		ICEHOLDER CE REPORT	official record City Secretary	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains ho	v to complete this form.	File ID ELONORSH FILM	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs NICKNAME	first Ann Last	MI	OFFICE USE ONLY Date Received 3 4 5 6
		Zadeh		2111 A 100
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 12	173	STATE; ZIP CODE	RECEIVED APR - 1 2021
Change of Address	Fort Worth,		- Tempon	CITY OF FORT WORTH
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	PHONE NUMBER 924-3811	EXTENSION	Date HandUTTVSFERENT Date Polymarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr	Glenn	Mi	Date Processed
,	NICKNAME	LAST Bearden	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 6601 Eton C		#; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 845-4412	EXTENSION	
9 REPORT TYPE	January 15	30th day before election	on Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 31 / 2020	THROUGH 03	Day Year 22 / 2021
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	,
12 OFFICE	OFFICE HELD (if any	ty Council District 9	13 OFFICE SOUGHT (if known) City of Fort Worth May	or
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION	CE OF POLITICAL CONTRIBUTIONS ACCE		BY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASU	RER ADDRESS	
		GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	
15 C/OH NAME Ann Za	adeh	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	. (
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	\$ 94,705.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 60,870.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	s of the LAST DAY \$ 134,420.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$
Notar Com	MARY J. KAYSER y Public, State of Texas m. Expires 01-11-2025 lotary ID 3896065	ion below:
(1) Affidavit		
\sim ι	before me by Was Zaslet which, witness my hand and seal of office.	this the St_day of full.
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaratio	or on	
My name is	, and my da	ate of birth is
My address is		
Executed in	(street) (city) County, State of, on the da	y of, 20 (month) (year)
		ure of Candidate/Officeholder (Declarant)
	Signati	are or candidater officeroder (Decidiant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19		thics Commission Filers)
	Ann Zadeh	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$94,705.00
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 CONTRIBUTIONS	\$60,870.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$
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 BUSINESS OF	С/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ED \$

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: 48		
2 FILER NAME	ANN ZABEH	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
1-8-2021	JULES ZICMER 6 Contributor address; City; State; Zip Code 2133 SAINT JAMES PLACE PHILADELPH PA 19103	250.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-9-2021	Contributor address; City; State; Zip Code	100.00		
	3704 TULSA WAY FURT WORTY TX 76107			
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ilons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
1-12-2021	Contributor address; City; State; Zip Code	100,00		
	4007 MODEN AVE FORT WORTH TX 76107	 		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:) ROBERT RVSSEY	Amount of contribution (\$)		
1-12-2021	Contributor address; City; State; Zip Code	30.00		
Principal occur	7 70110	tione)		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

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 FILER NAME	ANN ZADAM	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
1-14-2021		100.00		
	7300 YOLANDA FORTWONTH TX 76112			
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Ins	structions)		
Date	Full name of contributor) Amount of contribution (\$)		
1-14-2021	Contributor address; City; State; Zip Code			
!	2416 PARK RACE FORT WORTH TX 76110			
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-14-2021	Contributor address; City; State; Zip Code	100.00		
 	5901 PALO PINTO DAMAS TX 75206	0		
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)		
Date	Full name of contributor out-of-state PAC (ID#:			
1-14-2021	Contributor address; City; State; Zip Code	150.00		
	2387 MAZZAGNA AVE SANJUSE CA 95125			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition			

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48
2 FILER NAME ANN ZADRH			3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
1-15-2021	6 Contributor address; City; 4144 WHITFIELD Rd FORT WART	250.00	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
1-16-2021	Contributor address; City;		2,500,00
		TX 76107	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	_	(ID#:)	Amount of contribution (\$)
1-18-2021	ASNLRY PAZ Contributor address; City;	State; Zip Code	25. <i>0</i> 0
	1637 S. ADAMS FURTHURTH	TX 76104	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
1-18-2021	BRIAN JOLIN Contributor address; City;	State; Zip Code	100.00
	3217 STADIUM DRIVE FORT WORTY	7X 76109	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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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: 48		
2 FILER NAME	ANN ZADHM	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
1-16-2021	STEVEN GRUFFMAN 6 Contributor address; City; State; Zip Code	25.00		
	815 CEMPAL DR COLLYVILLY TX 74034			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-18-2021	Contributor address; City; State; Zip Code	20.00		
	4117 LAKERIDGE Rd FORT NORTY TX 76108	,		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-19-2021	Contributor address; City; State; Zip Code	2,500.00		
	2400 MISTLETOR BUD FORT NORTH TX 76110			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
1-20-202-1	Contributor address; City; State; Zip Code 2101 WEST MIRPHY ST FIRT MIRTY TX 76110	250.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL CODIES OF THIS SCHEDUL EAS N	EEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED		

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 FILER NAME	ANN ZADEH	3 Filer ID (Ethics Commission Filers)		
4 Date /-20-202	5 Full name of contributor out-of-state PAC (ID#:) BERND SCHEFFLER 6 Contributor address; City; State; Zip Code 1608 LAKE SHURE DR FRT WORTY 7X 76103	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	iions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-22-2021	Contributor address; City; State; Zip Code	1,000.00		
Principal occup	1301 THROCKMIRTON #2705 FORT WORLY TY 76102 Deation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-22-2021	SHARON DUAN Contributor address; City; State; Zip Code 6732 BRANTS LN FORT MORTY TX 76116	250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-22-2021	STEPHEN MUNTGOMERY Contributor address; City; State; Zip Code 500 THRUCKMURTON # 1704 FORT WORTH TX 76102	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 FILER NAME	Ann ZADEH	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
1-22-2021	MARK STELMAS 6 Contributor address; City; State; Zip Code 3237 WABASH FORT WORTH TX 76109	100.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-23-21	Contributor address; City; State; Zip Code	100.00		
	2121 EDWIN ST FORT WORTH TX 76110			
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-24-2021	Contributor address; City; State; Zip Code	500.00		
	3300 WORTH HILLS DR FORT WORTH TX 76109			
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-25-2021	LARISA KELTNER Contributor address; City; State; Zip Code 5924 CYPRESS POINT FORT WRTY TX 76132	500.00		
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	·			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDI II E AS NI	EDED		

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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: 48		
2 FILER NAME	ANN ZADEH	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
1-25-2021	SHIRLER GANDU 6 Contributor address; City; State; Zip Code	1,000.00		
	4250 SARITA CT FURT NORTH TX 76109	<u> </u>		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-26-2021	DENNIS AND MARGARET JUHNSUN Contributor address; City; State; Zip Code	500.00		
	2116 PARKPLACK AVA FORT WORTH TX 76110			
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-26-2021	Contributor address; City; State; Zip Code	250,00		
	1201 CLOVER LN FORTNETY TX 76107			
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
1-26-2021	STEVENSIMM ONS Contributor address; City; State; Zip Code	2,500.00		
	4317 BILLINGS FORT WORTY TX 74108			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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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 FILER NAME	ANN ZADYH	3 Filer ID (Ethics Commission Filers)		
4 Date 1-28-2021	5 Full name of contributor	7 Amount of contribution (\$)		
8 Principal occu	3913 W., SPVRGEON FORT WART TX 74133 pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:) RAYMOND CHOATE	Amount of contribution (\$)		
1-29-2021	Contributor address; City; State; Zip Code 105 N. KAUTMAN SEUGOVIHS TX 75159	250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-21-2021	Contributor address; City; State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
1-26-2021	Contributor address; City; State; Zip Code 3701 S. UNIVERSITY FORT WORTH TX 76109	100.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		(
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	EEDED		

SCHEDULE A1

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

If the requested information is not applicable, 20 NOT include this page in the report.				
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME	ANN ZADEM		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (II MICMARL ANTHONY EWMA 6 Contributor address; City; 12160 ABRAMS RD#102 DAHAS	7 Amount of contribution (\$) $2,500.00$		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (III	ļ.	Amount of contribution (\$)	
1-27-2021	MARGARITA AND DAVID TAYLUR Contributor address; City; 3424 HILLTOP RD FORTWARTY	State; Zip Code TX 76109	2,500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
1-30-2021	7 YLER HRBUGAST Contributor address; City; 8005 BRHADONNA DR FURT WRT9	State; Zip Code	100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)	
1-31-2021	Contributor address; City;	State; Zip Code	50.00	
	2801 SCOTT AVE FORTWORTY	7X 76103		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)	
			-	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reque	sted information is not applicable,	DO NOT inc	lude th	is page in the	report.
The	Instruction Guide explains how to c	omplete this	form.		1 Total pages Schedule A1: 48
2 FILER NAME	ANN ZAD	EH EH			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
2-1-2021	6 Contributor address;	City; RT WARY		Zip Code	200.00
	l				
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruct	ions)
Date	\ \	out-of-state PAC ((ID#:)	Amount of contribution (\$)
2-1-2021	MARY DULLE Contributor address;	City;		Zip Code	250.00
	2127 PEMBROKE DR FOR	et War 14	7X	76110	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instructi	ons)
Date		out-of-state PAC (ID#:)	Amount of contribution (\$)
2-2-2021	_ '	City;	State:	1	100.00
	3112 PRESTON HULLIUM Rd	FORT WORTY	7X	76109	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC (I	ID#:)	Amount of contribution (\$)
2-2-2021	_	City;	State;	Zip Code	200.00
•	2321 RYANAVE FO	MT-WORTH	TX	76110	
Principal occup	nation / Job title (See Instructions)		Emplo	oyer (See Instructi	ons)
					`

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SCHEDULE A1

If the reque	sted 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: 48
2 FILER NAME	ANN ZADRH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
-31-2021		20.00
9 Principal occu	5877 BAYSIDE DR FORT WORTH TX 76132	W-m-N
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date .	Full name of contributor	Amount of contribution (\$)
2-3-2021	Contributor address; City; State; Zip Code	2,500,00
<i>G</i>	5004 WAREHAM DR ARLINGTON TX 76017	· ,
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-3-2021	Contributor address; City; State; Zip Code	50.00
	6909 CHICKERING Rd FORT WORTH TX 76116	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-3-2021	Contributor address; City; State; Zip Code	25.00
	2121 EDWIN ST FORT WORTY TX 76110	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
2 FILER NAMI	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/21	5 Full name of contributor ☐ out-of-state PAC (ID#:_ Rosa Navejar 6 Contributor address; City; Sta 2701 Calder St. Fort Worth TX 76107	2,500.00
Principal occ	upation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date 02/04/21	Full name of contributor	1,000.00
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)
Date 02/04/21	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State 1328 S. Henderson#2 Fort Worth TX	e; Zip Code '6104
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)
Date 02/04/21	Full name of contributor	e; Zip Code
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ar Ghaffari butor address; City; Deloache Ave Dallas TX 7 o title (See Instructions)	State; Zip Code 75225 9 Employer (See Instruc	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1,000.00
ar Ghaffari butor address; City; Deloache Ave Dallas TX 7 o title (See Instructions)	State; Zip Code 75225	1,000.00
	9 Employer (See Instruc	tions)
me of contributor Out-of-state		·
beth Wills butor address; City;	State; Zip Code	Amount of contribution (\$) 25.00
-		tions)
nard Dyson outor address; City;	State; Zip Code	Amount of contribution (\$)
title (See Instructions)	Employer (See Instruct	lions)
Marrs outor address; City;	State; Zip Code	Amount of contribution (\$) 300.00
		tions)
	title (See Instructions) ame of contributor	ame of contributor

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page i	n the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4岁
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2021	5 Full name of contributor out-of-state PAC (ID#:	2,500.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (4)
02/09/2021	Contributor address; City; State; Zip Code Fort Worth, TX. 76129	50.00
Principal occup	pation / Job title (See Instructions) Employer (See I	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/10/2021	Contributor address; City; State; Zip Code 3313 Worth Hills Dr Fort Worth, TX. 76109	50.00
Principal occup	pation / Job title (See Instructions) Employer (See I	Instructions)
Date	Full name of contributor) Amount of contribution (\$)
02/11/2021	Contributor address; City; State; Zip Code 2516 6th Ave Fort Worth, TX. 76110	500.00
Principal occup	pation / Job title (See Instructions) Employer (See I	Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4名
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2021	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) $5,000.00$
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 02/05/2021	Full name of contributor ☐ out-of-state PAC Virginia & Ewart Thresh	(ID#:)	Amount of contribution (\$)
U2/U3/2U2 I	Contributor address; City; 800 Freeman Lane GrassValley, C	State; Zip Code CA 95949	10,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/02/2021	Contributor address; City; 407 N Cedar Ridge Dr Duncanville	State; Zip Code e, TX 75116	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ☐ out-of-state PAC ((ID#:)	Amount of contribution (\$)
02/17/2021	Contributor address; City; 3217 W Biddison St Fort Worth, T	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

Ann Zadeh 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$) 02/17/2021 6 Contributor address; City; State; Zip Code 3887 South Hills Circle Fort Worth, TX. 76109 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Thomas Michel O2/18/2021 Contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Lise Kirsis Amount of contribution (\$) Amount of contribution (\$)	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 48
Sealy Massingill 100.00	2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
State Zip Code 3887 South Hills Circle Fort Worth, TX. 76109	4 Date 02/17/2021	Sealy Massingill	į.	
Date O2/18/2021 Full name of contributor		6 Contributor address; City;	State; Zip Code	100.00
Robert Ekstrom Contributor address; City; State; Zip Code 13515 Aledo Iona Rd. Fort Worth, TX. 76126 Principal occupation / Job title (See Instructions) Date O2/18/2021 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code 2200 Forest Park Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lise Kirsis O2/18/2021 Contributor address; City; State; Zip Code Lise Kirsis Contributor address; City; State; Zip Code 100.00	3 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
O2/18/2021 Contributor address; City; State; Zip Code 13515 Aledo Iona Rd. Fort Worth, TX. 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Thomas Michel Contributor address; City; State; Zip Code 2200 Forest Park Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Lise Kirsis Contributor address; City; State; Zip Code Lise Kirsis Contributor address; City; State; Zip Code 100.00	Date		D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Thomas Michel Contributor address; City; State; Zip Code 2200 Forest Park Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1,500.00 Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code 100.00 266 Lee Dr Homer, AK. 99603	02/18/2021	Contributor address; City;		500.00
Thomas Michel Contributor address; City; State; Zip Code 2200 Forest Park Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Lise Kirsis Contributor address; City; State; Zip Code Contributor State PAC (ID#:	Principal occur			ons)
O2/18/2021 Contributor address; City; State; Zip Code 2200 Forest Park Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lise Kirsis O2/18/2021 Contributor address; City; State; Zip Code 266 Lee Dr Homer, AK. 99603	Date		D#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Lise Kirsis 02/18/2021 Contributor address; City; State; Zip Code 100.00 266 Lee Dr Homer, AK. 99603	02/18/2021	Contributor address; City;		1,500.00
Lise Kirsis O2/18/2021 Contributor address; City; State; Zip Code 100.00 266 Lee Dr Homer, AK. 99603	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
266 Lee Dr Homer, AK. 99603			D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	02/18/2021	•	State; Zip Code	100.00
I	Principal occup		Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers
4 Date 02/18/2021	5 Full name of contributor out-of-state PAC (ID#: Zagros Bigvand 6 Contributor address; City; State; 2 2301 Meade Court Little Elm, TX 75068	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employ	rer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/19/2021	Contributor address; City; State; 2 2905 Riverhollow CT Fort Worth, TX. 761	,
Principal occup	eation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/19/2021	Contributor address; City; State; 2	Zip Code 50.00
Principal occup	eation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/19/2021	Contributor address; City; State; Z 2434 Wabash Ave Fort Worth, TX. 76109	1 25 00
Principal occup	eation / Job title (See Instructions) Employe	er (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2021	5 Full name of contributor □ out-of-state PAC (ID#: Bernd Scheffler		7 Amount of contribution (\$)
02,23	6 Contributor address; City; State	e; Zip Code	50.00
8 Principal occu		mployer (See Instruction	ons)
Date	Full name of contributor □ out-of-state PAC (ID#:		Amount of contribution (\$)
02/22/2021	Contributor address; City; State 320 Emma St. Fort Worth, TX. 76111	e; Zip Code	15.00
Principal occup	ation / Job title (See Instructions) En	nployer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
02/22/2021	Contributor address; City; State 3704 Tulsa Way Fort Worth, TX. 76107		25.00
Principal occup	ation / Job title (See Instructions)	nployer (See Instructio	ons)
Date	Full name of contributor)	Amount of contribution (\$)
02/22/2021	Contributor address; City; State		20.00
Principal occupa	ation / Job title (See Instructions) Em	nployer (See Instructio	vns)

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The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2021	5 Full name of contributor □ out-of-state Edward Lasater 6 Contributor address; City; 2101 Ward Parkway Fort Worth	State; Zip Code	7 Amount of contribution (\$) 300.00
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor □ out-of-state Jennifer Grissom	e PAC (ID#:)	Amount of contribution (\$)
02/23/2021	Contributor address; City; 2837 College Fort Worth, TX.	State; Zip Code 76110	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
02/10/2021	Contributor address; City; 4801 Beldon Trl Colleyville, TX.	State; Zip Code	2,500.00
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
02/09/2021	Contributor address; City; 1704 Windsor Forest Trl Keller,	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
		1	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: Jesse Borries		7 Amount of contribution (\$) 100.00
	6 Contributor address; City; Stat 8516 Gibbs Drive Fort Worth, TX. 761	e; Zip Code	100.00
3 Principal occur	pation / Job title (See Instructions) 9 En	mployer (See Instructio	ons)
Date	Full name of contributor)	Amount of contribution (\$)
02/24/2021		re; Zip Code	100.00
Principal occup		mployer (See Instructio	ns)
Date	Full name of contributor		Amount of contribution (\$)
02/24/2021	Contributor address; City; State 715 Hawthorne Ave Apt 6 Fort Worth T	· · ·	100.00
Principal occup	ation / Job title (See Instructions) Er	nployer (See Instructio	ns)
Date	Full name of contributor		Amount of contribution (\$)
02/25/2021	Contributor address; City; State 5340 Quail Run Fort Worth, TX. 76107	, ,	500.00
Principal occupa		nployer (See Instructio	ns)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2021	5 Full name of contributor out-of-state PAC (ID#: Jay Crossley 6 Contributor address; City; State; Z 1010 Romeria B Austin, TX. 78757	
8 Principal occup	pation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (4)
02/25/2021	Contributor address; City; State; Z 5317 Santa Marie Ave Fort Worth, TX. 761	Zip Code 100.00
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
02/25/2021	Contributor address; City; State; Z	
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
02/25/2021	Contributor address; City; State; Zi 3217 W Biddison St Fort Worth, TX. 76109	
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48
FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
Date 02/25/2021	5 Full name of contributor ☐ out-of-state PAC Carol Cordell 6 Contributor address; City; 1217 Marlborough Dr Fort Worth	State; Zip Code TX. 76134	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	S (ID#:)	Amount of contribution (\$)
02/26/2021	Contributor address; City; 3112 Preston Hollow Rd. Fort Wor	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/26/2021	Contributor address; City; 2717 Ryan Place Dr Fort Worth TX	State; Zip Code	175.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
)2/26/2021	Contributor address; City;	State; Zip Code	50.00
	6413 Chauncery Place Fort Worth	<u> </u>	,
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers
Date 02/27/2021	5 Full name of contributor □ out-of-state PAC Jeff Davis	: (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 2325 Mistletoe Drive Fort Worth	State; Zip Code	1,000.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor □ out-of-state PAC Julia Dobbins	(ID#:)	Amount of contribution (\$)
02/27/2021	Contributor address; City; 2564 Greene Ave Fort Worth, TX.	State; Zip Code 76109	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/28/2021	Contributor address; City; 4470 El Campo Avenue Fort Worth	State; Zip Code	25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/28/2021	Contributor address; City; 429 College Ave #419 Fort Worth,	State; Zip Code	1,000.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 48
PILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers
Date 02/28/2021	5 Full name of contributor □ out-of-state PAC (ID# James Funk		7 Amount of contribution (\$) 50.00
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor	£)	Amount of contribution (\$)
02/28/2021	Contributor address; City; S 8848 Heron Dr Fort Worth, TX. 7610	State; Zip Code	250.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
02/28/2021		state; Zip Code 76109	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor □ out-of-state PAC (ID#:	:)	Amount of contribution (\$)
03/01/2021	Contributor address; City; S 5714 Sam Houston Circle Austin, TX	state; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers
4 Date 03/01/2021	5 Full name of contributor out-of-state PAC (ID#: Nancy Griffing 6 Contributor address; City; State; Zip 0	7 Amount of contribution (\$)
	2827 Bright Trail Sugar Land TX. 77479	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/01/2021		100.00
	608 Paint Pony Trl Fort Worth, TX. 76108	
Principal occup	Employer (S	See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
03/01/2021	Contributor address; City; State; Zip C	100.00
	1301 Throckmorton 2005 Fort Worth, TX.	76102
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
03/02/2021	Contributor address; City; State; Zip C	500.00
	2929 Carlisle Ste 365 Dallas, TX.	75204
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
	1	

SCHEDULE A1

If the reques	sted information is not applicable, D	O NOT i	nclude this page in the	
The	Instruction Guide explains how to co	mplete thi	s form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh			3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2021	Martin Bate 6 Contributor address; C	city;	State; Zip Code	7 Amount of contribution (\$) 25.00
	2004 Forest Park Blvd 17	Fort VV	ortn, 1X. 76110	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor 🔲 ou	t-of-state PA	C (ID#:)	Amount of contribution (\$)
03/02/2021		City;	State; Zip Code	250.00
	1301 Ballinger St Ste100	Fort W	orth, TX. 76102	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor 🔲 ou	t-of-state PA	C (ID#:)	Amount of contribution (\$)
03/02/2021	Contributor address; C	ity;	State; Zip Code	250.00
	2238 Mistletoe Blvd	Fort	Worth, TX. 76110	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lions)
Date	Full name of contributor 🔲 ou	t-of-state PA	C (ID#:)	Amount of contribution (\$)
03/02/2021	Contributor address; Ci	ty;	State; Zip Code	25.00
	320 Emma St	For	t Worth, TX. 76111	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2021	5 Full name of contributor out-of-state PAC (ID#:) L Appleman 6 Contributor address; City; State; Zip Code 3855 Bellaire Cir Fort Worth, TX. 76109	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date	Full name of contributor □ out-of-state PAC (ID#:) Monika Worsley	Amount of contribution (\$)
03/02/2021	Contributor address; City; State; Zip Code 2905 Riverhollow CT Fort Worth, TX. 76116	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
03/02/2021	Contributor address; City; State; Zip Code 114 Symphony Irvine, CA. 92603	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
03/02/2021	Contributor address; City; State; Zip Code 2049 Glenco Terrace Fort Worth, TX. 76110	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

SCHEDULE A1

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	1 Total pages Scriedule A1.48
FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date 03/02/2021	5 Full name of contributor out-of-state PAC (ID#:) Kristi Wiseman	7 Amount of contribution (\$)
, , , , , , , , , , , , , , , , , , , ,	6 Contributor address; City; State; Zip Code 5215 Byers Ave Fort Worth, TX. 76107	50.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
3/02/2021	Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109	25.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/02/2021	Contributor address; City; State; Zip Code 2416 W. Biddison St Fort Worth, TX. 76109	5.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Michelle Massaro	Amount of contribution (\$)
)3/03/2021	Contributor address; City; State; Zip Code 1940 5th Ave Fort Worth, TX. 76110	250.00
		l

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in th	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2021 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:	000.00
Date 03/03/2021	Full name of contributor	Amount of contribution (\$) . 100.00
	5213 Byers Ave Fort Worth, TX. 76107	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date 03/04/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
03/04/2021	Contributor address; City; State; Zip Code 2908 Ryan Place Dr Fort Worth, TX. 76110	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
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SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 48
FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2021	5 Full name of contributor □ out-of-state PAC (In John Panagos) 6 Contributor address; City; 3128 Odessa Ave Fort Worth, Total	State; Zip Code	7 Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
03/05/2021	Contributor address; City; 4205 Blackhaw Ave Fort Worth, TX	State; Zip Code (. 76109	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
03/05/2021	Contributor address; City; 4116 Donnelly Ave Fort Worth, T	State; Zip Code	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
03/05/2021	Contributor address; City; 4341 Pheasant Walk St Fort Wol	State; Zip Code rth, TX. 76133	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date 03/05/2021	5 Full name of contributor	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/05/2021	Contributor address; City; State; Zip Code 2021 College Ave Fort Worth, TX. 76101	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/05/2021	Contributor address; City; State; Zip Code 4612 S Ridge Ter Fort Worth, TX. 76133	300.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/05/2021	Contributor address; City; State; Zip Code 4000 El Campo Fort Worth, TX. 76107	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)

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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh			3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2021	6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$) 8,000.00
9 Drivoinal appu	3419 Woodcliff Rd	Sherman O	aks, CA. 94103 9 Employer (See Instruct	tions)
8 Principal occu	pation / Job title (See Instructions)		g Employer (See Instruct	
Date	Full name of contributor Francis Deleon	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/05/2021	Contributor address; 4521 Diaz Ave Fort V	City;	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Kenneth Stevens	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/06/2021	Contributor address; 4417 Norwich Drive	City; Fort Worth,	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Paul Allen	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
03/06/2021	Contributor address; 1325 S. Lake Street	City; Fort Worth	State; Zip Code , TX. 76104	100.00
Principal occur	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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SCHEDULE A1

2 FILER NAME Ann Z 4 Date 5 Full na 03/06/2021 6 Contril 544 3 Principal occupation / Job Date Full na Sha 03/06/2021 Contril 2701 Principal occupation / Job	me of contributor out abeth Wills outor address; C O Sierra Ridge Dr F title (See Instructions) me of contributor out aron Millians outor address; C Simondale Dr Fort V	st-of-state PAC (ID#:) Sity; State; Zip Code Fort Worth, TX. 76123 9 Employer (See Instruction-state PAC (ID#:)) Sity; State; Zip Code	Amount of contribution (\$)
Date 5 Full na Eliz 6 Contril 544 Principal occupation / Job 103/06/2021 Contril 2701 Principal occupation / Job 103/06/2021 Contril 2701	me of contributor out abeth Wills outor address; C O Sierra Ridge Dr F title (See Instructions) me of contributor out aron Millians outor address; C Simondale Dr Fort V	Sity; State; Zip Code Fort Worth, TX. 76123 9 Employer (See Instru- it-of-state PAC (ID#:) Sity; State; Zip Code Worth, TX. 76109	7 Amount of contribution (\$) 25.00 actions) Amount of contribution (\$) 250.00
Date Full na Sha Contri 2701	abeth Wills outor address; C O Sierra Ridge Dr title (See Instructions) me of contributor	Sity; State; Zip Code Fort Worth, TX. 76123 9 Employer (See Instru- it-of-state PAC (ID#:) Sity; State; Zip Code Worth, TX. 76109	25.00 Amount of contribution (\$) 250.00
Principal occupation / Job Date Full na Sha 3/06/2021 Contri 2701 Principal occupation / Job	outor address; C O Sierra Ridge Dr F title (See Instructions) me of contributor	g Employer (See Instruction-state PAC (ID#:) Sity; State; Zip Code Worth, TX. 76109	Amount of contribution (\$) 250.00
Date Full na Sha 3/06/2021 Contri 2701 Principal occupation / Job	me of contributor	it-of-state PAC (ID#:) Sity; State; Zip Code Worth, TX. 76109	Amount of contribution (\$)
Sha	outor address; C Simondale Dr Fort V	City; State; Zip Code Worth, TX. 76109	250.00
3/06/2021 Contri 2701 Principal occupation / Job	outor address; C Simondale Dr Fort V	Worth, TX. 76109	
	title (See Instructions)	Employer (See Instru	uctions)
	me of contributor □ out	it-of-state PAC (ID#:)	Amount of contribution (\$)
	•	State; Zip Code Washington DC. 20009	100.00
Principal occupation / Job	title (See Instructions)	Employer (See Instru	uctions)
	me of contributor 🔲 out	t-of-state PAC (ID#:)	Amount of contribution (\$)
03/07/2021	outor address; Ci	ity; State; Zip Code Worth, TX. 76103	100.00
Principal occupation / Job	title (See Instructions)	Employer (See Instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2021	5 Full name of contributor ☐ out-of-state PAC (ID		7 Amount of contribution (\$)
	6 Contributor address; City; 5	State; Zip Code TX. 76132	100.00
8 Principal occu	pation / Job title (See Instructions) 9		ons)
Date	Full name of contributor	·#:	Amount of contribution (\$)
03/08/2021		State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ☐ out-of-state PAC (ID#	#:)	Amount of contribution (\$)
03/08/2021		State; Zip Code	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor □ cut-of-state PAC (ID#	#:)	Amount of contribution (\$)
03/09/2021	Contributor address; City; S	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

 $If \ contributor \ is \ out-of-state \ PAC, \ please \ see \ Instruction \ guide \ for \ additional \ reporting \ requirements.$

SCHEDULE A1

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Ann Zadeh	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Angle Hoang	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 3509 Hilltop Rd Fort Worth, TX. 76109	250.00
pation / Job title (See Instructions) 9 Employer (See Instruc	ttions)
Full name of contributor □ out-of-state PAC (ID#:) Tai Hoang	Amount of contribution (\$)
Contributor address; City; State; Zip Code 3509 Hilltop Rd Fort Worth, TX. 76109	25.00
pation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 5340 Quail Run St Fort Worth, TX. 76107	10.00
pation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2305 Colonial Pkwy Fort Worth, TX. 76109	250.00
eation / Job title (See Instructions) Employer (See Instructions)	tions)
	5 Full name of contributor Angie Hoang 6 Contributor address; City; State; Zip Code 3509 Hilltop Rd Fort Worth, TX. 76109 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:

SCHEDULE A1

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
Ann Zadeh	3 Filer ID (Ethics Commission Filers
5 Full name of contributor	7 Amount of contribution (\$) 100.00
pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Full name of contributor	Amount of contribution (\$)
Melissa Mitchell / Michael Bennett Contributor address; City; State; Zip Code 2429 Rogers Ave Fort Worth, TX. 76109	500.00
ation / Job title (See Instructions) Employer (See Instructions)	ions)
Full name of contributor □ out-of-state PAC (ID#:) Judith Harman	Amount of contribution (\$)
Contributor address; City; State; Zip Code 2222 Winton Terrace East Fort Worth, TX. 76109	100.00
ation / Job title (See Instructions) Employer (See Instruct	ions)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
7168 Birdview Ave Apt 1 Malibu CA. 90265	
	Ann Zadeh 5 Full name of contributor

SCHEDULE A1

	ted information is not applicable, DO NOT include this page in the	1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	48
FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date 03/10/2021	5 Full name of contributorout-of-state PAC (ID#:) Juanita Jimenez	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 3006 S Jennings Ave Fort Worth, TX. 76110	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/10/2021	Contributor address; City; State; Zip Code 655 N Park Blvd Apt132 Grapevine, TX. 76051	25.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
03/10/2021	Contributor address; City; State; Zip Code 3905 Summercrest Dr Fort Worth, TX. 76109	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	l ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/10/2021	Contributor address; City; State; Zip Code 3850 Washburn Ave Fort Worth, TX. 76107	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc-	ctions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers
4 Date 03/10/2021	Heather Breiter 6 Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
B Principal occu	6509 Turnberry Dr Fort Worth, pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/11/2021	Contributor address; City; 2616 6th Ave Fort Worth, TX. 761	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Jason Brown	(ID#:)	Amount of contribution (\$)
03/12/2021	Contributor address; City; 2112 Pembroke Dr Fort Worth,	State; Zip Code	250.00
Principal occu	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor □ out-of-state PAC Paul Halicki	(ID#:)	Amount of contribution (\$)
03/12/2021	Contributor address; City; 3001 Westfield Ave Fort Worth	State; Zip Code , TX. 76133	25.00
Principal occuj	eation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2021	5 Full name of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$) 1,500.00
	6 Contributor address; City; State; Zip Code 436 Haltom Rd Fort Worth, TX. 76117	1,500.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date	Full name of contributor	Amount of contribution (\$)
03/13/2021	Contributor address; City; State; Zip Code 4817 Overton Hollow St Fort Worth, TX. 76109	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor	Amount of contribution (\$)
03/13/2021	Contributor address; City; State; Zip Code 7108 Falling Springs Rd Fort Worth, TX. 76116	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
03/14/2021	Contributor address; City; State; Zip Code 3600 Travis Ave Fort Worth, TX. 76110	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)

SCHEDULE A1

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date 03/14/2021	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
UUI 1712U	6 Contributor address; City; State; Zip Code 3600 Travis Ave Fort Worth, TX. 76110	50.00
3 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
03/14/2021	Contributor address; City; State; Zip Code 6605 Sabrosa CT West Fort Worth, TX. 76133	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor) Amount of contribution (\$)
03/15/2021	Contributor address; City; State; Zip Code 6750 Locke Ave 3rd Floor Fort Worth, TX. 761	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor) Amount of contribution (\$)
03/15/2021	Contributor address; City; State; Zip Code	100.00
	3121 Libscomb St Fort Worth, TX. 76110	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)

SCHEDULE A1

If the reques	ed information is not applicable, DO NOT include	
The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2021	5 Full name of contributor ☐ out-of-state PAC (ID#:	25.00 e; Zip Code
Date	Full name of contributor	Amount of contribution (\$)
03/15/2021	Contributor address; City; Stat 8105 Mount Shasta Circle Fort Worth,	e; Zip Code 100.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/17/2021	Contributor address; City; State 3419 Woodcliff Rd Sherman Oaks, C	e; Zip Code 2,000.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor	
03/17/2021		te; Zip Code 1,000.00 X. 76109
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)

SCHEDULE A1

ir the reques	ted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date 03/17/2021	5 Full name of contributor out-of-state PAC (ID#:) Mark Allen Stelmas 6 Contributor address; City; State; Zip Code 3237 Wabash Ave Fort Worth, TX. 76109	7 Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
)3/17/2021	Contributor address; City; State; Zip Code 2530 South Adams Fort Worth, TX. 76110	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/17/2021	Contributor address; City; State; Zip Code 3517 Hilltop Rd Fort Worth, TX. 76109	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
03/17/2021	Contributor address; City; State; Zip Code 3864 Wedgeworth Rd S Fort Worth, TX. 76133	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)

SCHEDULE A1

		1 Total pages Schedule A1: 48
The	Instruction Guide explains how to complete this form.	
FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers
Date 03/17/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 3864 Wedgeworth Rd S Fort Worth, TX. 76133	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
)3/17/2021	Contributor address; City; State; Zip Code 2345 W Magnolia Ave Fort Worth, TX. 76110	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
03/17/2021	Contributor address; City; State; Zip Code 12780 Bravo CT San Martin, CA. 95046	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
03/17/2021	Contributor address; City; State; Zip Code 2330 Medford Court East Fort Worth, TX. 76109	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	clude this page in the I	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2021	5 Full name of contributor		7 Amount of contribution (\$) 50.00
	6 Contributor address; City; 6551 Greenway Rd Fort Worth	State: Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor □ out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/18/2021	Contributor address; City; 2248 5th Ave #450 Fort Worth, T.	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/18/2021	Contributor address; City; 1024 Lilac St Fort Worth, TX. 76	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/18/2021	Contributor address; City;	State; Zip Code Vorth, TX. 76116	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
N.			•

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers
Date 03/18/2021	5 Full name of contributor	7 Amount of contribution (\$) 250.00
!	14160 Dallas Parkway #750 Dallas, TX. 75254	I
Principal occu	pation / Job title (See Instructions) 9	lions)
Date	Full name of contributor	Amount of contribution (\$)
)3/18/2021	Contributor address; City; State; Zip Code 1029 La Salle Lane Southlake, TX. 76092	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
03/18/2021	Contributor address; City; State; Zip Code 1404 S. Adams St Fort Worth, TX. 76104	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
03/19/2021	Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Principal occup		ions)

SCHEDULE A1

Amount of contribution (\$) Amount of contribution (\$) 50.00
100.00 Amount of contribution (\$) 50.00
Amount of contribution (\$)
50.00
50.00
rmount of contribution (\$)
Amount of contribution (\$)
50.00
Amount of contribution (\$)
500.00

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48
FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers
Date 03/22/2021	5 Full name of contributor out-of-state PAC (ID#:) Bruce Miller		7 Amount of contribution (\$)
	6 Contributor address; City; 3932 Weyburn Dr. Fort Worth, 7	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/22/2021	Contributor address; City; 1309 W Shaw St. Fort Worth, T	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Full name of contributor out-of-state PAC (ID#:		(ID#:)	Amount of contribution (\$)
3/22/2021	Contributor address; City; State; Zip Code 2316 5th Avenue Fort Worth, TX. 76110		200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/22/2021	Contributor address; City; 1801 Bolton Street Fort Worth, TX	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

	ested information is not applicable, DO NOT include this page in the	-
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 48
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2021	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 3505 Brookside Ct. Bedford, TX. 76021	230.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date	Full name of contributor	Amount of contribution (\$)
03/22/2021	Contributor address; City; State; Zip Code 2104 Washington Ave Fort Worth, TX. 76110	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date 01/15/2021	Full name of contributor	Amount of contribution (\$)
01/10/2021	Contributor address; City; State; Zip Code 1904 5th Ave Fort Worth, TX. 76110	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 03/20/2021	Full name of contributor	Amount of contribution (\$)
70,20,202	Contributor address; City; State; Zip Code 1608 Lake Shore Dr. Fort Worth, TX. 76103	00.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE F1

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

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 Gif/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment		/Wages/Contract Labor	Other (enter a catego		
·	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ANN EADEN		3 Filer ID (Ethics	s Commission Filers)	
4 Date /-/4-2021	5 Payee name CITU SECRETARY'S OFFICE CITY O	IF FUET WURTH			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
100.00	1000 THROCKMURTON ST	FORT WARTY	XX	76102	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	C				
OF EXPENDITURE	TEES				
	(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/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
1-21-2021	TIMOMY BRESTOWSKI				
Amount (\$)	Payee address;	City;	State;	Zip Code	
750.00	311 BRIAN AVA	FORT NORTH	TX	76104	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office sought Office held		
Date	Payee name				
1-22-2021	CONSTANT CONTACT				
Amount (\$)	Payee address;	City;	State;	Zip Code	
74.62	1601 TRAPELD #329	WALTHAM	MA	02451	
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>		
PURPOSE OF EXPENDITURE	ADVERTISING EXPRISE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin,	, 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

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

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

Travel In District
Travel Out Of District
Other (enter a category

Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME ANN ZADAN 6 Amount (\$ City; Zip Code 438,50 SAN JUSE 95131 2211 N. FIRST ST (b) Description 8 **PURPOSE** FEES EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 2-1-2021 State: Zip Code FORT WORTH 55,00 76110 Description Category (See Categories listed at the top of this schedule) **PURPOSE** FEES **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 2-2-2021 Amount (\$) Zip Code 3,800,00 MASHINGTON DC **PURPOSE** CONSULTING EXPRISE COMPETE EVERY WHERE, COM OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

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

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

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 2-9-2021	5 Payee name Designer Graphics		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
7,803.74	12404 Hwy 155 South Tyler, TX.	75703	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	(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/OF	Candidate / Officeholder name ł	Office sought	Office held
Date	Payee name		
02/10/2021	SmatWebDesign		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	5925 Lovell Ave Ste B Fort Wo	rth, TX. 7610	7
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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		
02/10/2021	Travis Parmer		
Amount (\$)	Payee address;	City;	State; Zip Code
6,000.00	PO Box 11517 Fort Worth, TX	. 76110	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, 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	CHEDULE AS NEE	DED

SCHEDULE F1

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

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

ense Travel In District

pense Travel Out Of District

Pense Contract Labor Other (enter a category)

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

Candidate/Officeholder/Politice Credit Card Payment	al Committee Legal Services Salaries <i>N</i> The Instruction Guide explains how to describe the services of the se	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2021	5 Payee name Jasmine Connor	- 1	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	1000 Henderson Street #311 For	rt Worth, TX. 76	3102
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/22/2021	Constant Contact		
Amount (\$)	Payee address;	City;	State; Zip Code
74.62	1601 Trapelo Road Ste 329 Wa	iltham, MA. 02	451
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
02/24/2021	STG, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
16,700.00	818 Connecticut Ave, NW, Ste 2	00 Washington	ı, DC 20006
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	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 S	SCHEDULE AS NEEL	DED

SCHEDULE F1

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

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

Travel In District
Travel Out Of District
bor Other (enter a categ

Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to a	complete this form.		
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Cor	nmission Filers)
4 Date 02/26/2021	⁵ Payee name PayPal	,		
6 Amount (\$)	7 Payee address;	City;	State; Z	Zip Code
325.90	2211 N. First St San Jose, CA.	95131		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	nse
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Offic	ce held
Date	Payee name			
02/28/2021	ActBlue			
Amount (\$)	Payee address;	City;	State; Z	ip Code
64.66	PO Box 441146 Somerville, MA	02144-0031		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	e held
Date	Payee name			
01/11/2021	Travis Parmer			
Amount (\$)	Payee address;	City;	State; Z	ip Code
12,000.00	3000 S Hulen #124 Fort Worth	, TX. 76109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expen	ise
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

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

PURPOSE OF EXPENDITURE Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Contributions/Donations Made B Candidate/Officeholder/Politica	•	xpense Vages/Contract Labor	Travel Out Of District Other (enter a category)	
Ann Zadeh 4 Date 03/01/2021 5 Payee name SmatWebDesign 6 Amount (\$) 7 Payee address; City: State; Zip Code 192.00 5925 Lovell Ave Ste B Fort Worth, TX. 76107 8 PURPOSE OF COMPILE ONLY if direct OF Complete ONLY if direct OF Complete ONLY if direct OF Candidate / Office held of the top of this schedule) (b) Description Advertising Expense (b) Candidate / Office held of the complete ONLY if direct OF Candidate / Office held of the complete ONLY if direct OF Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office Candidate / Office held of the complete ONLY if direct Office held of the complete ONLY if direct Office held of the complete ONLY if direct Office held office held of the complete ONLY if direct Office held of the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the complete ONLY if direct Office held office only if the comple	Credit Card Payment		complete this form.	·	
SmattWebDesign SmattWebDesign SmattWebDesign SmattWebDesign SmattWebDesign Space address; City; State; Zip Code Space address; City; State; Zip Code Space address; City; State; Zip Code Space address; Complete Scheduler Check if Aussin, TX, officeholder living expense Complete ONLY if direct competed ONLY if direct or part of the scheduler Complete ONLY if direct Complete	· -	² FILER NAME Ann Zadeh		3 Filer ID (Ethic	s Commission Filers
192.00 5925 Lovell Ave Ste B Fort Worth, TX. 76107		⁵ Payee name SmatWebDesign			
Purpose Complete ONLY if direct Candidate / Officeholder name Office sought Office held	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Advertising Expense Complete ONLY if direct expenditure to benefit C/OH	192.00	5925 Lovell Ave Ste B Fort Wor	th, TX. 76107	,	
Advertising Expense Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Camplete ONLY if direct expenditure to benefit C/OH	OF	Advertising Expense			
Date Date O3/04/2021 Elkhorn Union		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	j expense
Elkhorn Union	Complete ONLY if direct expenditure to benefit C/OH		Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code 850.00 300 College Ave, Fort Worth, TX 76104 PURPOSE OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Office holder name Office sought Office held Payee name Office Supply	Date	Payee name			
300 College Ave, Fort Worth, TX 76104 Purpose Of Expenditure	03/04/2021	Elkhorn Union			
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name City; State; Zip Code Payee address; City; State; Zip Code Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	850.00	300 College Ave, Fort Worth, TX	76104		
Office Overhead/Rental Expense Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Payee name Tractor Supply Amount (\$) Payee address; City: State: Zip Code 660.51 Purpose OF Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if raveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH Date O1/11/2021 Payee name Tractor Supply Amount (\$) Payee address; City; State; Zip Code 9249 Benbrook Blvd Benbrook, TX. 76126 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office hold	OF	Office Overhead/Rental Expense			
Date O1/11/2021 Payee name O1/11/2021 Tractor Supply Amount (\$) Payee address; City; State; Zip Code 660.51 PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Amount (\$) Payee address; City; State; Zip Code 660.51 9249 Benbrook Blvd Benbrook, TX. 76126 PURPOSE OF EXPENDITURE Check if trevel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held			Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code 660.51 9249 Benbrook Blvd Benbrook, TX. 76126 Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name			
9249 Benbrook Blvd Benbrook, TX. 76126 PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Category (See Categories listed at the top of this schedule) Description Description Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	01/11/2021	Tractor Supply			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	660.51	9249 Benbrook Blvd Benbrook,	TX. 76126		
Advertising Expense Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct		Category (See Categories listed at the top of this schedule)	Description	···	
Complete ONLY if direct	OF	Advertising Expense			
ounplote <u>enter</u> if enter		Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense
			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh	į.	3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2021	⁵ Payee name Travis Parmer		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
214.06	3000 S Hulen #124 Fort Worth,	TX. 76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/07/2021	Danny Ramos	,	
Amount (\$)	Payee address;	City;	State; Zip Code
460.00	1817 Harrington Ave, Fort Worth	, TX 76164	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		A STATE OF THE STA
03/11/2021	Travis Parmer		
Amount (\$)	Payee address;	City;	State; Zip Code
6,000.00	3000 S Hulen #124 Fort Worth	, TX. 76109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
,	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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 NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Exp Printing Exp Salaries/W		Travel In District Travel Out Of District Other (enter a categ	
Credit Card Payment		The Instruction Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Ann Zadeh			3 Filer ID (Ethic	s Commission Filers)
4 Date 03/12/2021	5 Payee na	The Strategy Grou	up			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
2,032.00	730	N Franklin #404 Ch	icago IL	60654		
8	(a) Categor	y (See Categories listed at the top of thi	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cons	ulting Expense				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/16/2021	Office	Depot				
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
33.64	668	0 West Fwy, Fort Wo	rth, TX 7	6116		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office	Overhead/Rental Exp	pense			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/03/2021	Googl	e LLC				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
7.53	G S	Suite 650 CA.				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	ertising Expense				
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	, TX, officeholder living	expens e
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	АТТ	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

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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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2021	5 Payee name PayPal		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2.78	2211 N. First St San Jose, CA.	95131	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
03/22/2021	ActBlue		
Amount (\$)	Payee address;	City;	State; Zip Code
281.39	PO Box 441146 Somerville, MA	02144-0031	
	Category (See Categories fisted at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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		
03/19/2021	Texas Democratic Party		
Amount (\$)	Payee address;	City;	State; Zip Code
1,400.00	1106 Lavaca, Suite 100	Austin, TX	(. 78701
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.	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 S	SCHEDULE AS NEE!	DED