## 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: 2		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Adam	MI M	OFFICE USE ONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Swartz  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6820 LBJ Freeway, Suite 3100, Dallas, TX 75240					
✓ Change of Address				5 7 5		
5 CANDIDATE/ OFFICEHOLDER PHONE	(972 )	800-4517	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	<sub>FIRST</sub> Jena	MI	Receipt # Amount \$		
	NICKNAME LAST SUFFIX  Davidson			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	The second contract of the second second	D PO BOX PLEASE); APT / SI 1, Dallas, TX 7522		STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 485-8988	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	- Supported Medified	15th day after campaign treasurer appointment (Officeholder Only)		
10 PERIOD COVERED	July 15  8th day before election  Exceeded Modified Reporting Limit  Month  Day  Year  7  1  24  THROUGH  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)					
11 ELECTION	Month Day Year Primary Runoff Other Description General Special NO ACTIVE ELECTION    Other Description NO ACTIVE ELECTION					
12 OFFICE	OFFICE HELD (if any)  Justice of the Peace 3-1					
14 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(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Adam M. Swartz			16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00					
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0.00				
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD</li> </ol>	FTHE	\$				
Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by this the day of,  20, to certify which, witness my hand and seal of office.							
Signature of officer administer	ing oath Printed name of officer administering oath		Title of officer administering oath				
OR							
(2) Unsworn Declaration  My name is ADAM M. SWH (272 , and my date of birth is							