OFFICIAL RECORD CITY SECRETARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR WAS	FIRST	MI	OFFICE USE ONLY			
NAME	NICKNAME	LAST ZANEN	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX FORT WOR	12173	CITY; STATE; ZIP CODE	RECEIVED JAN 1 8 2022			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 924 -3811	EXTENSION	Date Hand delivered on Date Postmarked CITY SECRETARY			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR	FIRST GLENN	МІ	Receipt # Amount \$			
· · · · · · ·	NICKNAME	BEARDEN	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE			
(Residence or Business)	FURT WORT	TH TX 7613:	2				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 845 - 4412	EXTENSION				
9 REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month OG	Day Year	Month THROUGH (2 /	Day Year / 31 / 2021			
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S)				ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	□ orves	COMMITTEE ADDRESS					
Additional Pages	GENERAL		9				
	SPECIFIC	COMMITTEE CAMPAIGN TREA					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	7			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME		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)	\$ 836.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,907.22
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	\$ 14,907.22 \$1,139.46
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	
18 SIGNATURE I si	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
WHITHIII	Signature of Car	ndidate or Officeholder
SA K B A A A A A A A A A A A A A A A A A	Please complete either option below	:
(1) Atticlayic 190769	THE REAL PROPERTY OF THE PARTY	
NOTARY STAMP/SEAL		
Sworn to and subscribed I	uns the	la day of January
Medias	which, witness my hand and seal of office. Wellsook Brans	or motor
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
(0)	, OR	
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is _	
My address is	, and my date of bittins _	
	(atract)	ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	nte/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME						
19	ANN ZADE	ommission Filers)					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MON	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-	MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 836.00			
3.	SCHEDULE B: PLEDO	GED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOAN	\$ 26, 000,00					
5.	SCHEDULE F1: POL	ITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 26,000.00 \$ 14,907.22			
6.	SCHEDULE F2: UNPA	AID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PUR	CHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXP	ENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLIT	FICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$			
10.	SCHEDULE H: PAYM	ENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-PO	DLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTER TO FIL	REST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI LER	ONS RETURNED	\$			

SCHEDULE A1

	ned mornation to not applicable, be NOT men	ude tins page in the i	•
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
07/07/2021	6 Contributor address; City; 5440 Sierra Ridge Rd Fort Worth, T	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/06/2021	Contributor address; City; 5440 Sierra Ridge Rd Fort Worth, T	State; Zip Code	25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 09/06/2021	Elizabeth Wills	D#:)	Amount of contribution (\$)
00/00/2021	Contributor address; City; 5440 Sierra Ridge Rd Fort Worth, T	25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/06/2021	Full name of contributor		Amount of contribution (\$)
10/00/2021	Contributor address; City; State; Zip Co 5440 Sierra Ridge Rd Fort Worth, TX. 76123		25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional r	eporting requirements.

SCHEDULE A1

The	Instruction Guide explains how		1 Total pages Schedule A1: 5		
2 FILER NAME	Ann Zadeh				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Elizabeth Wills	out-of-state PAC			7 Amount of contribution (\$)
11/06/2021	6 Contributor address; 5440 Sierra Ridge Rd	City; Fort Worth,	State;	Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employ	yer (See Instruc	tions)
Date	Full name of contributor Elizabeth Wills	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/06/2021	Contributor address; 5440 Sierra Ridge Rd	City; Fort Worth,	State;	Zip Code	25.00
Principal occup	ation / Job title (See Instructions)			yer (See Instruc	ions)
Date	Full name of contributor	Out-of-state PAC	; (ID#:)	Amount of contribution (\$)
7-12-2021	Contributor address;		State;	Zip Code	500.00
	2308 MEDFURD	FT WORTH	74	74109	
Principal occup	ation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; 2	Zip Code	
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruc	lions)
	ATTACH ADDIT	IONAL COPIES (C, please see Instr			

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 07/19/2021 8 Principal occur	5 Full name of contributor out-of-state PAC (ID#:) Charles Dreyfus 6 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110 District Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 25.00
Date 07/25/2021	Full name of contributor	Amount of contribution (\$)
Principa l occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 08/19/2021	Full name of contributor out-of-state PAC (ID#:) Charles Dreyfus Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 08/25/2021	Full name of contributorout-of-state_PAC (ID#:) William Payne Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	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 form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2021	5 Full name of contributor	
	6 Contributor address; City; State; Zip C 2416 Park Place Ave Fort Worth, TX. 76110	ode 25.00
8 Principal occup		dee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
09/25/2021	Contributor address; City; State; Zip C 2701 Benbrook Blvd Fort Worth, TX. 76109	6.00
Principal occup	eation / Job title (See Instructions) Employer (S	ee Instructions)
Date 10/19/2021	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip C 2416 Park Place Ave Fort Worth, TX. 76110	20.00
Principal occup	eation / Job title (See Instructions) Employer (S	ee Instructions)
Date 10/25/2021	Full name of contributor □ out-of-state PAC (ID#:	
10/25/2021	Contributor address; City; State; Zip Co	
Principal occup	eation / Job title (See Instructions) Employer (S	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see Instruction guide for a	

SCHEDULE A1

n ano roques	in the requested information to not applicable, Do Nor melade this page in the reports						
The	Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A1: 5				
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)				
4 Date 11/19/2021	5 Full name of contributor ☐ out-of-state PAC (ID#; Charles Dreyfus 6 Contributor address; City; S 2416 Park Place Ave Fort Worth, TX	tate; Zip Code	7 Amount of contribution (\$) 25.00				
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)				
Date 11/25/2021	Full name of contributor	tate; Zip Code	Amount of contribution (\$)				
	2701 Benbrook Blvd Fort Worth, TX.	76109					
Principa l occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date 12/19/2021	Full name of contributor		Amount of contribution (\$) 25.00				
Principal occup	2416 Park Place Ave Fort Worth, TX. ation / Job title (See Instructions)	76110 Employer (See Instruct	tions)				
Date 12/25/2021	Full name of contributor □ out-of-state PAC (ID#; William Payne		Amount of contribution (\$)				
	Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109						
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction						

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 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS 26,000 Date of loan 7 Name of lender out-of-state PAC (ID#: Loan Amount (\$) -16-2 11 Maturity date YY 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; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan out-of-state PAC (ID#:_ Loan Amount (\$) 20,000 Is lender Lender address: a financial Institution? Maturity date 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 If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGOR	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offic Food/Beverage Expense Pollit Y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ig Expense ing Expense ies/Wages/Contract Labor to complete this form.	rerhead/Rental Expense xpense xxpense xxxpense xxxpense xxxxpense xxxxpense xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
1 Total pages Schedule F1:	2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)		
4 Date 7-4-21	5 Payee name Google US				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
19.19	G SVITE 650	CA			
8	(a) Category (See Categories listed at the top of this schedu	e) (b) Description			
PURPOSE OF EXPENDITURE	FEES	EMA	HL ACCOUNTS		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, 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	746			
7-6-21 - 12-6-21	PAU PAL				
Amount (\$)	Payee address;	City;	State; Zip Code		
4.05	2211 N. FIRST ST	- SAN JOSE	a 95/3/		
	Category (See Categories listed at the top of this schedule	Description			
PURPOSE OF EXPENDITURE	FERS				
	Check if travel outside of Texas. Complete Schedule	Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
7-9-21	Act BLUR				
Amount (\$)	Payee address;	City;	State; Zip Code		
H.58	PO BOX 441146 SOM	MERVILLE , MI	4 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ANNOUSE FEES		4		
	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 TH	IS SCHEDULE AS NEED	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
CreditCard Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	Chianes, v	Nages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ANNEADEN	,	3 Filer ID (Ethics Commission Filers)
4 Date 7-14-2	5 Payee name WEHS FARGO		I
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
31.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	rece		
OF EXPENDITURE	FEES	BANK	FEE
	(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	Office sought	Office held
Date	Payee name		
7-29-21	StG, LC		
Amount (\$)	Payee address;	City;	State; Zip Code
14,600	818 CONNECTIONS AVA	SV1#200	WASM DC 20006
,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Consider To		
EXPENDITURE	CONSULTIN		
	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
expenditure to belieff C/OH			
Date	Payee name		
8-2-21	Cassix		
•	GOOOLE		
Amount (\$)	Payee address;	City;	State; Zip Code
19.19	G SVITE 650	CA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	FRAS		
EXPENDITURE	L ₁₀ C)		
	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	SCHEDULEASNEE	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 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

