Supplement Officeholder	al Report		FOR Cover She	MSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Adam	Total Pages Filed: 5	
	NICKNAME	LAST SUFFIX Bazaldua	3. Office Held Council District 7	
4. SUPPLEMENTAL REPORT TYPE	X January 15	c 30th day before election c Runoff	c 15th day after campa treasurer appointmer (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		7/1/2023 THROUGH 12/31/2023		
6. ELECTION	Month Day Year			
		c Primary c Runoff $oldsymbol{X}$	General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS		TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN LEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
		TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR L	ESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 6,060.62
		8. TOTAL POLITICAL EXPENDITURES		\$ 7801.55
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD		\$0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perj is true and correct and includes all infor- me under Title 15, Election code.		
45517 NOTABY 0711	1 0 (05) 100 15	***ELECTRONICALLY CI	ERTIFIED***	
AFFIX NOTARY STAMP / SEAL ABOVE ————————————————————————————————————		Officeholder		
Sworn to and subscribed b	pefore me, by the said Adan	n Bazaldua	this the15th	day
of January , 20	24 , to certify which,	witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer adr	ninistering oath

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 1 of 4	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
07/26/2023	Extra Space			
6 Amount (\$) 141.60 Campaign Funds for Campaign Expenditures	7 Payee address; 5710 Military Pkwy Dallas, TX 75227	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/11/2023	Extra Space			
Amount (\$) 141.60	Payee address; 5710 Military Pkwy Dallas, TX 75227	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Fees		
	Check if travel outside of Texas. Complete Schedule T.	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			_
08/11/2023	USPS			
	Payee address;	City;	State; Zip Code	
217.00	8624 Ferguson Dallas, TX 75228	Oity,	State, Zip Gode	
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	Fees		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 2 of 4	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
09/18/2023	Extra Space				
6 Amount (\$) 141.60 Campaign Funds for Campaign Expenditures	7 Payee address; 5710 Military Pkwy Dallas, TX 75227	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/22/2023	Perrys Steakhouse				
Amount (\$) 307.00	Payee address; 2100 Olive Suite 100 Dallas, TX 75201	City;	State;	Zip Code	
Campaign Funds for Campaign Expenditures	0-1	December			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Beverage Exper	nse		
	Check if travel outside of Texas. Complete Schedule T.	lle T. Check if Austin, TX, officeholder living expe		expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/04/2023	Extra Space				
Amount (\$) 118.00	Payee address;	City;	State;	Zip Code	
Campaign Funds for Campaign Expenditures	5710 Military Pkwy Dallas, TX 75227				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Fees	Fees			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	ck 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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	(9-	.,,	
1 Total pages Schedule F1: 3 of 4	2 FILER NAME Adam Bazaldua	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
11/06/2023	Extra Space				
6 Amount (\$) 118.00 Campaign Funds for Campaign Expenditures	7 Payee address; 5710 Military Pkwy Dallas, TX 75227	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Fees	Fees			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/17/2023	STK				
Amount (\$) 100.00	Payee address; 2400 McKinney Dallas, TX 75201	City;	State;	Zip Code	
Campaign Funds for Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Beverage Exper	nse		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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				
12/04/2023	Entre Canan				
Amount (\$)	Extra Space Payee address;	City;	State;	Zip Code	
118.00	5710 Military Pkwy Dallas, TX 75227	Oity,	otato,	-ip 0000	
Campaign Funds for Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Fees			
Check if travel outside of Texas. Complete Sch		Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 4 of 4	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
12/13/2023	Vida Cheatham			
6 Amount (\$) 165.00 Campaign Funds for Campaign Expenditures	7 Payee address; 5816 Rich Dallas, TX 75227	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Gift/Awards/Memori	ials Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/18/2023	Bowl Lounge			
Amount (\$) 171.13 Campaign Funds for Campaign Expenditures	Payee address; 167 Turtle Creek Suite 103 Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Event Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g 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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	