Supplement Officeholder	al Report		FOR Cover She	MSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Adam	Total Pages Filed:     9	
	NICKNAME	LAST SUFFIX  Bazaldua	3. Office Held  Council District 7	
4. SUPPLEMENTAL REPORT TYPE	<b>X</b> 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		7/1/2021 THROUGH 12/31/2021		
6. ELECTION	Month Day Year			
		c Primary c Runoff c (	General c Spe	cial 🗶 N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS			\$ 95.00
	2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA		ANS)	\$6,595.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LI	ESS, UNLESS ITEMIZED	\$12,781.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 23,385.98
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS ( LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		ŝ 0.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES	\$	
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIB CAMPAIGN EXPEND TURES DURING THE REPORTING PE		\$0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perj is true and correct and includes all inform me under Title 15, Election code.		
AFFIX NOTARY STAMP / SEAL ABOVE  ***ELECTRONICALLY CERTIFIED***  Signature of Candidate or Officeholder				
Sworn to and subscribed b	pefore me, by the said Adan	n Bazaldua	this the15th	day
of January , 20	22, 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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 1 of 2
2 FILER NAME Adam Bazaldua			3 Filer ID (Ethics Commission Filers)
<ul><li>4 Date</li><li>07/06/2021</li><li>Officeholder Contribution</li><li>8 Principal occur</li></ul>	Tim Byrne  6 Contributor address; City; State;	ΓX 75201	7 Amount of contribution (\$) 1000.00
Date 07/06/2021 Officeholder Contribution	Melanie Byrne  Contributor address; City; State;  P0000BSxxitMc600ney Ave Dallas, 7	ΓX 75201	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date  08/02/2021  Officeholder Contribution	Jeff Courtwright  Contributor address; City; State;	Zip Code ΓX 75214	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/02/2021	Full name of contributor		Amount of contribution (\$) 1000.00
Officeholder Contribution		Zip Code ΓX 75214	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 2 of 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Adam Bazaldua			
4 Date	<b>5</b> Full name of contributor  ut-of-state PAC (	ID#:)	<b>7</b> Amount of contribution (\$)
07/09/2021	Mack Pouge		1000.00
Officeholder	<b>6</b> Contributor address; City; State;	Zip Code	
Contribution	P.O. Box 1920 Dallas, T	ΓX 75221	
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instruct	ions)
Date	Full name of contributor  ut-of-state PAC (	ID#:)	Amount of contribution (\$)
07/09/2021	Delores Pouge		1000.00
	Contributor address; City; State;	Zip Code	1000.00
Officeholder Contribution	P.O. Box 1920 Dallas, 7	ΓX 75221	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
07/14/2021	Jaime Resendez		500.00
Officeholder Contribution	Contributor address; City; State; <b>630</b> . Box Esterine Dallas, T	Zip Code ΓX 75217	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### 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

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 1 of 6	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
07/01/2021	The Dock			
6 Amount (\$) 105.74 Officeholder Funds for	7 Payee address; City; State; Zip Code 211 Akard Dallas, TX 75202			
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Food/Beverage Expense		utside of Texas. Complete Schedule T.	
EXPENDITURE		Food/Beverage Expe	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			
07/01/2021	Total Wine			
Amount (\$) 112.54	Payee address; City; State; Zip Code			
Officeholder Funds for Officeholder Expenditures	9350 Central Exwy Dallas, TX 75231	_		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gift/Awards/Memorials Expense		, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
07/26/2021	Mayra Resendez			
Amount (\$) 1750.00	Payee address; City; State; Zip Code 9002 Prairie Wood PlaceDallas, TX 75217			
Officeholder Funds for Officeholder Expenditures	9002 Haine Wood HaceDanas, 1A 73217			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contract Labor		tside of Texas. Complete Schedule T.	
EXPENDITURE		Contract Labor	, 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 NEE	EDED	

## 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

Candidate/Officeholder/Politica	l Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	is how to complete this form.	
<b>1</b> Total pages Schedule F1: 2 of 6	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/27/2021	Taylor Adams		
6 Amount (\$) 150.00	<b>7</b> Payee address; City; State; Z 1013 Glasgow Dallas, TX 75223		
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this s	, I,, L	
PURPOSE	Contract Labor		outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	in, TX, officeholder living expense
		Contract Labor	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/28/2021	USPS		
Amount (\$) 169.00	Payee address; City; State; Z	•	
Officeholder Funds for	8624 Ferguson Dallas, TX 75228	3	
Officeholder Expenditures			
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE	Fees	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
		Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/05/2021	Taylor Adams		
Amount (\$) 480.00	Payee address; City; State; Z		
Officeholder Funds for	1013 Glasgow Dallas, TX 75223	)	
Officeholder Expenditures			
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE	Contract Labor	Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense
EXPENDITORIE		Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

### 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 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
Others (actors a extension and listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 6	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/23/2021	Anna Casey		
6 Amount (\$) 5000.00 Officeholder Funds for	7 Payee address; City; State; Zip Code 2718 Gladiolus Dallas, TX 75233		
Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Contract Labor	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/02/2021	Taylor Adams		
Amount (\$)	Payee address; City; State; Zip Code		
400.00 Officeholder Funds for	1013 Glasgow Dallas, TX 75223		
Officeholder Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/09/2021	NLLEO		
Amount (\$) 126.99	Payee address; City; State; Zip Code 3730 Ladd Dallas, TX 75212		
Officeholder Funds for Officeholder Expenditures	5750 Laud Dallas, 17, 75212		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations Made By	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin,	TX, officeholder living expense
		Contributions/Donation Candidate/Officehold	ons Made By ler/Political Committee
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OF		Omos sought	Since field
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## 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 complete this form.				
<b>1</b> Total pages Schedule F1: 4 of 6			3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/06/2021	5 Payee name			
6 Amount (\$)	Taylor Adams  7 Payee address; City; State; Zip Code			
250.00	1013 Glasgow Dallas, TX 75223			
Officeholder Funds for Officeholder Expenditures	-			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contract Labor		utside of Texas. Complete Schedule T.	
OF EXPENDITURE			, TX, officeholder living expense	
		Contract Labor		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/23/2021	Mayra Resendez			
Amount (\$) 500.00	Payee address; City; State; Zip Code			
Officeholder Funds for	9002 Prairie Wood PlaceDallas, TX 75217			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contract Labor		tside of Texas. Complete Schedule T.  TX, officeholder living expense	
EXPENDITURE		Contract Labor	, TX, difficulties living expense	
		Contract Labor		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/26/2021	Jasmine for US			
Amount (\$) 250.00	Payee address; City; State; Zip Code			
Officeholder Funds for	P.O. Box 227235 Dallas, TX 75222			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Contributions/Donations Made By	Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Candidate/Officeholder/Political Committee		, TX, officeholder living expense	
		Contributions/Donati Candidate/Officehold	ons Made By ler/Political Committee	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CODIES OF THE	COHEDINE ACARE	:DED	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:טבט	

## 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.	outer (outer a satisfier) not noted assister,
1 Total pages Schedule F1: 5 of 6	·	-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/30/2021	Simply to Impress		
6 Amount (\$) 272.79	7 Payee address; City; State; Zip Code 23801 Calabasas Calabasas, CA 91302		
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing Expense	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
		Printing Expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/16/2021	Escapeology		
Amount (\$) 172.80	Payee address; City; State; Zip Code		
Officeholder Funds for	2375 Victory Park Suite 110 Dallas, TX 75219		
Officeholder Expenditures	Dullas, 17, 73217		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/20/2021	Harwood Arms		
Amount (\$) 115.12	Payee address; City; State; Zip Code		
Officeholder Funds for	2850 N Harwood Suite 1 <b>Da</b> llas, TX 75201		
Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
LAF ENDITORE		Food/Beverage Expe	nse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### 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/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 6 of 6	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
12/20/2021	Elizabeth Rose			
6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code 4004 Hearthstone Mesquite, TX 75150			
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contract Labor		utside of Texas. Complete Schedule T.	
OF EXPENDITURE			n, TX, officeholder living expense	
		Contract Labor		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/22/2021	Bryan Tony			
Amount (\$)	Payee address; City; State; Zip Code			
625.00 Officeholder Funds for	1500 Pecos Dallas, TX 75204			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Contract Labor	Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense	
-		Contract Labor		
Complete ONLY if direct				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF			tside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Odid-t- / Offic-lades	Office sought	Office held	
	Candidate / Officeholder name	Office sought	Omoo noid	
expenditure to benefit C/OF				