Legal Services 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) 4 Date 5 Payee name 6 Amount (\$) City; Zip Code SOMERVILLE MA 8 (b) Description **PURPOSE** OF FEES EXPENDITURE (c) Check 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 Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Amount (\$) City; Zip Code SOMERVIME Category (See Categories listed 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 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.						
			IES FOR BOX 8(a)			
Consulting Expense Office OC Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to		n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor w to complete this form.	verhead//Rental Expense Xxpense Expense Wages/Contract Labor Travel Out Of District Other (enter a category not lis			
1 Total pages Schedule F1:	2 FILER NAME ANN	ZAVEH		3 Filer ID (Ethic	s Commission Filers)	
4 Date 10-3-21	5 Payee name					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
19,19	G-SVITE	1	N			
8	(a) Category (See Categories listed	at the top of this schedu	(b) Description			
PURPOSE OF EXPENDITURE	FERS	-				
	(c) Check if travel outside of	Texas. Complete Schedule	T. Check if Au	ustin, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Office sought		Office held	
Date	Payee name					
16-9-21	Act Blue				,	
Amount (\$)	Payee address;	-	City;	State;	Zip Code	
3.99	Po Box	441146	SOMERVILLE	& WA	02144	
	Category (See Categories listed a	t the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	FREES	1				
	Check if travel outside of T	T. Check if Au	stin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought		Office held	
Date	Payee name					
11-29-21	USPS					
Amount (\$)	Payee address;		City;	State;	Zip Code	
113.00	2400 8#	AVE	FWTE	XAS	76110	
	Category (See Categories listed a	the top of this schedule	Description			
PURPOSE OF EXPENDITURE	FRES					
	Check if travel outside of Te	xas. Complete Schedule 1	Check if Aus	stin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	ame	Office sought		Office held	
	ATTACH ADDITIONA	L COPIES OF TH	HIS SCHEDULE AS NE	EDED		

SCHEDULE F1

ii iile requested iiil	Officialion	s not applicab	ie, DO NOT I	include 1	this page in the r	eport.		
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Be Contributions/Donations Made By Gift/Awa Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	s Office Overhead/Rental Expense Polling Expense Polling Expense Printing Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
			on Guide explair	is now to d	complete this form.			
1 Total pages Schedule F1:	2 FILER N	2 FILER NAME ANN ZADEH				3 Filer	ID (Ethic	s Commission Filers)
4 Date //-3-21	5 Payee n	00615						
6 Amount (\$)	7 Payee a	ddress;			City;		State;	Zip Code
19.19	(S-SVITR	C	A				, -
8	(a) Catego	y (See Categories li	sted at the top of this	schedule)	(b) Description	****		
PURPOSE OF EXPENDITURE		Ftis		- -				
	(c)	Check if travel outside	of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officel	nolder living	I expense
9 Complete ONLY if direct	Candio	late / Officeholde	er name		Office sought			
expenditure to benefit C/OF			, name		Office sought			Office held
Date	Payee na	ıma						
1/-9-21	A	or Blu	IK.		* •			
Amount (\$)	Payee ac	ldress;			City;		State;	Zip Code
3,89	ρ_{l}) box	441146	5	- VMERVILK	MA	0	2144
	Category	(See Categories list	ed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	FE	45	ž.		* 2			
		Check if travel outside	of Texas. Complete Sc	hedule T.	Check if Austi	slin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholde	r name		Office sought			Office held
Date	Payee na	ime						
12-3-21	Go	OOLK						
Amount (\$)	Payee ad				City;	S	state;	Zip Code
19.19	6	SVIT	F			\mathcal{C}	A	
	Category	(See Categories liste	d at the top of this sc	hedule)	Description			
PURPOSE OF EXPENDITURE	FR	£5						
		Check if travel outside o	f Texas. Complete Sch	nedule T.	Check if Austir	n, TX, officeho	lder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholde	r name		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

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.	tanor (antara satisfary not instead above)
1 Total pages Schedule F1:	2 FILER NAME ANN ZADEN		3 Filer ID (Ethics Commission Filers)
4 Date /2-9-21	5 Payee name ACT BLVA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,89	PO Box 441146	Somerville M	NA 02144
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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		
Amount (\$)	Payee address;	City;	State; Zip Code
	1		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	2.4		
EXPENDITURE			
	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
Date	Payee name		
A			
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

