

# 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:

16

**3** CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Mr Adam

NICKNAME LAST SUFFIX

Bazaldua

**OFFICE USE ONLY**

Date Received

**4** CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

00 Dallas TX 75357  
PO Box: 571823

☐ Change of Address

**5** CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 214 ) 597 4180

Date Hand-delivered or Date Postmarked

**6** CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Mrs Rhonda

NICKNAME LAST SUFFIX

Devan

Receipt #

Amount \$

Date Processed

Date Imaged

**7** CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

160 Hillside Swannanoa NC 28778

(Residence or Business)

**8** CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 828 ) 674 0805

**9** REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

**10** PERIOD  
COVERED

Month Day Year

05 / 29 / 2019

THROUGH

Month Day Year

06 / 30 / 2019

**11** ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other  
Description  
N/A

☐ General

☐ Special

**12** OFFICE

OFFICE HELD (if any)

Council District 7

**13** OFFICE SOUGHT (if known)

Not Applicable

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**

Mr Adam Bazaldua

**15 Filer ID** (Ethics Commission Filers)

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 384.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6349.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1400.92

4. **TOTAL POLITICAL EXPENDITURES** \$ 13777.93

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3209.00

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2000.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Adam Bazaldua, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME Mr Adam Bazaldua		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,965.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,377.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 5

**2** FILER NAME

Mr Adam Bazaldua

**3** Filer ID (Ethics Commission Filers)

**4** Date  
05/30/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ray Switzer

**7** Amount of contribution (\$)

50.00

**6** Contributor address;

City; State; Zip Code

203 N Willomet

Dallas, TX 75208

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
05/30/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Melissa Reyonlds

Amount of contribution (\$)

58.00

Contributor address;

City; State; Zip Code

713 Driftwood

Denton, TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/03/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joseph Glogowski

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

9738 Amberly Dr

Dallas, TX 75243

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/05/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

PAM GERBER

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4435 HOLLAND AVE

DALLAS, TX 75219

Principal occupation / Job title (See Instructions)

Employer (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 form.

1 Total pages Schedule A1:  
2 of 5

2 FILER NAME

Mr Adam Bazaldua

3 Filer ID (Ethics Commission Filers)

4 Date  
06/08/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Martinez

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

2926 Lovers Lane

Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
06/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Abtahi

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1210 N Clinton Ave

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/16/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hasani Burton

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5334 Bexar Street

Dallas, TX 75215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Keith Dilling

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

13208 Meandering Way

Dallas, TX 75240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
3 of 5

**2** FILER NAME

Mr Adam Bazaldua

**3** Filer ID (Ethics Commission Filers)

**4** Date  
06/04/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Baker

**7** Amount of contribution (\$)  
250.00

**6** Contributor address;

City; State; Zip Code

1922 Akard Street

Dallas, TX 75215

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Tubb

Amount of contribution (\$)  
200.00

Contributor address;

City; State; Zip Code

6214 Preston Rd

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sharon Lawson

Amount of contribution (\$)  
107.00

Contributor address;

City; State; Zip Code

2402 Park Row

Dallas, TX 75215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hector Flores

Amount of contribution (\$)  
100.00

Contributor address;

City; State; Zip Code

1030 Tracy Ave

Duncanville, TX 75137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
4 of 5

**2** FILER NAME

Mr Adam Bazaldua

**3** Filer ID (Ethics Commission Filers)

**4** Date  
06/04/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Billings

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City; State; Zip Code

14841 Dallas Pkwy

Dallas, TX 75254

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
06/01/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jose Perales

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

P.O. Box 57164

Dallas, TX 75357

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Diane Birdwell

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

5705 Meadowwick

Dallas, TX 75227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Albert Gonzalez

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

2108 Kessler Ct

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (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 form.

**1** Total pages Schedule A1:  
5 of 5

**2** FILER NAME

Mr Adam Bazaldua

**3** Filer ID (Ethics Commission Filers)

**4** Date  
06/06/2019

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Citizens for Affordable Housing

**6** Contributor address; City; State; Zip Code

7114 Royal Ln Dallas, TX 75230

**7** Amount of contribution (\$)  
250.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
06/14/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Dean

Contributor address; City; State; Zip Code

P.O. Box 14039 Dallas, TX 75214

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/17/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Linebarger Goggan Blair & Sampson

Contributor address; City; State; Zip Code

P.O. Box 17428 Austin, TX 78760

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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



# 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  
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

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.

<b>1</b> Total pages Schedule F1: 1 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/30/2019	<b>5</b> Payee name Politicize	
<b>6</b> Amount (\$) 2500.00	<b>7</b> Payee address; City; State; Zip Code 1412 Main Street Dallas, TX 75201	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PR Management
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 05/30/2019	Payee name SIGNAGE SYSTEMS	
Amount (\$) 1043.53	Payee address; City; State; Zip Code 7900 FERGUSON RD DALLAS, TX 75228	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Advertising Expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/04/2019	Payee name Michelle Embler	
Amount (\$) 750.00	Payee address; City; State; Zip Code 1200 Main Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Staff Wages
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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  
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

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.

<b>1</b> Total pages Schedule F1: 2 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/06/2019	<b>5</b> Payee name 903 Degrees Catering	
<b>6</b> Amount (\$) 1018.00	<b>7</b> Payee address; City; State; Zip Code 6915 Chackbay Dallas, TX 75227	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Election Party)
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/06/2019	Payee name Top Golf	
Amount (\$) 706.27	Payee address; City; State; Zip Code 8787 Park Lane Dallas, TX 75231	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Volunteer Appreciation)
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 06/07/2019	Payee name Daniel Wood	
Amount (\$) 500.00	Payee address; City; State; Zip Code 5137 Colter Way Dallas, TX 75227	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Event Expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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  
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

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.

<b>1</b> Total pages Schedule F1: 3 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/07/2019	<b>5</b> Payee name CVS Pharmacy	
<b>6</b> Amount (\$) 800.00	<b>7</b> Payee address; City; State; Zip Code 6004 Samuel Blvd Dallas, TX 75228	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Event Expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/10/2019	Payee name Start the Party Entertainment	
Amount (\$) 146.14	Payee address; City; State; Zip Code 5730 Logancraft Dallas, TX 75227	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Event Expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/10/2019	Payee name Highland Park Cafeteria	
Amount (\$) 120.00	Payee address; City; State; Zip Code 1200 N Buckner Blvd Dallas, TX 75218	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Volunteer Appreciation)
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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  
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

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.

<b>1</b> Total pages Schedule F1: 4 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/10/2019	<b>5</b> Payee name Sams Club	
<b>6</b> Amount (\$) 100.03	<b>7</b> Payee address; City; State; Zip Code 5555 S Buckner Blvd Dallas, TX 75226	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Volunteer Appreciation)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/11/2019	Candidate / Officeholder name Payee name Greyson Designs	
Amount (\$) 259.80	Payee address; City; State; Zip Code 9022 Garland Rd Dallas, TX 75218	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Advertising Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2019	Candidate / Officeholder name Payee name ELITE NEWS	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1911 E. LEDBETTER Dallas, TX 75216	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Advertising Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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  
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

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.

<b>1</b> Total pages Schedule F1: 5 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/12/2019	<b>5</b> Payee name 903 Degrees Catering	
<b>6</b> Amount (\$) 2000.00	<b>7</b> Payee address; City; State; Zip Code 6915 Chackbay Dallas, TX 75227	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Joppee Dinner after storm)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2019	Candidate / Officeholder name Payee name Royal Blue Grocery	
Amount (\$) 126.97	Payee address; City; State; Zip Code 1800 Main St Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Joppee Water & Ice)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/13/2019	Candidate / Officeholder name Payee name Top Golf	
Amount (\$) 706.27	Payee address; City; State; Zip Code 8787 Park Lane Dallas, TX 75231	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Volunteer Appreciation)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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  
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

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.

<b>1</b> Total pages Schedule F1: 6 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/14/2019	<b>5</b> Payee name Texas Democratic Party	
<b>6</b> Amount (\$) 320.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 116 Austin, TX 78767	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Data	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Data
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 06/08/2019	Payee name Dameon Brown	
Amount (\$) 220.00	Payee address; City; State; Zip Code 2826 Valentine Dallas, TX 75215	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Salaries/Wages/Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 06/08/2019	Payee name Billy Draper	
Amount (\$) 220.00	Payee address; City; State; Zip Code 1893 W Mockingbird Dallas, TX 75235	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Salaries/Wages/Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
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# 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  
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

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.

<b>1</b> Total pages Schedule F1: 7 of 8		<b>2</b> FILER NAME Mr Adam Bazaldua		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/08/2019		<b>5</b> Payee name Raye Draper			
<b>6</b> Amount (\$) 120.00		<b>7</b> Payee address; City; State; Zip Code 1893 W Mockingbird Dallas, TX 75235			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Salaries/Wages/Contract Labor	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/08/2019		Payee name Keke Betts			
Amount (\$) 160.00		Payee address; City; State; Zip Code 801 Grauqyler Dallas, TX 76061			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Salaries/Wages/Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/08/2019		Payee name Idena Thompson			
Amount (\$) 80.00		Payee address; City; State; Zip Code 8850 Ferguson Rd Dallas, TX 75228			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Salaries/Wages/Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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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

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.

<b>1</b> Total pages Schedule F1: 8 of 8	<b>2</b> FILER NAME Mr Adam Bazaldua	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/08/2019	<b>5</b> Payee name Reginald Whitemon	
<b>6</b> Amount (\$) 80.00	<b>7</b> Payee address; City; State; Zip Code 8850 Ferguson Rd Dallas, TX 75228	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Salaries/Wages/Contract Labor
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 06/10/2019	Payee name Starbucks	
Amount (\$) 100.00	Payee address; City; State; Zip Code 7352 Gaston Rd Dallas, TX 75214	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food/Beverage Expense (Volunteer Appreciation)
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

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