City Secretary's Office

Supplement Officeholder	tal Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST MI Adam	Total Pages Filed: 9	
	NICKNAME	LAST SUFFIX Bazaldua	3. Office Held District 7	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointmen (officeholder only)	
	X July 15	c 8th day before election c Exceeded \$50 limit	0 c Final Report	
5. PERIOD / COVERED		1/1/2022 THROUGH 6/30/2022		
6. ELECTION	Month Day Year			
	5/6/2023	c Primary c Runoff)	X General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OF PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNL	•	\$0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 2,750.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 O	R LESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 4,826.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 0.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LES	SS UNLESS ITEMIZED	\$4,515.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$ 4515.00
9. OFFICEHOLDER FUN FOR CAMPAIGN PUR		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONT CAMPAIGN EXPEND TURES DURING THE REPORTING		\$ 0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election code.		
ELECTRONICALLY CERTIFIED AFFIX NOTARY STAMP / SEAL ABOVE				
		Signature of Candidate	or Officeholder	
Sworn to and subscribed	before me, by the said Mr A	dam Bazaldua	_, this the15th	day
of July , 2	0_22, to certify which	, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer adr	ministering oath

(214)670-3738

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 2
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 (\$)
05/23/2022	Larry Offutt	150.00
Officeholder	6 Contributor address; City; State; Zip C	Code
Contribution	B 038Box Bryan Parkway Dallas, TX 752	206
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
06/21/2022	Larry Offutt	100.00
Officeholder	Contributor address; City; State; Zip 0	Code
Contribution	603 8Box Bryan Parkway Dallas, TX 752	206
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
06/30/2022	Pete Schenkel	500.00
Officeholder Contribution	Contributor address; City; State; Zip C #231Box Belclaire Dallas, TX 752	
Principal occup	pation / Job title (See Instructions)	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
06/30/2022	Jeff Carey	1000.00
Officeholder Contribution	Contributor address; City; State; Zip C BOO. Box E Round Grove Dallas, TX 750	code
Principal occup	pation / Job title (See Instructions)	ployer (See Instructions)

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 fo	orm.	1 Total pages Schedule A1: 2 of 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Adam Bazald	ua		
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
06/30/2022	Ray Hunt		1000.00
Officeholder	6 Contributor address; City; State;	Zip Code	
Contribution	P900Box North Akard Dallas, T	TX 75201	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	FDFD

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 1 of 6	2 FILER NAME Mr Adam Bazaldua	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
01/10/2022	Girl Scouts of America	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 6001 Summerside Dallas, TX 75252	
Officeholder Funds for Officeholder Expenditures		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/25/2022	Taylor Adams	
Amount (\$)	Payee address; City; State; Zip Code	
216.00	1013 Glasgow Dallas, TX 75223	
Officeholder Funds for Officeholder Expenditures		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		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	
02/01/2022	Bryan Tony	
Amount (\$) 625.00	Payee address; City; State; Zip Code 1500 Pecos Dallas, TX 75204	
Officeholder Funds for Officeholder Expenditures	Danas, 1X 73204	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Contract Labor	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXI ENDITORE		Contract Labor
Complete ONLY if direct expenditure to benefit C/OF		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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.	called (chief a category floringted above)
1 Total pages Schedule F1: 2 of 6			3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2022	5 Payee name Extra Space		
6 Amount (\$) 127.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Check if Austin	itside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/07/2022	Payee name		
02/07/2022 Amount (\$) 154.00 Officeholder Funds for Officeholder Expenditures	White Rock Methodist Church Payee address; City; State; Zip Code 1450 Old Gate Dallas, TX 75218		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin,	tside of Texas. Complete Schedule T. TX, officeholder living expense ons Made By ler/Political Committee
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/08/2022 Amount (\$) 100.00 Officeholder Funds for Officeholder Expenditures	Uber Payee address; City; State; Zip Code 1455 Market Street San Fransicso, CA 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		tside of Texas. Complete Schedule T. TX, officeholder living expense als 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

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 o	complete this form.	
1 Total pages Schedule F1: 3 of 6	2 FILER NAME Mr Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/04/2022	Bryan Tony		
6 Amount (\$) 625.00	7 Payee address; City; State; Zip Code 1500 Pecos Dallas, TX 75204		
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Contract Labor		utside of Texas. Complete Schedule T.
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		
03/04/2022	Bryan Tony		
Amount (\$) 625.00	Payee address; City; State; Zip Code		
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 ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
		Contract Labor	
Complete ONLY if direct	Candidate / Officeholder name		Office held
expenditure to benefit C/OF		Office sought	omeo noid
Date		Office sought	
	l	Office sought	
Date	Payee name Extra Space Payee address; City; State; Zip Code	Office sought	
Date 03/04/2022	Payee name Extra Space	Office sought	
Date 03/04/2022 Amount (\$) 127.00	Payee name Extra Space Payee address; City; State; Zip Code	Office sought	
Date 03/04/2022 Amount (\$) 127.00 Officeholder Funds for	Payee name Extra Space Payee address; City; State; Zip Code	Office sought Description	
Date 03/04/2022 Amount (\$) 127.00 Officeholder Funds for Officeholder Expenditures	Payee name Extra Space Payee address; City; State; Zip Code Dallas, TX 75227	Description Check if travel ou	tside of Texas. Complete Schedule T.
Date 03/04/2022 Amount (\$) 127.00 Officeholder Funds for Officeholder Expenditures	Payee name Extra Space Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227 Category (See Categories listed at the top of this schedule)	Description Check if travel ou Check if Austin	
Date 03/04/2022 Amount (\$) 127.00 Officeholder Funds for Officeholder Expenditures PURPOSE OF	Payee name Extra Space Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227 Category (See Categories listed at the top of this schedule)	Description Check if travel ou	tside of Texas. Complete Schedule T.
Date 03/04/2022 Amount (\$) 127.00 Officeholder Funds for Officeholder Expenditures PURPOSE OF EXPENDITURE	Payee name Extra Space Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227 Category (See Categories listed at the top of this schedule) Fees	Description Check if travel ou Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Date 03/04/2022 Amount (\$) 127.00 Officeholder Funds for Officeholder Expenditures PURPOSE OF	Payee name Extra Space Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227 Category (See Categories listed at the top of this schedule) Fees Candidate / Officeholder name	Description Check if travel ou Check if Austin	tside of Texas. Complete Schedule T.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 4 of 6	2 FILER NAME Mr Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/15/2022	Southwest Airlines		
6 Amount (\$) 105.00	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235		
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Fees	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
EXI ENDITORE		Fees	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/28/2022	Deep Ellum Distillery		
Amount (\$)	Payee address; City; State; Zip Code		
134.00	2880 Clover St Dallas, TX 75226		
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense
		Food/Beverage Exper	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/04/2022	Bryan Tony		
Amount (\$) 625.00	Payee address; City; State; Zip Code		
Officeholder Funds for	1500 Pecos Dallas, TX 75204		
Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contract Labor		tside of Texas. Complete Schedule T.
OF		Check if Austin	, TX, officeholder living expense
EXPENDITURE		Contract Labor	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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

Carididate/Officerfolder/Politica	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 6	2 FILER NAME Mr Adam Bazaldua		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	1	
04/04/2022	Extra Space		
6 Amount (\$) 102.00 Officeholder Funds for	7 Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227		
Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Fees		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Fees	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/04/2022	Jim Hamel Photography		
Amount (\$) 100.00	Payee address; City; State; Zip Code		
Officeholder Funds for	2609 Summit Road Southlake, TX 76092		
Officeholder Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		side of Texas. Complete Schedule T. TX, officeholder living expense als Expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/04/2022	Extra Space		
Amount (\$) 102.00	Payee address; City; State; Zip Code 5710 Military Pkwy Dallas, TX 75227		
Officeholder Funds for Officeholder Expenditures	3710 Military FKWy Dallas, 17, 73227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees		side of Texas. Complete Schedule T.
OF EXPENDITURE			TX, officeholder living expense
		Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed	d above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 6 of 6	2 FILER NAME Mr Adam Bazaldua	3 Filer ID (Ethics Commiss	sion Filers)
4 Date	5 Payee name		
05/05/2022	Bryan Tony		
6 Amount (\$) 625.00	7 Payee address; City; State; Zip Code 1500 Pecos Dallas, TX 75204		
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Contract Labor	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office he	eld
Date	Payee name		
06/06/2022	Extra Space		
Amount (\$)	Payee address; City; State; Zip Code		
102.00	5710 Military Pkwy Dallas, TX 75227		
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he	eld
Date	Payee name		
06/30/2022	USPS		
Amount (\$) 182.00	Payee address; City; State; Zip Code		
Officeholder Funds for	8624 Ferguson Dallas, TX 75228		
Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
LAF ENDITORE		Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	