City Secretary's Office

Supplement Officeholder	tal Report			FOR Cover She	RMSR eet SR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	first Adam	МІ	2. Total Pages Filed: 6	
	NICKNAME	_{LAST} Bazaldua	SUFFIX	3. Office Held Council District 7	7
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day befo	ore election c Runoff	c 15th day after camp treasurer appointme (officeholder only)	
	c July 15	c 8th day befor	re election c Exceeded \$50 limit	00 c Final Report	
5. PERIOD / COVERED		7/1/202	4 тнкоидн 12/31/20 2	24	
6. ELECTION	Month Day Year				
	5/3/2024	c Primary	y C Runoff	c General c Spe	ecial 🗶 N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$ 0.00	
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$0.00			\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00		\$ 0.00	
	TOTALS	4. TOTAL OFFICEHO	LDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS		. CONTRIBUTIONS OF \$50 OR LE ITEES OF LOANS), UNLESS ITEM	•	\$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L		OF LOANS)	\$ 4,400.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$4,824.00	
		8. TOTAL POLITICAL EXPENDITURES \$5988		\$ 5989.85	
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR			MOUNT OF OFFICEHOLDER CON TURES DURING THE REPORTING		\$ 0.00
10. AFFIDAVIT		is true ar	or affirm, under penalty of poder and correct and includes all in r Title 15, Election code.		, ,
ELECTRONICALLY CERTIFIED					
AFFIX NOTARY STAMP / SEAL ABOVE ————————————————————————————————————					
Sworn to and subscribed	before me, by the said Ada	m Bazaldua		, this the 15th	day
of January , 2	0_25, to certify which	n, witness my hand and	d seal of office.		
Signature of officer ad	lministering oath	Printed name of office	er administering oath	Title of officer ad	ministering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1: 1 of 2
2 FILER NAME Adam Bazaldua			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-o	of-state PAC (ID#:)	7 Amount of contribution (\$)
12/30/2024	Christopher Kleinert		1000.00
Campaign Contribution	6 Contributor address; City 1900 N Akard	7; State; Zip Code Dallas, TX 75201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
12/30/2024	Hunter Hunt		1000.00
Campaign Contribution	Contributor address; City 1900 N Akard		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
12/30/2024	Ray Hunt		1000.00
Campaign Contribution	Contributor address; City 1900 N Akard	7; State; Zip Code Dallas, TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/21/2024	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City 1001 Belleview	State: Zip Code Dallas, TX 75215	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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

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

The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1: 2 of 2	
2 FILER NAME Adam Bazaldua			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
12/06/2024	Albert Mata		200.00
Campaign Contribution	6 Contributor address; City; 101 W Davis Suite 1502 Dalla.	State; Zip Code s, TX 75208	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			tions)
Date	Full name of contributor uut-of-state PA	.C (ID#:)	Amount of contribution (\$)
08/28/2024	Stephanie Timko		200.00
Campaign Contribution	Contributor address; City; 2421 Dorrington Dalla	State; Zip Code s, TX 75228	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses property)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 3	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/05/2024	Extra Space		
6 Amount (\$) 130.00 Campaign Funds for	7 Payee address; 5710 Military Pkwy Dallas, TX 75227	City;	State; Zip Code
Campaign Expenditures			
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	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/05/2024	Extra Space		
Amount (\$) 130.00	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 OF EXPENDITURE	Fees	Fees	
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/17/2024	USPS		
Amount (\$) 100.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	8624 Ferguson Dallas, TX 75228		
	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.	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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 (errier a satisge	.,
1 Total pages Schedule F1: 2 of 3	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		<u> </u>	
09/19/2024	Extra Space			
6 Amount (\$) 156.00 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, TX, officeholder living expense		expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/23/2024	Dallas Democratic Party			
Amount (\$) 150.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1414 N Washington AveDallas, TX 75204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2024	Extra Space			
Amount (\$) 130.00	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.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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.	Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 3	2 FILER NAME Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	I	
11/04/2024	Extra Space		
6 Amount (\$) 130.00	7 Payee address; 5710 Military Pkwy Dallas, TX 75227	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Fees	Fees	
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		
12/04/2024	Extra Space		
Amount (\$) 130.00	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 OF	Fees	Fees	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/18/2024	Cosmopolitan Lounge		
Amount (\$) 109.85	Payee address;	City;	State; Zip Code
Campaign Funds for	1212 Skillman Dallas, TX 75206		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Food/Beverage Exper	nse
OF EXPENDITURE			
	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 NEE	DED