


# 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: <span style="font-size: 2em; float: right;">23</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="margin-left: 100px;">FIRST</span> <span style="float: right;">MI</span> Ann NICKNAME <span style="margin-left: 100px;">LAST</span> <span style="float: right;">SUFFIX</span> Zadeh	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12173 Fort Worth TX 76110		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 924-3811		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="margin-left: 100px;">FIRST</span> <span style="float: right;">MI</span> Jim (Jamshyd) <span style="float: right;">m.</span> NICKNAME <span style="margin-left: 100px;">LAST</span> <span style="float: right;">SUFFIX</span> Zadeh	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1555 Rio Grand Fort Worth TX 76002	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 335-5100		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 7 / 1 / 18    THROUGH    12 / 31 / 18		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19	ELECTION TYPE <input 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) 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>21,800.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,234.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>77,593.45</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Notary, this the 14 day of January, 2019, to certify which, witness my hand and seal of office.

Mary Jane Salinas  
Signature of officer administering oath

Mary Jane Salinas  
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

*Ann Zadeh*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,800 <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 4,234 <sup>10</sup>
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: <b>16</b>
2 FILER NAME <b>ANN ZADEH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/4/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Doug Black</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>2031 Ward Pkwy Fort Worth TX 76110</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/5/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Bearden</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>6601 Eton CT Fort Worth TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/4/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suzanne K Shepard</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3313 Worth Hills Dr Fort Worth TX 76109-2948</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/4/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian S. Luenser</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>500 Throckmorton ST. STE 2804 Fort Worth TX 76102</b>		
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: 16

2 FILER NAME

Ann Zaden

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-18

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

Shirlee J. Gandy

6 Contributor address; City; State; Zip Code

4250 Sarita Ct. FW TX 76109

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-10-18

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

Victor J. Boschini

Contributor address; City; State; Zip Code

3100 Avondale Cir FW TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-18

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

Verhelle Starns

Contributor address; City; State; Zip Code

612 Highwoods Trail FW TX 76112

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-23-18

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

MICHELE HANSON

Contributor address; City; State; Zip Code

5317 SANTA MARIE FT. WORTH TX 76114

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 16

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

9/4/18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Thomas C. Sturdivant

6 Contributor address; City; State; Zip Code

2840 Manorwood Fort Worth TX  
TRB 76109-5558

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/4/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ramon Romero JR

Contributor address; City; State; Zip Code

3320 View ST Fort Worth TX 76103

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jordan M. Parker

Contributor address; City; State; Zip Code

2901 Riverhollow Fort Worth TX 76116  
CT

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gerald S. Tyson

Contributor address; City; State; Zip Code

1351 mistletoe Fort Worth TX 76110-1022  
Drive

Amount of contribution (\$)

100.00

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: **16**

2 FILER NAME  
**ANN ZADEH**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/4/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Brandy L. OQUINN**  
6 Contributor address; City; State; Zip Code  
**620 Samuel Ave FortWorth TX  
Apt 7104 76102-2399**

7 Amount of contribution (\$)  
**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**9/12/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Susan Smith**  
Contributor address; City; State; Zip Code  
**7736 FM 428 Denton TX 76208-3995**

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/5/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Elizabeth A Booth, MD**  
Contributor address; City; State; Zip Code  
**2049 Glenco TER Fortworth TX  
76110-1705**

Amount of contribution (\$)  
**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/12/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Julia Hedden**  
Contributor address; City; State; Zip Code  
**3300 Worth Hills Fortworth TX 76109  
Dr**

Amount of contribution (\$)  
**50.00**

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: **16**

2 FILER NAME

**ANN ZADEH**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/8/18**

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

**Greg Walsh**

6 Contributor address; City; State; Zip Code  
**1002 Hanover Southerlake TX 76092 Drive**

7 Amount of contribution (\$)

**300.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**9/16/18**

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

**Reed Pigman, JR**

Contributor address; City; State; Zip Code  
**200 Texas Way Fort Worth TX 76106**

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/15/18**

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

**Karen L. Willis**

Contributor address; City; State; Zip Code  
**4354 Capra Way Benbrook TX 76126**

Amount of contribution (\$)

**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/10/18**

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

**Linebarger Goggan Blair & Sampson, LLP**

Contributor address; City; State; Zip Code  
**100 THROCKMORTON #300 FT. WORTH TX 76102**

Amount of contribution (\$)

