CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 7
3 CANDIDATE / OFFICEHOLDER NAME	Ms/mrs/mr Mrs	first Ann	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Zadeh	SUFFIX	Date Received	: 7:7:7:17:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12173 Fort Worth, TX 76110				
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked (817) 924-3811				
6 CAMPAIGN TREASURER	MS/MRS/MR Mr	Glenn	MI	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX		
		Bearden		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE; ZIP CODE 6601 Eton Ct.				
(Residence or Business)	Fort Worth, T	X. 76132			
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(817) 845-4412				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	X July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
~	01 / 01 / 2023 THROUGH 06 / 30 / 2023				
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day	y Year Primary Runoff Other Description			
	/ /	General	Special		
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if known))	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ann	Zadeh	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 82.16			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 1,214.62			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 25,925.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	Cinn C				
		Jacer			
	Signature of Ca	Indidate or Officeholder			
	Pal				
	Please complete either option below	V:			
	STATE OF THE PARTY	AMANDA V. RODRIGUEZ			
X 20 2 20 2 2 12		Notary Public, State of Texas			
(1) Affidavit		Comm. Expires 08-10-2026			
	Notary ID 129824252				
NOTARY STAMP/SEAL	Λ .				
Sworm to and subscribed before me by Ann Zacleh this the 13 day of July,					
20, to certify to	which, witness my hand and seal of office.	'			
did	Amender V. Rednaus	Matran Dulatic			
Signature of officer administer	V	talyond topic			
Signature of officer administer	ing oath Printed name of officer administeril oath	Title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name is	, and my date of birth is				
		A CONTRACTOR OF THE CONTRACTOR			
, 4001000 10		state) (zip code) (country)			
	()	, , , , , , , , , , , , , , , , , , , ,			
Executed in	County, State of, on the day of(month	n) , 20			
	Oissail as a Court	date (Office holder (Declary))			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Ann Zadeh 20 Filer ID (Ethics Con			nmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLI	TICAL CONTRIBUTIONS		\$ 30.00
2.	SCHEDULE A2: NON-MONETARY	(IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTR	BUTIONS		\$
4.	SCHEDULE E: LOANS			\$ 25,925.00
5.	SCHEDULE F1: POLITICAL EXP	ENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 82.16
6.	SCHEDULE F2: UNPAID INCURR	ED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF	INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES	MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPE	NDITURES MADE FROM PERSONAL FUN	NDS	\$
10,	SCHEDULE H: PAYMENT MADE	FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EX	PENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREE TO FILER	NITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Payne raddress; enbrook Blvd For (See Instructions) of contributor n Payne raddress; enbrook Blvd For (See Instructions) of contributor	City: Ort Worth,] out-of-state PAG City; Ort Worth,	9 Employer (See Instruction (See Instruc	Amount of contribution (\$)
Payne address; enbrook Blvd For (See Instructions) of contributor n Payne r address; enbrook Blvd For (See Instructions) of contributor	City: Ort Worth,] out-of-state PAG City; Ort Worth,	State; Zip Code TX. 76109 9 Employer (See Instruct C (ID#:) State; Zip Code TX. 76109 Employer (See Instruct	6.00 Amount of contribution (\$) 6.00
enbrook Blvd For (See Instructions) of contributor n Payne r address; enbrook Blvd For (See Instructions) of contributor	Ort Worth,] out-of-state PAG City; Drt Worth,	TX. 76109 9 Employer (See Instruction of the Colors of th	Amount of contribution (\$)
of contributor n Payne r address; enbrook Blvd Fo (See Instructions) of contributor n Payne	City; Ort Worth,	State; Zip Code TX. 76109 Employer (See Instruc	Amount of contribution (\$)
n Payne r address; enbrook Blvd Fo (See Instructions) of contributor	City; Ort Worth,	State; Zip Code TX. 76109 Employer (See Instruc	6.00
r address; enbrook Blvd Fo (See Instructions) of contributor	city; ort Worth,	State; Zip Code TX. 76109 Employer (See Instruc	
of contributor Payne] out-of-state PAG		tions)
n Payne] out-of-state PAG	C (ID#-	
			Amount of contribution (\$)
address;	City;	State; Zip Code TX. 76109	
(See Instructions)		Employer (See Instruc	l ctions)
Payne			Amount of contribution (\$)
r address;	City;	State; Zip Code	0.00
(See Instructions)		Employer (See Instruc	l ctions)
	(See Instructions) of contributor Payne r address;	of contributor	of contributorout-of-state_PAC (ID#:) Payne or address; City; State; Zip Code enbrook Blvd Fort Worth, TX. 76109

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		, , , , , , , , , , , , , , , , , , ,	oraco ano pago m tro	·			
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 2			
2 FILER NAME	Ann Zadeh			3 Filer ID (Ethics Commission Filers)			
4 Date 06/28/2023	William Payne	City;	State; Zip Code	7 Amount of contribution (\$)			
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor 📗 o	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	Stale; Zip Code				
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)			
Date	Full name of contributor 🔲 o	out-of-state PAC	(10#:)	Amount of contribution (\$)			
		City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor 🔲 o	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; (City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	lions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. ² FILER NAME Ann Zadeh 3 Filer ID (Ethics Commission Filers) \$ 25,925.00 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:___ 07/16/2021 Ann Zadeh 6,000.00 10 Interest rate is lender 8 Lender address; City; State; Zip Code Institution? 11 Maturity date M 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#_____ 04/30/2021 Ann Zadeh 19,925.00 Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date X Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Giff/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 (anther a category paths (and above)

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 3 Filer ID (Ethics Commission Filers) Ann Zadeh 4 Date 5 Payee name 01/10/23-06/09/23 Act Blue 6 Amount (\$) 7 Payee address: City; State; Zip Code 07.16 PO Box 441146 Somerville MA 02144-0031 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Fees OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Ann Zadeh 01/05/23 Amount (\$) Payee address; City; State; Zip Code 75.00 PO Box 12173 Fort Worth TX 76110 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Loan Payment OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories tisted at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH