Euless, T	Zip Code ΓX 75039	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
02/16/2019	Matthew Headley		65.00
		Zip Code ΓX 75227	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: 8 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
01/22/2019	Melissa Reynolds		50.00
	6 Contributor address; City; State;	Zip Code	
	713 Driftwood Denton,	TX 76209	
0 D: :			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/18/2019	Mike McCoy		50.00
03/18/2019		Zin Code	50.00
		TX 75452	
	701 gillitti Econuud	, 11 13432	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
D . 1			
Date		(ID#:)	Amount of contribution (\$)
03/14/2019	Miriam Rodriguez		65.00
	Contributor address; City; State;	Zip Code	
	3009 DORRINGTON Dallas, T	ΓX 75227	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
01/29/2019	New American PAC		1000.00
01/29/2019	Contributor address; City; State;	Zin Codo	1000.00
	-	Zip Code FX 75208	
	,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 9 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
01/31/2019	Pam Bradford		210.00
01/31/2017	6 Contributor address; City; State;	Zip Code	210.00
	-	TX 75115	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
01/26/2010	Ravi Sinha		50.00
01/26/2019	Contributor address; City; State;	Zin Code	50.00
		ГX 75206	
	Total Edelid Sulfus, 1	171 73200	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/12/2010	Robert Watts		
02/13/2019 75.00			
	Contributor address; City; State; 1137 Castlewood DeSoto,	Zip Code TX 75115	
	1137 Castle wood Besoto,	177,5115	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Data			
Date	Full name of contributor out-of-state PAC (I Sandra Lozano	ID#:)	Amount of contribution (\$)
01/10/2019			100.00
		Zip Code	
	1452 Windingbrook Dallas, T	ΓX 75208	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	,		,

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	1 Total pages Schedule A1: 10 of 11			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Mr Adam Bazald	ua				
4 Date		(ID#:)	7 Amount of contribution (\$)		
03/08/2019	Sara Martinez		100.00		
	6 Contributor address; City; State;	Zip Code			
	4227 Blackheath Dallas, T	ΓX 75227			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
• Timoparoccu	auton / Job tille (See Instructions)	, Employer (See mstruct	10113)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
03/20/2019	Steve Atkinson		100.00		
03/20/2017	Contributor address; City; State;	Zip Code	100.00		
	2925 Country Place Carollton	n, TX 75006			
		,			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
01/25/2019	Teresa Gubbins	50.00			
01/23/2019	Contributor address; City; State;	Zin Code	30.00		
		ГX 75228			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
01/25/2019	Whitney Charles		50.00		
	Contributor address; City; State; P.O. Box 342469 Austin,				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		

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SCHEDULE A1

The Instruction Guide explains	1 Total pages Schedule A1: 11 of 11			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Mr Adam Bazaldua				
4 Date 5 Full name of contributor	7 Amount of contribution (\$)			
02/25/2019 William Stienmann			100.00	
6 Contributor address;	City; State			
2835 Coteau Way	Dallas	, TX 75227		
8 Principal occupation / Job title (See Instruc	9 Employer (See Instruc	tions)		
Date Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
03/24/2019 Jose Rivas			125.00	
Contributor address;	City; State	e; Zip Code	123.00	
6145 PARKDALE	Dallas,	, TX 75227		
 Principal occupation / Job title (See Instruct	cions)	Employer (See Instruct	tions)	
Date Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
03/22/2019 Wilson Chu			50.00	
Contributor address; 2501 Harwood				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
Contributor address;	City; State	e; Zip Code		
Principal occupation / Job title (See Instruct	tions)	Employer (See Instruc	tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Adam Bazaldua 4725.00 4 TOTAL OF UNITEMIZED LOANS Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:_ 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Interest rate City; Zip Code Is lender Lender address: State; a financial Institution? Maturity date Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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 complete this form.								
1 Total pages Schedule F1:	2 FILER NAME Mr Adam Bazaldua		3 Filer ID (Ethics Commission Filers)					
4 Date 01/28/2019	5 Payee name Ed Gray Ass							
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 2225 E Randol Mill Rd Skriften@70n, TX 76011							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation						
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held					
Date 02/06/2019	Payee name Go Daddy							
Amount (\$) 127.79	Payee address; City; State; Zip Code 14455 N Hayden Rd Suits 226 dale, AZ 85260							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date 02/07/2019	Payee name Office Depot							
Amount (\$) 138.22	Payee address; City; State; Zip Code 6600 N Military Trl Boca Raton, FL 33496							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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 o	complete this form.			
1 Total pages Schedule F1: 2 of 3	2 FILER NAME Mr Adam Bazaldua		3 Filer ID (Ethics Commission Filers)		
4 Date 03/18/2019	5 Payee name Craft & Growler				
6 Amount (\$) 113.00	7 Payee address; City; State; Zip Code 3601 Parry Ave Dallas, TX 75226				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
03/19/2019	Michelle Embler				
Amount (\$) 1300.00	Payee address; City; State; Zip Code 1200 Main Street Suite 2408 las, TX 75201				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Wages			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 03/20/2019	Payee name Fundly				
Amount (\$) 182.39	Payee address; City; State; Zip Code 2390 El Camino Real Palo Alto, CA 94306				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fees			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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 o	complete this form.			
1 Total pages Schedule F1: 3 of 3	2 FILER NAME Mr Adam Bazaldua	3	Filer ID (Ethics Commission Filers)		
4 Date 03/20/2019	5 Payee name Paypal				
6 Amount (\$) 118.65	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. K, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED .		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

(Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Service The Instru	s ction Guide exp			es/Contract Labor	Other (enter a cate	egory not listed above)
_		_						T _	
1	Total pages Schedule G: 1 of 1	2 FILER NA Mr Adam						3 Filer ID (Eth	ics Commission Filers)
4	Date	5 Payee nar	ne						
	03/07/2019	Adam Baz	aldua N/A						
6	Amount (\$)	7 Payee add	dress;	City; State;	Zip Code				
	4725.00	6926 Belt	eau	Dallas, TX 75	227				
	X Reimbursement from political contributions intended	0,20 301		Dailes , 11170	,				
8		(a) Category	(See Categories	listed at the top of thi	s schedule)	(b)	Description		
	PURPOSE OF	Loan Repa	ayment/Reim	bursement			Check if travel outside	de of Texas. Complete Sci	nedule T.
	EXPENDITURE	•	•				Check if Austin, T	X, officeholder living e	xpense
_							xpenses		
9	Complete ONLY if direct expenditure to benefit C/C		late / Officeh	older name		Off	ice sought		Office held
	Date	Payee nar	me						
	Date	r ayee nai	iie						
	Amount (\$)	Payee add	dress;	City; State;	Zip Code				
	Reimbursement from political contributions intended								
		Category	(See Categories	listed at the top of thi	s schedule)	(b)	Description		
	PURPOSE OF						Check if travel outside	de of Texas. Complete Sci	nedule T.
	EXPENDITURE						Check if Austin, T	X, officeholder living e	xpense
									·
	Complete ONLY if direct expenditure to benefit C/C		late / Officeh	older name		Off	ice sought		Office held
	Date	Payee nar	me						
		. 2,001141							
	Amount (\$)	Payee add	dress;	City; State;	Zip Code				
	Reimbursement from								
	political contributions								
	intended								
	PURPOSE	Category	(See Categories	listed at the top of thi	s schedule)	(b)	Description		
	OF						Check if travel outside	de of Texas. Complete Sci	nedule T.
	EXPENDITURE						Check if Austin, T	X, officeholder living e	xpense
	Complete ONLY if direct expenditure to benefit C/C		late / Officeh	older name		Off	fice sought		Office held
			011 45515	ONAL CODI-		00:::			
		ATTA	CH ADDITI	UNAL COPIES	OF THIS	SCHI	EDULE AS NEED	JED	