

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: <div style="font-size: 1.5em; font-family: cursive;">8 pgs.</div>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
MR. DAVID P ADOAMS					Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 910, K, E. R200 RD STE, 409 EL PASO TX, 79912					
	4/12/2023 ea					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	(915)	333-9711				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged 4/12/23 ea		
	NICKNAME	LAST	SUFFIX			
MS. TAMMY ADOAMS						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1143 EAGLE RIDGE DR EL PASO TX, 79912					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	(915)	333-9711				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year 2 / 1 / 23			Month Day Year 4 / 10 / 23		
	THROUGH					
11 ELECTION Uniform	ELECTION DATE Month Day Year 05 / 6 / 23		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) EL PASO BOARD TRUSTEE DIST 6			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME

DAVID ADAMS

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6175.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2264.96

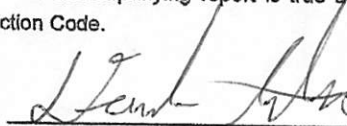
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 3910.04

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

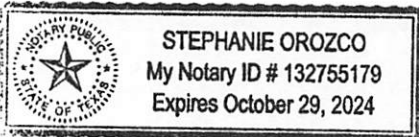
18 SIGNATURE

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.


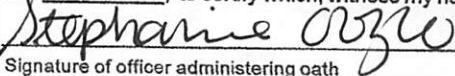
Signature of Candidate or Officeholder

Please complete either option below:

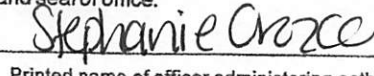
(1) Affidavit



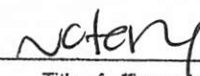
NOTARY STAMP/SEAL

Sworn to and subscribed before me by David Adams this the 12th day of April2023, 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

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 Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

DAVID ADAMS

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6175,00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1250,00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2264,96
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1: 1-3
2 FILER NAME DAVID ADAMS		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMY ADAMS	7 Amount of contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code 1143 EAGLE RIDGE DR EL PASO TX		
8 Principal occupation / Job title (See Instructions) HOUSEWIFE		9 Employer (See Instructions)
Date 3/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOLLY ADAMS	Amount of contribution (\$) \$350.00
Contributor address; City; State; Zip Code 1171 W 17TH ST PHOENIX AZ		
Principal occupation / Job title (See Instructions) FAMILY ADVISOR		Employer (See Instructions)
Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONNIE & DIANA ADAMS	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3701 ST FRANCIS DR SANTA FE NM		
Principal occupation / Job title (See Instructions) CAR DEALER		Employer (See Instructions) Self
Date 2/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT LEE	Amount of contribution (\$) \$425.00
Contributor address; City; State; Zip Code 710 BURBANK DR BURBANK CA		
Principal occupation / Job title (See Instructions) RV SALES		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME DAVID ADAMS		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE & LAURA ADAMS	7 Amount of contribution (\$) \$1500.00
6 Contributor address; City; State; Zip Code 4111 N, MESA EL PASO TX 79912		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 2/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SABRINA & RONNIE ADAMS	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code LILBURN GA		
Principal occupation / Job title (See Instructions) CAR SALES		Employer (See Instructions) SELF
Date 2/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY LEGORRETTA	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code EL PASO TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVE WHITLEY	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code Belvedere EL PASO TX 79912		
Principal occupation / Job title (See Instructions) RETIRED US Army		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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3-3
2 FILER NAME DAVID ADAMS		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR DANNY MILLER	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 5740 DIAMOND POINT EL PASO 79912		
8 Principal occupation / Job title (See Instructions) DOCTOR		9 Employer (See Instructions) LAS PALMAS
Date 3/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR HAZEL MILLER	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5740 DIAMOND POINT EL PASO 79912		
Principal occupation / Job title (See Instructions) PHYSICIAN DOCTOR		Employer (See Instructions)
Date 3-12-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX SANCHEZ	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11671 MONTANA EL PASO TX		
Principal occupation / Job title (See Instructions) ELECTRICIAN		Employer (See Instructions) SELF
Date 3-16-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARCOS PALACIOS	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3505 TROYHEAD EL PASO TX		
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) SELF EMP.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

APR 12 '23 11:08AM

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1	
2 FILER NAME DAVID ADAMS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 3-31-23	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: GREATER EL PASO ASSO OF REALTORS 7 Pledgor address; City; State; Zip Code 6400 GATEWAY BLVD, EL PASO TX 79905	8 Amount of Pledge \$ \$1,000.00	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 4-1-23	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: JUAN NEVAREZ Pledgor address; City; State; Zip Code EL PASO TX	Amount of Pledge \$ 150.00	In-kind contribution description
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions)	
Date 4-1-23	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: BILLY MIKALES Pledgor address; City; State; Zip Code EL PASO TX	Amount of Pledge \$ \$100.00	In-kind contribution description
Principal occupation / Job title (See Instructions) RETIRED ARMY		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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.

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME DAVID ADAMS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ —
6 Date 4-6-23	6 Payee name ZAPA GRAPHICS	
7 Amount (\$) \$1250.00	8 Payee address; City; State; Zip Code 3410 WICKHAM EL PASO TX 79904	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description 20 Large 15 med signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3-1-23	Payee name ANTHEM PRINTING	
Amount (\$) \$995.99	Payee address; City; State; Zip Code FRISCO TX	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 10,000 0002 Hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH DAVID ADAMS EPISO BOARD TRUSTEE DIST 6		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		