**2,500.00**

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: <b>16</b>
2 FILER NAME <b>Ann Zadeh</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-4-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph K. Dulle</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>2127 Pembroke FW TX 76110-1202</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9-4-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hannah Bemfens</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>4812 Overton Ave Fort Worth TX 76133</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-4-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew A Vories</b>	Amount of contribution (\$) <b>3,000.00</b>
Contributor address; City; State; Zip Code <b>2409 M. S. + Letal BLVD. Fort Worth TX 76110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-4-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Justin Light</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>6116 Kenwick Ave Fort Worth TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  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: <b>16</b>
2 FILER NAME <b>Ann Zadeh</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8-24-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Dreyfus</b> 6 Contributor address; City; State; Zip Code <b>2416 Park Place Fort Worth TX 76110</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>9-14-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>F.W. Firefighters Comm.tee. for R.G.</b> Contributor address; City; State; Zip Code <b>3855 Tulsa way Fort Worth TX 76107-3345</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>9-4-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beverly V. Powell</b> Contributor address; City; State; Zip Code <b>904 Sycamore ST Burleson TX 76028</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>9-4-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Aman</b> Contributor address; City; State; Zip Code <b>1404 S. Adams St. FW TX 76104</b>	Amount of contribution (\$) <b>100.00</b>
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: 16

2 FILER NAME

Ann Zadeh

3 Filer ID (Ethics Commission Filers)

4 Date

9-4-18

5 Full name of contributor

Pegie A. Frazier

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

4324  
Donnelly Ave

City; State; Zip Code

FW TX 76107

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-3-18

Full name of contributor

Tom Stone

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

4801  
Beldon Trl

City; State; Zip Code

COLLEYVILLE TX 76034

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-18

Full name of contributor

John V. Roach

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

2805  
Alton Rd.

City; State; Zip Code

FW TX 76109

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-18

Full name of contributor

Marcelle Frances LeBlanc

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

2917  
Morton St

City; State; Zip Code

FW TX 76107-2925

Amount of contribution (\$)

100.00

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: 16

2 FILER NAME

Ann Zadeh

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/18

5 Full name of contributor

Don Wheeler

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

4612 South Ridge terrace  
Fort worth TX 76133

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/29/18

Full name of contributor

Jason Brown

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

2112 Pembroke Dr Fort worth TX 76110  
US

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/18

Full name of contributor

Melissa M Mitchell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$150.00

Contributor address;

2429 Rogers Avenue Fort worth TX 76109  
US

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/18

Full name of contributor

Katie Sherrad

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

1870 Ederville Rd. Fort worth TX 76103  
US

City; State; Zip Code

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: 16

2 FILER NAME

Ann Zadeh

3 Filer ID (Ethics Commission Filers)

4 Date

9/3/18

5 Full name of contributor

Larry Anfin

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

7020 Castle Creek Court US

City: State; Zip Code

Fort Worth TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/4/18

Full name of contributor

Kelly Bowden

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25.00

Contributor address;

1714 S. Henderson US

City: State; Zip Code

Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/18

Full name of contributor

Rachel Albright

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

3809 Englewood Lane US

City: State; Zip Code

Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/18

Full name of contributor

Graham Brizendine

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

2101 West Morphy St

City: State; Zip Code

Fort Worth TX 76110

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: **16**

2 FILER NAME

**Ann Zadeh**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/4/18**

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

**James Husband**

7 Amount of contribution (\$)

**\$ 50.00**

6 Contributor address; City; State; Zip Code  
**6940 Stockton Dr Fort TX 76132**  
**worth TX 76132**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**9/4/18**

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

**Brian Jolin**

Amount of contribution (\$)

**\$ 50.00**

Contributor address; City; State; Zip Code  
**3217 Stadium Dr Fort TX 76109**  
**worth TX 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/4/18**

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

**Christina Judge**

Amount of contribution (\$)

**\$ 25.00**

Contributor address; City; State; Zip Code  
**7522 King St Fort TX 76133**  
**worth TX 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/4/18**

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

**Kelly Smith**

Amount of contribution (\$)

**\$ 200.00**

Contributor address; City; State; Zip Code  
**6508 Genoa Rd Fort TX 76116**  
**worth TX 76116**

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: 16

2 FILER NAME

Ann Zadeh

3 Filer ID (Ethics Commission Filers)

4 Date

9/4/18

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

Glenn Williams

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

500 Throckmorton Fort TX 76102  
#2808  
Worth

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/5/18

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

Gloria Gonzalez-Garcia

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code

4220 Hardy St Fort TX 76106  
Worth

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/18

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

Scott Rule

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

408 College Ave Fort TX 76104  
Worth

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/18

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

Breinn Richter

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

1801 6th Ave Fort TX 76104  
Worth

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: 16

2 FILER NAME

Ann Zaden

3 Filer ID (Ethics Commission Filers)

4 Date

9/10/18

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

Graye H Reed

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code  
2341 Harrison Ave Fort Worth TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/29/18

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

Robert Kelly

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code  
3500 Covert Ave Fort Worth TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/18

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

Pretlow Riddick

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code  
14160 Dallas Pkwy #750 Dallas TX 75254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/18

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

Barry Shachter

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code  
2209 Park Place Ave Fort Worth TX 76110

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: **16**

2 FILER NAME **ANN ZADEH**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/29/18**

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

7 Amount of contribution (\$)  
**\$2000.00**

6 Contributor address; City; State; Zip Code  
**2008 FOUR OAKS LN Fort Worth TX 76107**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**9/18/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**G. MALCOM LOUDEN**

Amount of contribution (\$)  
**1,000.00**

Contributor address; City; State; Zip Code  
**500 W. 7th St. Unit #27 Fort TX 76102  
Ste. 1007 Worth**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/26/18**

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

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

Contributor address; City; State; Zip Code  
**2101 WARD PKWY Fort Worth TX 76110**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/15/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**GLENN R. MAHLER**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**9921 CRAWFORD FARMS Fort TX ~~76110~~  
DR. Worth 76244**

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: **16**

2 FILER NAME **ANN ZADEH**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/29/18**

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

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**3721 ARROYO Rd. Fort Worth TX 76109**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**11/27/18**

Contributor address; City; State; Zip Code  
**7557 RAMBLER Road DALLAS TX 75231  
STE. 1400**

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

**11/29/18**

Contributor address; City; State; Zip Code  
**7002 BIG BEAR LAKE DR.  
ARLINGTON, TX 76016**

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FRESE AND NICHOLAS PAC**

Amount of contribution (\$)

**11/28/18**

Contributor address; City; State; Zip Code  
**4055 International Plaza, Fort Worth, TX 76109  
Ste. 200**

**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: 16

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/18

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

FREESE AND NICHOLAS PAC

6 Contributor address; City; State; Zip Code  
4055 INTERNATIONAL PIQEQ, STE. 200 FORT WORTH, TX 76109

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/29/18

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

ROSA NAVEJAR

Contributor address; City; State; Zip Code  
2701 CALDER CT FORT WORTH, TX 76107

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/18

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

HALFF ASSOCIATES - STATE PAC

Contributor address; City; State; Zip Code  
1201 N BOWSER RD RICHARDSON, TX 75081

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/18

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

TMC PAC

Contributor address; City; State; Zip Code  
200 W. HWY 6, STE. 216 WACO, TX 76712

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.

# 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	<b>2</b> FILER NAME ANN ZADEH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10.23.18	<b>5</b> Payee name PAYPAL	
<b>6</b> Amount (\$) 3.20	<b>7</b> Payee address; City; State; Zip Code 2211 N. 1ST ST SAN JOSE CA 95131	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  FEES	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 9-23-18	Payee name PAYPAL	
Amount (\$) 56.71	Payee address; City; State; Zip Code 2211 N. 1ST ST SAN JOSE CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  FEES	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	
<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
	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
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4 Date 7-5-18	5 Payee name TRAVIS PARMER
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 300 S. HULEN # 124306 FT. WORTH TX 76109
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  CONSULTING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-17-18	Payee name TRAVIS PARMER
-----------------	-----------------------------

Amount (\$) 449.73	Payee address; City; State; Zip Code 300 S. HULEN # 124306 FT. WORTH TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE ADVERTISING PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-3-18	Payee name TRAVIS PARMER
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Amount (\$) 500.00	Payee address; City; State; Zip Code 300 S. HULEN # 124306 FT. WORTH TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  CONSULTING EXP.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME ANN ZADEH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9-17-18	<b>5</b> Payee name TRAVIS PARMER
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<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 300 S. HULEN # 124306 FT. WORTH TX 76109
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  CONSULTING EXP	<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
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-1-18	Payee name TRAVIS PARMER
-----------------	-----------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 300 S. HULEN # 124306 FT. WORTH TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  CONSULTING EXP.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-2-18	Payee name TRAVIS PARMER
-----------------	-----------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 300 S. HULEN # 124306 FT. WORTH TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  CONSULTING EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME ANN ZADEH	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9-22-18	<b>5</b> Payee name Z'S CAFE
--------------------------	---------------------------------

<b>6</b> Amount (\$) 679.58	<b>7</b> Payee address; City; State; Zip Code 1116 PENNSYLVANIA FT. WORTH TX 76104
--------------------------------	--

<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
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-12-18	Payee name COCKREW ENOVATION
------------------	---------------------------------

Amount (\$) 378.88	Payee address; City; State; Zip Code 218 W. BROADWAY AVE FT. WORTH TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-20-18	Payee name USPS
------------------	--------------------

Amount (\$) 166.00	Payee address; City; State; Zip Code 2600 8TH AVE FT. WORTH TX 76110
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED