

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**OFFICIAL RECORD
CITY SECRETARY
COVER SHEET PG 1
FT. WORTH, TX**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

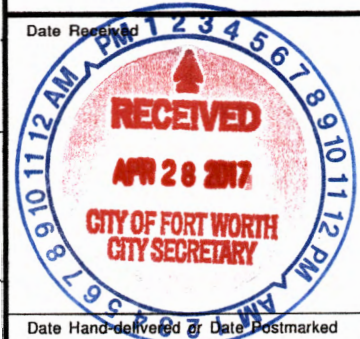
1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

14

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / (MRS) / MR

FIRST

MI

Ann

NICKNAME

LAST

SUFFIX

Zadeh

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

P.O. Box 12173
Fort Worth TX 76110

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 924-3811

6 CAMPAIGN TREASURER NAME

MS / MRS / (MR)

FIRST

MI

Jim (Jamshyd) M.

NICKNAME

LAST

SUFFIX

Zadeh

7 CAMPAIGN TREASURER ADDRESS

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

115 W 2nd Street Ste 201
Fort Worth TX 76102

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 335-5100

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 Month Day Year
04 / 04 / 17 THROUGH 04 / 27 / 17

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

05 / 06 / 17 General Special

12 OFFICE

OFFICE HELD (if any)
City of Fort Worth
City Council District 9

13 OFFICE SOUGHT (if known)
City of Fort Worth
City Council District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Ann Zadeh

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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 6.00

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

\$ 11,729.56

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3,999.32

CONTRIBUTION
BALANCE

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

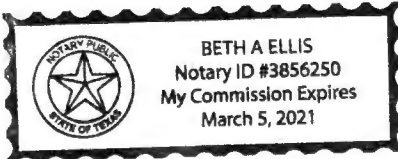
\$ 70,674.14

OUTSTANDING
LOAN TOTALS

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

\$ —

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.

Ann Zadeh

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Zadeh, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Beth A Ellis

Signature of officer administering oath

Beth A Ellis

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,924. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,805. ⁵⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,999. ³²
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

4.24.17

5 Full name of contributor out-of-state PAC (ID#: _____)

CHRIS GREEN

6 Contributor address; City; State; Zip Code

412 RIDGWOOD RD
FT. WORTH TX 76107

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4.12.17

Full name of contributor out-of-state PAC (ID#: _____)

JAMES CHARLES POWELL

Contributor address; City; State; Zip Code

PO BOX 13813 RIVIERA DR.
FT. WORTH TX 76028

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.22.17

Full name of contributor out-of-state PAC (ID#: _____)

GARY P. DWORKIN

Contributor address; City; State; Zip Code

2804 W. BEWICK ST.
FT. WORTH TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.20.17

Full name of contributor out-of-state PAC (ID#: _____)

WARREN GOULD

Contributor address; City; State; Zip Code

3704 CRESTLINE RD
FT. WORTH TX 76107

Amount of contribution (\$)

300.00

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:

8

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

4.22.17

5 Full name of contributor

CHARLES M GROOMER

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6324 SKYLARK CIR.
FT. WORTH TX 76180

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4.17.17

Full name of contributor

DAN E. LOWRANCE

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2008 FOUR OAKS LN
FT. WORTH TX 76107

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.23.17

Full name of contributor

SUSAN HARPER

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2248 5TH AVE.
FT. WORTH TX 76110

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.18.17

Full name of contributor

MARGARET JOHNSON

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2116 PARK PLACE AVE
FT. WORTH TX 76110

Amount of contribution (\$)

250.00

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: 8
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)
4 Date 4-24-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREATER FT. WORTH REAL ESTATE	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 777 MAIN ST NO 2100 FT. WORTH TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-21-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON VELAYOS	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4208 INWOOD RD FT. WORTH TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-20-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEE J. GANDY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4250 SARTA CT FT. WORTH TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-24-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES M. NOTERBOOM	Amount of contribution (\$) 66.00
Contributor address; City; State; Zip Code 669 AIRPORT FREEWAY #100 HURST TX 76053		
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: 8
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)
4 Date 4-12-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRE R. McEWING	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3301 CHANCELOORSVILLE DR FOREST HILL TX 76140		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-8-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDY L OQUINN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2801 WILLING AVE FT. WORTH TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-6-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE T. BASS ROBERT M. BASS	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 201 MAIN ST FT. WORTH TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-10-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Q PAC	Amount of contribution (\$) 1,250.00
Contributor address; City; State; Zip Code 301 COMMERCE ST FT. WORTH TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Fiers)
4 Date 4.11.17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE CLEMENTE DELACRUZ	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 601 UNIVERS CITY DR #109 FT. WORTH TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.11.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH K. DULLE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2127 HEMBROKE FT. WORTH TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.9.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET W. DEMOSS	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 2600 W. 7TH ST. #2644 FT. WORTH TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.7.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARETH CRADDOCK	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4904 DEXTER AVE FT. WORTH TX 76107		
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: 8
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filer)
4 Date 4.9.17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHLEE JUNG	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 11809 N. MEW DR AUEDO TX 76008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.12.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW BLAKE	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 311 UNIVERSITY DR. 101 FT. WORTH TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.17.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA A. ADAMS	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2350 MEDFORD CTE FT. WORTH TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.17.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELAINE PETRUS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3736 COUNTRY CLUB CIR FT. WORTH TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)
4 Date 4.13.17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARRANT COUNTY STONEWALL DEMOCRATS 6 Contributor address; City; State; Zip Code 7016 HAWAII LN ARLINGTON TX 76016	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.13.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD D. STURGEON Contributor address; City; State; Zip Code 5940 EDEN DR HAUTON CITY TX 76117	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.1.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN WILCOX Contributor address; City; State; Zip Code 2600 W. 7TH ST # 2650 FT. WORTH TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAWN COWDIN Contributor address; City; State; Zip Code 5016 COCKRELL AVE FT. WORTH TX 76133	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME ANN ZAIDEH		3 Filer ID (Ethics Commission Filers)
4 Date 4.27.17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDITH L. HARMAN	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2222 WINTON TERRE FT. WORTH TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4.5.17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH POLICE OFFICERS ASSOC	8 Amount of Contribution \$	9 In-kind contribution description 1805.56 SIGNAGE
7 Contributor address; City; State; Zip Code 904 COLLIER FT. WORTH TX 76102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political 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: 2	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
4 Date 4.4.17	5 Payee name TRAVIS PARMER	
6 Amount (\$) 238.73	7 Payee address; City; State; Zip Code 3000SHULEN#124 FT. WORTH TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4.14.17	Payee name METRO MAILER	
Amount (\$) 2,016.78	Payee address; City; State; Zip Code 5719 E. ROSEDALE ST. # 809 FT. WORTH TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4.13.17	Payee name METRO MAILER	
Amount (\$) 698.21	Payee address; City; State; Zip Code 5719 E. ROSEDALE ST. # 809 FT. WORTH TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED