# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

FORM C/OH

			Constitution of the second sec	
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mrs	first <b>Ann</b>	MI	OFFICE USE ONLY
IVAIVIE	NICKNAME	LAST <b>Zadeh</b>	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO P.O. Box 12	173	CITY; STATE; ZIP CODE	20 NED TO
Change of Address	Fort Worth,	TX 76110		BECK 5 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	( 817 )	924-3811	EXTENSION	Date Hand-delivered or Forth Pentharked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	Glenn	МІ	Receipt # Amount \$  Date Processed
IVAIVIE	NICKNAME	LAST	SUFFIX	Date Imaged
		Bearden		Date imageu
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 6601 Eton Ct	(NO PO BOX PLEASE); APT / SU $t$ .	JITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Fort Worth,	ГХ. 76132		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 845-4412	EXTENSION	^
	( 817 )	040-4412		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elect	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	04	/ 21 / 2020	THROUGH 06	/ 30 / 2021
11 ELECTION	ELECTION DA	Year Primary General	Runoff Description  Special	
12 OFFICE	OFFICE HELD (if any)	ı	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURES M S AND OFFICEHOLDERS ARE REQUIRE	MAY HAVE BEEN MADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR BEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
<u> </u>	,	GO TO P	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

OWINII WIOI	A I HAVIAGE IZEL OIZI		
15 C/OH NAME Ann	Zadeh		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL     PLEDGES, LOANS, OR GUARAN'     CONTRIBUTIONS MADE ELECTR		\$ 30.00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 26,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 81,200.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	** <b>242.71</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		\$ 20,000.00
NOTARY STAMP/SEAL  Sworn to and subscribed  20, to certify  Signature of officer administe  (2) Unsworn Declaration  My name is	before me by Ann Zadel Which, witness my hand and seal of office.  Printed name of officer	Signature of Car  te either option below  this the administering oath  R, and my date of birth is	ISVE day of Tuley,  Note: Title of officer administering oath
	(street) County, State of ,	(city) (st	(country)
			(year) ate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME Ann Zadeh 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,565.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 20,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 81,200.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,600.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 110.00
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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 04/22/2021	5 Full name of contributor ☐ out-of-state PAC (ID#:_Monika Worsley 6 Contributor address; City; Star 2905 Riverhallow CT Fort Worth, TX	ite; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 E	Employer (See Instruct	ions)
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#:	te; Zip Code	Amount of contribution (\$)
Principal occup		imployer (See Instructi	ions)
Date 04/22/2021	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; Stat 6148 Springleaf Cir Fort Worth, TX. 76	te; Zip Code	-
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ions)
Date 04/22/2021	Full name of contributor	te; Zip Code	Amount of contribution (\$) 5.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED

# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT i</b> n	iclude this page in the	report.
The	e 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 04/22/2021	5 Full name of contributor out-of-state PAC (ID#:) Michele Hanson 6 Contributor address; City; State; Zip Code 5317 Santa Maria Ave Fort Worth, TX. 76114		7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Darlene Marks	C (ID#:)	Amount of contribution (\$)
04/22/2021			50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	lions)
Date 04/22/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	tions)
Date 04/22/2021	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
	4349 Rota Cir Fort Worth, TX. 7	6133	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NO	EEDED

# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT in</b>	clude this page in the	report.
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 04/22/2021	Davio Purcell		7 Amount of contribution (\$)  100.00
	6 Contributor address; City; 1619 Pennsylvania Ave Fort Wor	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/22/2021			100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/22/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/22/2021	Full name of contributor ☐ out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code  2600 W 7th Street Fort Worth, TX. 76107			200.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
	·		
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# SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>			
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 04/22/2021	Dichard Ahrame	State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occu		9 Employer (See Instruct	tions)
Date	Full name of contributor □ out-of-state PAC  Matthew Pitt	(ID#:)	Amount of contribution (\$)
04/22/2021	Contributor address; City; 2121 Edwin St. Fort Worth, TX. 76	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/22/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/22/2021	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
		n, TX. 76116	
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
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# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT include this page in the</b>	report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36	
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2021	5 Full name of contributor out-of-state PAC (ID#:)  Larisa Keltner	7 Amount of contribution (\$)	
	6 Contributor address; City; State; Zip Code 5924 Cypress Point Dr Fort Worth, TX. 76132		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)	
Date	Full name of contributor	Amount of contribution (\$)	
04/22/2021	Contributor address; City; State; Zip Code	500.00	
	1404 S. Adams St. Fort Worth, TX. 76104		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
04/22/2021	Contributor address; City; State; Zip Code 3409 Swanson Drive Plano, TX. 75025	500.00	
Principal occup	pation / Job title (See Instructions)  Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/22/2021	Patricia Vories  Contributor address; City; State; Zip Code	250.00	
	2400 Mistletoe Blvd Fort Worth, TX. 76110		
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)	
1			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	A STATE OF THE STA	

# SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 36
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2021	Paigo Pussoy		7 Amount of contribution (\$) 250.00
	3124 Tex Boulevard Fort Worth, 7		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/23/2021	Contributor address; City; 1351 Mistletoe Dr. Fort Worth, TX.	State; Zip Code	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)	
Date 04/23/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/23/2021	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 2212 Mistletoe Blvd Fort Worth, T	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
y			
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### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT incl</b>	ude this page in the r	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 36
<sup>2</sup> FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/23/2021	5 Full name of contributor ☐ out-of-state PAC (IE John Corbin 6 Contributor address; City; 4820 Roanoke St. Fort Worth, TX.	State; Zip Code	7 Amount of contribution (\$) 5.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/23/2021	04/23/2021 Contributor address; City; State; Zip Code 6038 Lovell Ave Fort Worth, TX. 76116		250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/23/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Full name of contributor out-of-state PAC (ID#:)  Blaine Manuel  Contributor address; City; State; Zip Code		)#:) State; Zip Code	Amount of contribution (\$)
	1085 Roaring Springs Rd Fort Worth	h, TX. 76114	S
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
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# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT incl</b>	ude this page in the	report.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 36
2 FILER NAME	Ann Zadeh	ä	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2021	Pop Pordor		7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Date Full name of contributor out-of-state PAC (ID#:)  Leo Wesson		Amount of contribution (\$)
04/23/2021	04/23/2021 Contributor address; City; State; Zip Code 2107 Stanley Ave Fort Worth, TX. 76110		100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/23/2021		State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/23/2021	Full name of contributor	D#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 617 Catalpa Rd Fort Worth, TX. 76131			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
		,	
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# SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT include this page in the</b>	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 04/23/2021	6 Contributor address; City; State; Zip Code 8145 Wendy Benbrook, TX. 76116	7 Amount of contribution (\$) 65.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	(tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Dick Ruddell	Amount of contribution (\$)
04/24/2021		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		tions)
Date 04/24/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 04/24/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instruct	tions)
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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 fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2021	5 Full name of contributor out-of-state PAC (ID#:) Reed Bilz		7 Amount of contribution (\$) 25.00	
	6 Contributor address; City; 6130 Haley Lane Fort Worth, TX.	State; Zip Code 76132		
8 Principal occup	pation / Job title (See Instructions)  9	Employer (See Instruct	ions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
04/25/2021		State; Zip Code	6.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instructi	ions)	
Date 04/25/2021	Cary Clark	D#:)	Amount of contribution (\$)	
		State; Zip Code	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 04/25/2021	Full name of contributor out-of-state PAC (ID Martha Williams  Contributor address; City;  8105 Mount Shasta Cir Fort Worth,	State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
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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 Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/25/2021	5 Full name of contributor ☐ out-of-state PAC Carol Cordell 6 Contributor address; City; 1217 Marlborough Dr. Fort Worth	State; Zip Code	7 Amount of contribution (\$) 5.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	John Miller	; (ID#:)	Amount of contribution (\$)	
04/25/2021	Contributor address; City; 815 Morrow Street Austin, TX. 78	State; Zip Code	25.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date 04/25/2021	Full name of contributor	State; Zip Code 76107	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 04/25/2021	Full name of contributor □ out-of-state PAC  Janet Brown	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; 3408 Cockrell Ave Fort Worth, TX	State; Zip Code . 76109		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# 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 04/23/2021	5 Full name of contributor out-of-state PAC (ID#:)  Joseph Mollick  6 Contributor address; City; State; Zip Code  1280 Sharon Park Dr. #37 Menlo Park, CA. 94025		7 Amount of contribution (\$) 100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
04/25/2021		State; Zip Code	250.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)		
Date 04/25/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	iọns)	
Date 04/25/2021	Karen Myers		Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL CODIES O	E THIS SCHEDIN E AS ME	EEDED	

# SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
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 04/25/2021	5 Full name of contributor out-of-state PAC (ID#:) Graham Stadler 6 Contributor address; City; State; Zip Code 2610 Greene Ave Fort Worth, TX. 76109  coupation / Job title (See Instructions) 9 Employer (See Instructions)		7 Amount of contribution (\$)  100.00	
Date 04/26/2021	Full name of contributor  out-of-state PAC  Terry Thompson  Contributor address; City;  725 Woodland Ave Fort Worth, T	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date 04/26/2021	Caroline Dulle	State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 04/26/2021	Full name of contributor out-of-state PAC  Maria Wollmann  Contributor address; City;  500 Throckmorton #1307 Fort Wor	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)		

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# SCHEDULE A1

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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 5 Full name of contributor out-of-state PAC (ID#:)  Lon Burnam		7 Amount of contribution (\$) 300.00		
a	6 Contributor address; City;	State; Zip Code		
	2103 6th Avenue Fort Worth, TX	. 76110		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
04/26/2021	Contributor address; City;	State; Zip Code	150.00	
	4521 Diaz Ave Fort Worth, TX. 76107			
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
r molpar oscap	,	. ,		
Date 04/26/2021	Full name of contributor □ out-of-state PAC  Teresa Turner	(ID#:)	Amount of contribution (\$)	
04/20/2021	Contributor address; City; 258 Jefferson Pkwy Fort Worth, TX	State; Zip Code	25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:	Amount of contribution (\$)	
04/26/2021	Contributor address; City;	State; Zip Code	50.00	
	4709 Boulder Run Fort Worth, TX.			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
6				
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS N	EEDED	

Forms provided by Texas Ethics Commission

### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT incl</b> u	ıde this page in the	report.
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 04/26/2021	5 Full name of contributor out-of-state PAC (ID#:)  Stephen McReynolds  6 Contributor address; City; State; Zip Code  2312 Irwin Fort Worth, TX. 76110		7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
04/26/2021	Contributor address; City; 3058 Ryan Place Dr Fort Worth, TX.	State; Zip Code	50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ons)
Date 04/26/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
<sub>Date</sub> 04/26/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
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#### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>					
The	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 04/26/2021	5 Full name of contributor out-of-state PAC (ID#:) Linda Cliburn 6 Contributor address; City; State; Zip Code 7300 Yolanda Dr. Fort Worth, TX. 76112	7 Amount of contribution (\$) 50.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)			
Date	Full name of contributor	Amount of contribution (\$)			
04/26/2021	Contributor address; City; State; Zip Code  2325 Mistletoe Drive Fort Worth, TX. 76110	2,000.00			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)			
Date 04/26/2021	Full name of contributor	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code 15024 Gladstone Drive Aledo, TX. 76008	100.00			
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ctions)			
Date 04/26/2021	Full name of contributor	Amount of contribution (\$)			
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.

100 Page 100			-
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 04/26/2021	5 Full name of contributor □ out-of-state PAG Paul Millender 6 Contributor address; City; 3121 Lipscomb St Fort Worth, T pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) 50.00
Date	Jenna Henderson	C (ID#:)	Amount of contribution (\$)
04/26/2021	Contributor address; City; 10301 Moranda Road Fort Worth,	State; Zip Code	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)	
Date 04/26/2021	Full name of contributor □ out-of-state PAC  Daniel Haase	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; 1670 Watson Rd West Fort Worth,	State; Zip Code TX. 76103	30.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/26/2021	Full name of contributor □ out-of-state PAC  Kathleen Culebro	C (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code  3850 Washburn Ave Fort Worth, TX. 76107		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)	

#### 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 04/26/2021	5 Full name of contributorout-of-state PAC (ID#:) Peter Aberg 6 Contributor address; City; State; Zip Code 2929 Carlisle St Dallas, TX. 75209		7 Amount of contribution (\$) 250.00	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
04/26/2021	Contributor address; City; 2238 Mistletoe Blvd Fort Worth, T	State; Zip Code	100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		tions)		
Date 04/26/2021	Full name of contributor □ out-of-state PAC Joan Kline	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City; 1215 Elizabeth Blvd Fort Worth, TX	State; Zip Code	30.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	úons)	
Date 04/26/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City; 5113 Meridian LN Fort Worth, TX.	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions			ions)	

#### SCHEDULE A1

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If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:		
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/26/2021	5 Full name of contributor out-of-state PAC (ID#:)  James DuBose  6 Contributor address; City; State; Zip Code  2330 Medford Court East Fort Worth, TX. 76109		7 Amount of contribution (\$) 1,000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
04/26/2021	Contributor address; City; 2717 Manorwood Trl Fort Worth,	State; Zip Code	500.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date 04/26/2021	Full name of contributor		Amount of contribution (\$) 50.00	
	Contributor address; City; 108 Crestwood Dr Fort Worth, TX.	State; Zip Code	00.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 04/27/2021	Full name of contributor □ out-of-state PAG Victoria Adams	C (ID#:)	Amount of contribution (\$)  1,000.00	
Contributor address; City; State; Zip Code  2330 Medford Court East Fort Worth, TX. 76109				
Principal occupation / Job title (See Instructions)  Employer (See Instruction			ions)	

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#### SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 36	
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/27/2021	5 Full name of contributor out-of-state PAC (ID#:)  Don Wheeler  6 Contributor address; City; State; Zip Code  4612 S. Ridge Ter Fort Worth, TX. 76147		7 Amount of contribution (\$) 50.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Edwina Taylor	C (ID#:)	Amount of contribution (\$)	
04/27/2021	Contributor address; City; State; Zip Code 5112 Norma Fort Worth, TX. 76112		10.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date 04/27/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date 04/27/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
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# SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 36		
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/27/2021	Megan Lasch  6 Contributor address; City;  5714 Sam Houston Austin, TX.	State; Zip Code	7 Amount of contribution (\$) 250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	uons)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
04/27/2021	Contributor address; City; 3905 Lenox Dr Fort Worth, TX. 76	State; Zip Code	2,500.00	
Principal occuţ	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 04/27/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	ions)	
<sub>Date</sub> 04/27/2021	Full name of contributor	State; Zip Code . 76132	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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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 04/27/2021	5 Full name of contributor □ out-of-state PAG Alisa Maples 6 Contributor address; City; 6444 Rosemont Ave Fort Worth,	State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 04/27/2021	Full name of contributor □ out-of-state PAG	C (ID#:)	Amount of contribution (\$)
0 172172331	Contributor address; City; 3840 Diamond Loch North Richland	State; Zip Code d Hills, TX. 76180	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 04/27/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	lions)
Date 04/28/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; 5037 Bryce Ave Fort Worth, TX.	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36			
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)			
4 Date 04/28/2021	5 Full name of contributor	7 Amount of contribution (\$) 250.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
04/28/2021	Contributor address; City; State; Zip Code 3620 Dryden Rd Fort Worth, TX. 76109	25.00			
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)			
Date 04/28/2021	Full name of contributor out-of-state PAC (ID#:)  Robert Fernandez  Contributor address; City; State; Zip Code  2305 Colonial Pkwy Fort Worth, TX. 76109	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct	tions)			
<sub>Date</sub> 04/28/2021	Full name of contributor out-of-state PAC (ID#:)  Brian Dixon  Contributor address; City; State; Zip Code  1104 E Leuda St Fort Worth, TX. 76104	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	iions)			

#### SCHEDULE A1

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2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2021	5 Full name of contributor ☐ out-of-state PAC (ID Clay Jenkins 6 Contributor address; City; 411 Elm Dallas, TX. 75202		7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)	
Date 04/29/2021	Full name of contributor	D#:)	Amount of contribution (\$)	
04/29/2021		State; Zip Code	50.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date 04/29/2021	Samuel Smart	State; Zip Code	Amount of contribution (\$)	
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 04/30/2021	Full name of contributor out-of-state PAC (ID)  Lorie Grandclair-Diaz  Contributor address; City; 3114 Aster Ave Fort Worth, TX. 76	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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ii the reques	sted information is not applicable, <b>50 NOT III</b>	cidde tins page in the	
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 04/30/2021	Anita Ouinones	State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/30/2021	Contributor address; City; 1825 Thistle Hill #17103 Fort Worth	State; Zip Code	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
Date 04/30/2021	Jacquelyn McCrary	State; Zip Code h, TX. 76109	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/01/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
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The Instruction Guide explains how to complete this form.  2 FILER NAME	ii tiic reques	nicimiation is not applicable, 20 no	orado imo pago m mo		
Ann Zadeh  4 Date 05/01/2021 5 Full name of contributor Karen Myers 6 Contributor address; City: State: Zip Code 6401 Ridglea Crest Drive Fort Worth, TX. 76126  8 Principal occupation / Job title (See Instructions)  Date 05/10/2021 Contributor address: City: State: Zip Code 8 S555 Mulligan Pass Fort Worth, TX. 76179  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 25.00  25.00  Amount of contribution (\$) 25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date 05/06/2021  Contributor address; City: State: Zip Code 25.00  Amount of contribution (\$) 25.00	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 36	
Same Note	2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
8 Principal occupation / Job title (See Instructions)  Date  O5/10/2021  Full name of contributor  Contributor address;  City;  State: Zip Code  9 Employer (See Instructions)  Amount of contribution (\$)  Sharon Orpen  Contributor address;  City;  State: Zip Code  25.00  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Laurie Stelljes  Contributor address;  City;  State: Zip Code  Employer (See Instructions)  Amount of contribution (\$)  25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Amount of contribution (\$)  25.00  Amount of contribution (\$)  25.00  Principal occupation / Job title (See Instructions)  Contributor address;  City;  State: Zip Code  Total Contributor of contributor  Larry Anfin  Contributor address;  City;  State: Zip Code  Total Contributor of contributor  Contributor address;  City:  State: Zip Code  Total Code  Total Contributor of contributor  Contributor address;  City:  State: Zip Code  Total Code		Karen Myers			
B Principal occupation / Job title (See Instructions)  Date  O5/10/2021  Full name of contributor Sharon Orpen  Contributor address; Size;		6 Contributor address; City;	State; Zip Code	20.00	
Date    Sharon Orpen		6401 Ridglea Crest Drive Fort W	orth, TX. 76126		
Sharon Orpen  Contributor address; City; State; Zip Code 8555 Mulligan Pass Fort Worth, TX. 76179  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 25.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Larry Anfin  Contributor address; City; State; Zip Code 7020 Castle Creek Court Fort Worth, TX. 76132	8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
O5/10/2021  Contributor address; City; State; Zip Code 8555 Mulligan Pass Fort Worth, TX. 76179  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Laurie Stelljes  Contributor address; City; State; Zip Code 2745 Manorwood Trail Fort Worth, TX. 76109  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Larry Anfin  Contributor address; City; State; Zip Code 105/06/2021  Contributor address; City; State; Zip Code 2745 Code 2745 Manorwood Trail Fort Worth, TX. 76109  Contributor address; City; State; Zip Code 7020 Castle Creek Court Fort Worth, TX. 76132	Date		C (ID#:)	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)    Date   Full name of contributor   out-of-state PAC (ID#:	05/10/2021	Contributor address; City;	State; Zip Code	25.00	
Date 05/06/2021    Full name of contributor		8555 Mulligan Pass Fort Worth, I	X. 76179		
Date 05/06/2021    Laurie Stelljes   25.00	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Contributor address; City; State; Zip Code 2745 Manorwood Trail Fort Worth, TX. 76109  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Larry Anfin  Contributor address; City; State; Zip Code  7020 Castle Creek Court Fort Worth, TX. 76132		Laurie Stelljes			
Date    Full name of contributor   out-of-state PAC (ID#:		Contributor address; City;	ontributor address; City; State; Zip Code		
05/06/2021 Larry Anfin 100.00  Contributor address; City; State; Zip Code 7020 Castle Creek Court Fort Worth, TX. 76132	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
05/06/2021	Date		(ID#:)		
7020 Castle Creek Court Fort Worth, TX. 76132	05/06/2021			100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 36
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2021	5 Full name of contributor □ out-of-state PAG Andrea Duffie 6 Contributor address; City; 4724 Calmont Ave. Fort Worth, T	7 Amount of contribution (\$) 10.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Geraldine Hall	C (ID#:)	Amount of contribution (\$)
05/06/2021	Contributor address; City; 132 Tamarron Drive Fort Worth, T	State; Zip Code	75.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 05/06/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 05/06/2021	Full name of contributor	S (ID#:) State; Zip Code	Amount of contribution (\$)
	2329 Mistletoe Ave Fort Worth, T	X. 76110	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
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2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 05/06/2021	5 Full name of contributor □ out-of-state PAG Heather Buen 6 Contributor address; City; 9078 River Falls Drive Fort Worth	7 Amount of contribution (\$) 25.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Elaine Petrus	C (ID#:)	Amount of contribution (\$)	
05/06/2021				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)	
Date 05/06/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 05/06/2021	Full name of contributor	State; Zip Code X. 76109	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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ii the request	ed information is not applicable, bo Not inci	duce this page in the i	report.	
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2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
05/06/2021	5 Full name of contributor ☐ out-of-state PAC (II Dan Barrett 6 Contributor address; City; 3930 W 7th Street Fort Worth, TX	State; Zip Code	7 Amount of contribution (\$) 100.00	
8 Principal occupa	ation / Job title (See Instructions) 9	Employer (See Instructi	ions)	
Date 05/06/2021 ···	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instruc			ons)	
Date 05/06/2021	Heather Breiter	State; Zip Code	Amount of contribution (\$)	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 05/06/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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Date 05/06/2021  Principal occupa  Date 05/06/2021	Full name of contributor	Employer (See Instruction)  State; Zip Code  76132  Employer (See Instruction)  State; Zip Code  TX. 76104  Employer (See Instruction)	Amount of contribution (\$) 100.00  ons)  Amount of contribution (\$) 25.00  ons)	

### 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	1	3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2021	5 Full name of contributor □ out-of-state PAG Doug Black 6 Contributor address; City; 2031 Ward Pkwy Fort Worth, TX	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
05/06/2021		State; Zip Code	25.00
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 05/07/2021	Robert Fernandez  Contributor address;  City;	State; Zip Code	Amount of contribution (\$)
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date 05/09/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh			3 Filer ID (Ethics Commission Filers)
4 Date 06/09/2021	<ul> <li>5 Full name of contributor Rick Herring</li> <li>6 Contributor address;</li> <li>1801 Bolton Street</li> </ul>	City;	C (ID#:) State; Zip Code TX. 76111	7 Amount of contribution (\$) 50.00
8 Principal occu	 upation / Job title (See Instructions)	)	9 Employer (See Instruct	tions)
Date	Full name of contributor  left blank  Contributor address;	□ out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	I pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 06/19/2021	Full name of contributor Charles Dreyfus  Contributor address; 2416 Park Place Ave	City;	State; Zip Code	Amount of contribution (\$)  25.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 06/25/2021	Full name of contributor William Payne Contributor address; 2701 Benbrook Blvd	City;	State; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	lions)
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 36	
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 05/26/2021	5 Full name of contributor ☐ out-of-state PAC Gordan Appleman  6 Contributor address; City;  3855 Bellaire Cir Fort Worth, TX	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Alan Lake	C (ID#:)	Amount of contribution (\$)	
05/13/2021	Contributor address; City; 3000 5th Avenue Fort Worth, TX.	State; Zip Code	25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 05/14/2021	Full name of contributor	State; Zip Code X. 76110	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 36
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/2021	5 Full name of contributor □ out-of-state PAC ( Janie Frank  6 Contributor address; City; 3517 Hilltop Rd Fort Worth, TX.  pation / Job title (See Instructions)	State; Zip Code 76109	7 Amount of contribution (\$) 100.00
8 Principal occu	Sation 7 Job title (See Instructions)	, Employer (eee manden	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
06/09/2021	Contributor address; City; 309 W 7th Street #900 Fort Worth,	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/19/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) 25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
<sub>Date</sub> 05/13/2021	Full name of contributor out-of-state PAC (I  M Beth Krugler  Contributor address; City;  604 E Fourth Street #201 Fort Worth	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 36		
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)		
4 Date 05/13/2021	5 Full name of contributor □ out-of-state PAC Karen Lovett 6 Contributor address; City; 2837 Townsend Dr. Fort Worth,	7 Amount of contribution (\$) 100.00			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)		
Date	Mar <b>k</b> Allen Stelmas	C (ID#:)	Amount of contribution (\$)		
05/10/2021		State; Zip Code	100.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 05/10/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date 05/07/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City; 4424 Bombay CT Fort Worth, TX.	State; Zip Code			
Principal occupa	oation / Job title (See Instructions)	Employer (See Instructi	ions)		
		8			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

ii the requee	sted information to not applicable, be not include	are parge are are	
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 36
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 05/07/2021	5 Full name of contributor □ out-of-state PAC (ID#: T Van Nay		7 Amount of contribution (\$) 100.00
		State; Zip Code	100.00
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 (\$)
06/09/2021		State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/23/2021	Kevin Khorrami		Amount of contribution (\$)
001201202.	Contributor address; City; SI 7860 Skylake Drive Fort Worth, TX. 7	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
05/25/2021	Contributor address; City; S 2701 Benbrook Blvd Fort Worth, TX.	State; Zip Code	6.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF T	"HIS SCHEDULE AS NE	EEDED

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

#### 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	s form.	1 Total pages Schedule A1: 36
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC left blank	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
06/06/2021	Contributor address; City;	State; Zip Code	25.00
	5440 Sierra Ridge Rd Fort Worth,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Travis Parmer		Amount of contribution (\$)
06/09/2021	Contributor address; City; 3622 Eldridge St. Fort Worth, TX.	State; Zip Code	5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 06/09/2021	Kenneth Shetter	C (ID#:)	Amount of contribution (\$)
00/03/2021	Contributor address; City;	State; Zip Code	100.00
	1205 Yosemite Way Burleson, TX	76028	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	FEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### LOANS SCHEDULE E

If the requested	d information is not applicable, <b>DO NO</b>	T include this page in the re	port.		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME	nn Zadeh		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U	4 TOTAL OF UNITEMIZED LOANS				
5 Date of loan 04/30/2021	7 Name of lender out-of-state Ann Zadeh	9 Loan Amount (\$) 20,000.00			
6 Is lender a financial Institution? Y N	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupa	! tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	aleral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COP	  IES OF THIS SCHEDULE AS NEE  struction guide for additional re			

#### SCHEDULE F1

9	EXPENDITURE CATEGOR	IES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Offic Food/Beverage Expense Poll by Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense iries/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	v to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)			
4 Date 04/28/2021	<sup>5</sup> Payee name Compete Digital LLC					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
3,000.00	1317 Potomac Ave Washing	ton DC 20003				
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 Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
05/05/2021	ActBlue					
Amount (\$)	Payee address;	City;	State; Zip Code			
277.78	PO Box 441146   Somerville,	MA 02144-0031				
	Category (See Categories listed at the top of this schedule	Description				
PURPOSE OF EXPENDITURE	Fees					
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/23/2021	Constant Contact					
Amount (\$)	Payee address;	City;	State; Zip Code			
74.62	1601 Trapelo Road Ste 32	9 Waltham, MA.	02451			
	Category (See Categories listed at the top of this schedule	e) Description				
PURPOSE OF EXPENDITURE	Advertising Expense					
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	:DED			

#### SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Iverhead/Rental Expense Expense Expense //Vages/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:	<sup>2</sup> FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
<sup>4</sup> Date 05/05/2021	5 Payee name Compete Digital LLC			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
3,000.00	1317 Potomac Ave Washingtor	DC 20003		
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 Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/11/2021	ActBlue			
Amount (\$)	Payee address;	City;	State; Zip Code	
899.19	PO Box 441146   Somerville, M.	A 02144-0031		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/04/2021	Breinn Richter			
Amount (\$)	Payee address;	City;	State; Zip Code	
3,440.46	1801 6th Avenue Fort Wo	rth. TX. 7611	0	
3,440.40	1801 6th Avenue Fort Wo	iui, i.a. 7011	0	
	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	SCHEDULE AS NEE	DED	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office C Expense Polling norials Expense Printing	epayment/Reimbursement iverhead/Rental Expense Expense Expense i/Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment	The Instruct	ion Guide explains how to	complete this form.	,		
1 Total pages Schedule F1:	2 FILER NAME Ann	Zadeh		3 Filer ID (Ethic	es Commission Filers)	
4 Date <b>04/26/2021</b>	5 Payee name Compe	te Digital LLC				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
1,000.00	Kyamran@nomadvizion.com					
8	(a) Category (See Categories	listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Exp	ense				
	(c) Check if travel outside	de of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	der name	Office sought		Office held	
Date	Payee name					
04/26/2021	Joey Retana					
Amount (\$)	Payee address;		City;	State;	Zip Code	
210.00	300 College A	ve, Fort Worth, T	X 76104			
	Category (See Categories li	sted at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expe	nse				
	Check if travel outsic	e of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought		Office held	
Date	Payee name					
04/26/2021	Richard Davi	S				
Amount (\$)	Payee address;		City;	State;	Zip Code	
210.00	300 College	e Ave, Fort Worth	, TX 76104			
	Category (See Categories lis	ted at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Ex	pense				
	Check if travel outsid	e of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Office sought		Office held	
	ATTACH ADDITIO	ONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

#### SCHEDULE F1

II the requested in	Titleta of the temperature		1 0			
	EXPENDI	TURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Committee Legal Services	Office Over bense Polling Ex rials Expense Printing E	xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Ann Za	adeh		3 Filer ID (Ethic	cs Commission Filers)	
4 Date 04/28/2021	5 Payee name Fort Wor	th Weekly			¥	
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
625.00	3311 Hamilton Ave. Fort Worth, TX. 76107					
8	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Exper					
	(c) Check if travel outside of	f Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF						
Date	Payee name					
05/05/2021	Joey Retana					
Amount (\$)	Payee address; City			State;	Zip Code	
442.50	300 College Ave, Fort Worth, TX 76104					
	Category (See Categories lister	d at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expen	se				
, j	Check if travel outside o	Check if Austin	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought		Office held	
Date	Payee name					
05/03/2021	Richard Davis					
Amount (\$)	Payee address;	λ.	City;	State;	Zip Code	
442.50	300 College	Ave, Fort Worth,	TX 76104		,	
	Category (See Categories listed	at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Exp	ense			s	
	Check if travel outside of	Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought		Office held	
î.	ATTACH ADDITION	IAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food by Gift/A al Committee Legal	t Expense /Beverage Expense wards/Memorials Expense I Services e Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	pment & Related Expense
	1	3 Instruction Guide explain	IS NOW LO GE	ompiete this form.	S Eller ID (Ethio	Commission Filera)
1 Total pages Schedule F1:	2 FILER NAME	Ann Zadeh	2		3 Filer ID (Etnic	s Commission Filers)
4 Date 05/03/2021	5 Payee name	Google LLC				
6 Amount (\$)	7 Payee address	i;	1	City;	State;	Zip Code
19.19	G Suite 650 CA.					
8	(a) Category (See	Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			email acc	counts	
	(c) Checki	if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living	gexpense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Payee name					۸
05/03/2021	PayPal					
Amount (\$)	Payee address	· 5		City;	State;	Zip Code
1.75	2211 N.	First St San Jos	e, CA.	95131		
PURPOSE	Category (See C	ategories listed at the top of this so	chedule)	Description		
OF EXPENDITURE	Fees					
	Check if	f travel outside of Texas. Complete Sc	:hedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		officeholder name		Office sought		Office held
Date	Payee name					
05/04/2021	Travis I	Parmer				
Amount (\$)	Payee address;			City;	State;	Zip Code
615.06	РО В	ox 11517 Fort W	orth, T	X. 76110		
	Category (See Ca	ategories listed at the top of this sc	hedule)	Description		
PURPOSE OF EXPENDITURE	Consultir	ng Expense				
	Check if	travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	n.	Office held
	ATTACH	ADDITIONAL COPIES (	OF THIS S	CHEDULE AS NEE	DED	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food. By Gift/A al Committee Legal	d/Beverage Expense Awards/Memorials Expense al Services	Office Over Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
Credit Garur aymen	The	e Instruction Guide explains	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Ann Zadeh		*	3 Filer ID (Eth	nics Commission Filers)
4 Date 06/02/2021	5 Payee name	Google LLC				
6 Amount (\$)	7 Payee address	3;		City;	State;	Zip Code
19.19	G Suite 6	350 CA.				
8	(a) Category (See	a Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			email acc	counts	ł
	(c) Checki	if travel outside of Texas. Complete Sci	chedule T.	Check if Austi	tin, TX, officeholder livi	ing expense
9 Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
05/17/2021	PayPal					
Amount (\$)	Payee address	<i>š</i> ;		City;	State;	Zip Code
1.03	2211 N.	. First St San Jose	e, CA.	95131		
PURPOSE	Category (See C	Categories listed at the top of this scl	hedule)	Description		
OF EXPENDITURE	Fees			-		
		if travel outside of Texas. Complete Sch	hedule T.		in, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	*	Office held
Date	Payee name					
05/05/2021	Jasmin	ne Connor				
Amount (\$)	Payee address;	ś.		City;	State;	Zip Code
345.75	1000	Henderson Street	#311	Fort Worth, TX	. 76102	
	Category (See C	Categories listed at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	Consultir	ng Expense			T.	
	Check if	f travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEE	DED	

#### SCHEDULE F1

ii tiio requestea iiii	OTTHOUGHT	The applicable, se ite:	10101010 0	mo bage		100.00		
		EXPENDITURE CATEG	GORIES	OR BOX	8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/M	pense /ages/Contra	Expense	Solicitation/Fur Transportation Travel In Distri Travel Out Of I Other (enter a	Equipment & ict District	& Related Expense
1 Total pages Schedule F1:	2 FILER N	Ann Zadeh				3 Filer ID (	Ethics Com	mission Filers)
4 Date 05/06/2021	5 Payee na	<sup>ame</sup> Compete Digital LL	С					
6 Amount (\$)	7 Payee a	ddress;		C	city;	State	e; Zi	p Code
55,011.02	1317 Potomac Ave Washington DC 20003							
8	(a) Categor	ry (See Categories listed at the top of this s	schedule)	(b) Desc	ription			
PURPOSE OF EXPENDITURE	Consulting Expense							
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.		Check if Austin	n, TX, officeholder	r living expens	se
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office	sought		Office	e held
Date	Payee na	ame						
06/06/2021	PayP	al						
Amount (\$)	Payee ad	ddress;		C	ity;	State	e; Zip	p Code
1.03	221	1 N. First St San Jose	e, CA.	95131				
	Category	(See Categories listed at the top of this sc	hedule)	Desc	ription			
PURPOSE OF EXPENDITURE	Fees							
	Check if travel outside of Texas. Complete Schedule T. Ch			Check if Austin	n, TX, officeholder	living expens	ie .	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office	sought		Office	held
Date	Payee na	ame						
05/12/2021	Un	ited States Postal Serv	/ice					
Amount (\$)	Payee ad	ldress;		С	ity;	State	; Zip	o Code
113.00	2	600 8th Avenue Fort \	North,	TX. 76	110			
	Category	(See Categories listed at the top of this sch	nedule)	Descr	iption			
PURPOSE OF EXPENDITURE	Fees	3						
		Check if travel outside of Texas, Complete Sch	edule T.		Check if Austin	, TX, officeholder	living expense	е
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office	sought		Office	e held
	ATT	TACH ADDITIONAL COPIES O	OF THIS S	CHEDUL	EASNEE	DED		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Programmer Of Food/Beverage Expense Programmer Of Food Programmer Of Pro	on Repayment/Reimbursement ffice Overhead/Rental Expense ollling Expense inting Expense alaries/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 he	ow to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)		
4 Date 05/19/2021	5 Payee name Danny Ramos				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
1,100.00	1817 Harrington Ave, Fort W	orth, TX 76164			
8	(a) Category (See Categories listed at the top of this sche-	dule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense				
·	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
05/26/2021	Tractor Supply				
Amount (\$)	Payee address;	City;	State; Zip Code		
-151.11	9249 Benbrook Blvd Benbr	ook, TX. 76126			
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	r returned product			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
05/28/2021	The Rental Shop				
Amount (\$)	Payee address;	City;	State; Zip Code		
1,350.75	2935 Eagle Dr. Grand Pra	airie, TX. 75052			
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	Event Expenses				
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Ex Printing Ex			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 ex	xplains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER N	Ann Zadeh			3 Filer ID (Ethi	cs Commission Filers)		
4 Date 06/03/2021	5 Payee na	<sup>me</sup> ActBlue						
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code		
52.53	PO Box 441146   Somerville, MA 02144-0031							
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. Com	tin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee na	me						
06/09/2021	ActBlu	ıe						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
99.66	PO	Box 441146   Som	nerville, M <i>A</i>	02144-0031				
PURPOSE	Category	(See Categories listed at the top of	of this schedule)	Description				
OF EXPENDITURE	Fees	3						
		Check if travel outside of Texas. Com	in, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee na	me						
06/09/2021	The	e Strategy Group,	Inc.					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
9,000.00	7	30 N Franklin #40	4 Chicag	o IL. 60654				
	Category	(See Categories listed at the top or	f this schedule)	Description				
PURPOSE OF EXPENDITURE	Cons	sulting Expense						
		Check if travel outside of Texas, Comp	Check if Austin	in, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	-= = = =	Office sought		Office held		
	ATT	ACH ADDITIONAL COF	IES OF THIS	SCHEDULE AS NEE	DED			

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

			EXPENDIT	URE CATI	EGORIES F	OR BOX 10(a)			
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gitt/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services				als Expense	Office Ove Polling Exp Printing Ex Salaries/M	Loan Repayment/Reimbursement Office Overhead//Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor As how to complete this form. Solicitation/Fundraising Expense Transportation Equipment & R Travel In District Travel Out Of District Other (enter a category not list			ent & Related Expense
1	Total pages Schedule F2:	2 FILER	NAME Ann Zad	leh			3 Filer	ID (Ethics Co	ommission Filers)
4	TOTAL OF UNITEN	/IZED UN	IPAID INCURF	RED OBL	JGATION	S	\$ 5,6	600.00	
5	Date 06/09/2021	6 Payee	name The Str	ategy G	roup, Inc	•			
7	Amount (\$) 5,600.00	8 Payee	·	ranklin	#404 C	City; hicago IL. 60	)654	State;	Zip Code
9	TYPE OF EXPENDITURE	V	Political		Non-Pol	itical			
10	PURPOSE OF EXPENDITURE	,, ,	ry (See Categories liste  Ilting Expense  Check if travel outside of	е		(b) Description  Check if Aus	stin, TX, offic	eholder living ex	xpense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholo	der name	0	ffice sought		Office hel	d
	Date	Payee	name						
	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Pol	itical			
	PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed	d at the top of t	nis schedule)	Description			
			Check if travel outside o	f Texas, Comple	te Schedule T.	Check if Au	ıstin, TX, offi	iceholder living e	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholo	ler name	0	fice sought		Office held	d
							MAN AN ANALYSIS OF THE STATE OF		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATI	EGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fee Foo By Gift cal Committee Leg	Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing		xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME	nn Zadeh	3 Filer ID (Ethics Commission Filers)					
<sup>4</sup> Date 05/26/21	5 Payee name United States Postal Service							
6 Amount (\$)  \$\bigs\  \bigs\  \bigs\  \cdot \cd	7 Payee address; City; State; Zip Code 3101 W 6th Street Fort Worth, TX. 76107							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description							
	(c) Check	if travel outside of Texas. Complete S	tin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sought		Office held		
Date	Payee name				4			
Amount (\$)	Payee address	3;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this	schedule)	Description	-			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin				in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/0		Officeholder name		Office sought	(	Office held		
Date	Payee name							
Amount (\$)	Payee address	3;		City;	. State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this	schedule)	Description	:			
	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 O	OF THIS SC	CHEDULE AS NEED	ED			