	E / OFFICEHOLDER N FINANCE REPORT	OFFICIAL RECO	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	D (Ethics Commission Fliers)	otal pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST AVV NICKNAME LAST Zadeh	MI 	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 12173 Fort Worth TX 76110	STATE; ZIP CODE	RECEIVED JUL 15 2020 JUL 15 2020 CITY OF FORT WORTH CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 924-3811	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST Jin (Junshyd) NICKNAME LAST Zadeh	M!	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1555 Ris Grand Fort Worth TX 76	сту;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 335-5100	EXTENSION	,
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year OI / OI / JOJJ THRO	UGH 06 /	
11 ELECTION		ELECTION TYPE unoff Other Description pecial	
12 OFFICE	City of Fort Worth City Council District 9	office sought (it known City Counc	Fort Worth il District 9
	GO TO PAGE		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	ller 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 OF 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		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10000
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,866 30
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ Ø
18 AFFIDAVIT			
		swear, or affirm, under penalty of perjui	v. that the accompanying report is
		true and correct and includes all informa	
WALE OF THE PARTY	MARY J. KAYS	under Title 18, Election Code.	,
SO A SE NO	tary Public, State of	of Texas	. /
	mm. Expires 01-1		els
THE OF THEIR	Notary ID 38960		te or Officeholder
		Organization of Cartulation	
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subscr	ribed before me, b	by the said amn Tadel	this the 13fL
day of	, 20	to certify which, witness my hand and seal of office.	
Max	JAw.	MARY J KAUSER	Citisenes
Signature of officer a	dministering oath	Printed name of officer administering path.	Title of offices administrating with

SUBTOTALS - C/OH

FORM C/OH

	SOBIOTALS - O/OH	COVER SHE	ET PG 3
19	FILER NAME 20 Fil	er tD (Ethics Commiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$	3,866.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	ESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED \$	
SEMINITES - CONTROLLEGISTICS - C			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE				
7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
FILER NAI	1 ZADEH	3 Filer ID (Ethics Commission Filers)		
Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)		
0-10-2	ADAM GONZACES 6 Contributor address; City; State; Zip Code 16ZI N. 5YLVANIA AVE FT. WORTH TX 76111	100,00		
Principal o	occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code			
Principal oc	ccupation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code			
Principal or	ccupation / Job title (See Instructions) Employer (See Instruc	(ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code			
Principal oc	ccupation / Job title (See Instructions) Employer (See Instruc	ctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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/Wanes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other Contract of the Co

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 PULER NAME ZADEH		3 Filer ID (Ethics	s Commission Filers)
4 Date - -2020	5 Payee name TRAVIS PARMICR			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500,00	PO BOX 11517	FOOD MORTY	77	76110
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONSULTE EXPERSE			
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
1-4-2020	STAPLES			
Amount (\$)	Payee address;	City;	State;	Zip Code
95,24	1600 S UNIVERSITY	FURT MARTY	TX	76107
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICE ONERHEAD			
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1-22-2020	CONSTANT CONTACT			
Amount (\$)	Payee address;	City;	State;	Zip Code
74.62	1601 TRAPELOROAD #329	NALTMAN	n MA	02451
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense officing Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Cut of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
6	ANN -CADEH				
2-24-2020	5 Payee name (INSTANT (ONTACT				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
74.62	1601 TRAPELO RUAD #3	329 WALTHAM	MA 02451		
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING				
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1				
2-25-2020	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
36.34	14455 N HAYDEN RD#3	219 SWITSDILK	AZ 95260		
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	ANYMOTISIM				
	Check if travel outside of Texas, Complete Scher	dule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	SEC. 15				
Date	Payee name				
3-9-2020	TRAVIS PARMER				
Amount (\$)	Payee address;	City;	State; Zip Code		
500.00	10 Box 11517	FORT WORTH	TX 76110		
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	CONSULTIVE EXPRESE				
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense ating Expense anes/Wages/Contract Labor w to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Relat _{ed Expense}
1 Total pages Schedule F1:	2 FILER NAME ZADAH		3 Filer ID (Ethics	s Commission Filers)
4 Date 3-9-2020	5 Payee name PARMER			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	POBOX 11517	FORT WORM	TX	76110
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	CONSULTUR ENPENSE			
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3-1-2020	SMAT WEB DRSIGN			
Amount (\$)	Payee address;	City;	State;	Zip Code
192.00	5925 LOVEN AVE#B	FT WORTH	$\mathcal{T}X$	76107
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Apricensis			
	Check if travel outside of Texas. Complete Schedul	leT. Check if Austi	n, TX, officeholder living	gexpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3-22-2020	CONSTANT CONTACT			
Amount (\$)	Payee address;	City;	State;	Zip Co(e
74.62	1601 TRAPELO ROAD #38	29 WALTNAM	MA	02451
	Category (See Categories listed at the top of this schedu	Description		
PURPOSE OF EXPENDITURE	ADVERTISING			
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME ANN ZADEM		3 Filer ID (Ethic	s Commission Filers)
4 Date 4-18-2020	Frank PARMEL			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	POBOX 11517	FORTHVORTY	TX	76110
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ONSVITO EXPENSE	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
H-23-2020	Payee name CONSTANT CONTACT			
Amount (\$)	Payee address;	City;	State;	Zip Code
74.62	1601 TRAPELO RO #329	WALTHAM	MA	20 0245]
	Category (See Categories listed at the top of this schedule)	Description		2000
PURPOSE OF EXPENDITURE	ADVERTISING			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
5-4-2020	Payee name TRAWS PARMER			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	POBX 11517	FORT WORTH	TX	76110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTM EXPENSE	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Dionations Made By
Candidate/Dioeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Vages/Contract Labor	Other (enter a catego	
orda vara raymon	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER MAME FAIXEM		3 Filer ID (Ethica	Commission Filers)
4 Date 5-22-2120	CONSTANT CONTACT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
74.62	1601 TRAPELO RD \$ 329	WALTHAM	MA	02451
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTINSB			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5-31-2420	TRAVIS PARMER			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	POBOX 11517	FURT WORTH	TX	74110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ONSULTIME EXPLINSE	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 6-1-2020	Payee name USPS - Post OFFICE BOX			
Amount (\$)	Payee address;	City;	State;	Zip Code
95,00	2600 8th Aur	FURT NORTH	TX	76110
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICK OVERHEAD			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	***

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category r	not listed above)
1 Total pages Schedule F1:	2 FILER NAME	ompiete uno iorni.	3 Filer ID (Ethics C	ommission Filers)
6	ANN EADEM			
4 Date 6-22-2020	6 Payee name CONTACT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
74.62	1601 TRAFOZO RD # 329	WATHAM	mA C	02451
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Of	fice held
2-1	Payon name	1000		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
, and the (4)	, also assisse,			
		Description		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	fice held

Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, IX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	