

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

6

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1 NAME

TITLE; FIRST, MI

Adam M.

NICKNAME; LAST; SUFFIX

Swartz

2 ADDRESS

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

4646 Amesbury Dr, Apt 044, Dallas, TX 75206

3 TELEPHONE
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(972)

800-4517

4 REASON
FOR FILING
STATEMENT



CANDIDATE

(INDICATE OFFICE)



ELECTED OFFICER

Justice of the Peace 3-1

(INDICATE OFFICE)



OTHER

(INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE

DEPENDENT CHILD 1.

2.

3.

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☒ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Ownership of Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☒ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="checked" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="checked" type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Dallas County 500 Elm Street, Suite 4400 Dallas, TX 75202
 <input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
 <input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
 <input type="radio"/> SELF-EMPLOYED	NATURE OF OCCUPATION
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME WWE			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="radio"/> LESS THAN 100 <input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 100 TO 499 <input type="radio"/> 10,000 OR MORE	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
4 IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320	<input type="radio"/> \$9,320 - \$18,629	<input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE
BUSINESS ENTITY	NAME HASBRO, INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="radio"/> LESS THAN 100 <input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 100 TO 499 <input type="radio"/> 10,000 OR MORE	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320	<input type="radio"/> \$9,320 - \$18,629	<input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE
BUSINESS ENTITY	NAME 1847 GOEDECKER, INC			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="radio"/> LESS THAN 100 <input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 100 TO 499 <input type="radio"/> 10,000 OR MORE	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320	<input type="radio"/> \$9,320 - \$18,629	<input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE
BUSINESS ENTITY	NAME FIRST SOLAR INCORPORATED			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="radio"/> LESS THAN 100 <input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 100 TO 499 <input type="radio"/> 10,000 OR MORE	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320	<input type="radio"/> \$9,320 - \$18,629	<input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE
BUSINESS ENTITY	NAME			
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input type="radio"/> LESS THAN 100 <input type="radio"/> 5,000 TO 9,999	<input type="radio"/> 100 TO 499 <input type="radio"/> 10,000 OR MORE	<input type="radio"/> 500 TO 999	<input type="radio"/> 1,000 TO 4,999
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320	<input type="radio"/> \$9,320 - \$18,629	<input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

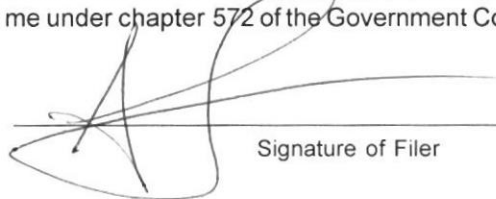
1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS Swartz Davidson Law 10223 Regal Oaks Dr Dallas, TX 75230
3 IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320 <input type="radio"/> \$9,320 - \$18,629 <input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320 <input type="radio"/> \$9,320 - \$18,629 <input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$9,320 <input type="radio"/> \$9,320 - \$18,629 <input type="radio"/> \$18,630 - \$46,579 <input type="radio"/> \$46,580 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

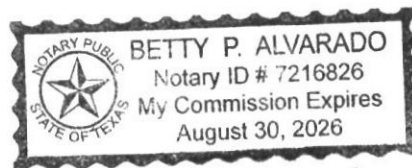
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adam M. Swartz this the 15th day of January
20 25, to certify which, witness my hand and seal of office.
Betty P. Alvarado Betty P. Alvarado notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Registrant (Declarant)