

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) / MR <input checked="" type="radio"/> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12173 Fort Worth TX 76110	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 924-3811	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Zadeh	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 115 W. 2nd Street Ste. 201 Fort Worth TX 76102		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 335-5100		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 17 THROUGH 04 / 03 / 17		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 17	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City of Fort Worth City Councilwoman Dist. 9	13 OFFICE SOUGHT (if known) City of Fort Worth City Council District 9	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ann Zadeh 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,025.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,681.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 67,465.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ann Zadeh

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Ann Zadeh, this the 6 day of April, 2019, to certify which, witness my hand and seal of office.

Mary Jane Salinas
Signature of officer administering oath

Mary Jane Salinas
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

- | | | |
|-----|---|--------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 26,025.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 15,681.54 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 100.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.27.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

DAVID PETTIT

6 Contributor address; City; State; Zip Code

306 WEST 7TH
FT. WORTH TX 76102

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.20.17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT BENDA

Contributor address; City; State; Zip Code

608 PAINT PONY TR. N.
FT WORTH TX 76108

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.21.17

Full name of contributor

☐ out-of-state PAC (ID#:

PETER CRONINGER

Contributor address; City; State; Zip Code

3419 WOODCLIFF RD
SHERMAN OAKS CA 91403

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.11.17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT WEBER

Contributor address; City; State; Zip Code

2560 STADIUM DR
FT WORTH TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.16.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

G. MALCOLM LOUDEN

6 Contributor address; City; State; Zip Code

500 W. 7TH ST #1007
FT. WORTH TX 76102

7 Amount of contribution (\$)

2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.17.17

Full name of contributor

☐ out-of-state PAC (ID#:

F.W. RETIRED FIREFIGHTERS

Contributor address; City; State; Zip Code

1617 TIERNEY Rd
FT. WORTH TX 76112

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.17.17

Full name of contributor

☐ out-of-state PAC (ID#:

MARLENE L BECKMAN

Contributor address; City; State; Zip Code

2300 MEDFORD CT E.
FT WORTH TX 76109

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.27.17

Full name of contributor

☐ out-of-state PAC (ID#:

PAULA WILHELM

Contributor address; City; State; Zip Code

P.O. BOX 11444
FT. WORTH TX 76110

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

2.20.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

EDWARD LASATER

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

2101 WARD PKWY
FT. WORTH TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2.20.17

Full name of contributor

☐ out-of-state PAC (ID#:

TIMOTHY SHINER

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code

1606 FAIR OAKS
WEST LAKE TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.3.17

Full name of contributor

☐ out-of-state PAC (ID#:

GARY DWORKIN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2804 W BEWICK ST
FT. WORTH TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.10.17

Full name of contributor

☐ out-of-state PAC (ID#:

M. BETH KRUGLER

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

306 W. BROADWAY
FT. WORTH TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.6.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

GARY DWORKIN

6 Contributor address; City; State; Zip Code

2804 W BEWICK ST
FT. WORTH TX 76109

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.3.17

Full name of contributor

☐ out-of-state PAC (ID#:

CONSERVATIVE VOTERS FORUM

Contributor address; City; State; Zip Code

1144 TERRACE TR.
HURST TX 76053

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.16.17

Full name of contributor

☐ out-of-state PAC (ID#:

SUZANNE K SHEPARD

Contributor address; City; State; Zip Code

3313 WORTH HILLS
FT. WORTH TX 76109

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.16.17

Full name of contributor

☐ out-of-state PAC (ID#:

GREATER ASSOC. OF REALTORS INC

Contributor address; City; State; Zip Code

2650 PARKVIEW DR.
FT. WORTH TX 76102

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

1.7.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOE PANIAGUA

6 Contributor address;

City; State; Zip Code

8125 MOUNT SHASTA CIR
FT. WORTH TX 76137

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.3.17

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN TUCKER

Contributor address;

City; State; Zip Code

2921 SUFFOLK DR.
FT. WORTH TX 76133

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.20.17

Full name of contributor

☐ out-of-state PAC (ID#:

KATHY SPICER

Contributor address;

City; State; Zip Code

6038 LOVELL AVE
FT. WORTH TX 76116

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.18.17

Full name of contributor

☐ out-of-state PAC (ID#:

JAN BUCK

Contributor address;

City; State; Zip Code

1513 N. SYLVANIA AVE
FT. WORTH TX 76111

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.17.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

VIRGINIA THRESH

6 Contributor address;

City; State; Zip Code

800 FREEMAN LN #311
GRASS VALLEY CA 95949

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.11.17

Full name of contributor

☐ out-of-state PAC (ID#:

WARREN RIDDICK

Contributor address;

City; State; Zip Code

4328 GREEN BRIER DR
DALLAS TX 75225

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.11.17

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN B. OTT

Contributor address;

City; State; Zip Code

3205 LAMESA PL
FT. WORTH TX 76109

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.11.17

Full name of contributor

☐ out-of-state PAC (ID#:

TIMOTHY YOUNG

Contributor address;

City; State; Zip Code

221 W. LANCASTER AVE
FT. WORTH TX 76102

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.21.17

5 Full name of contributor

☐ out-of-state PAC (ID#):

JEFF P PROSTOK

6 Contributor address;

City; State; Zip Code

777 MAINST # 1290
FT. WORTH TX 76102

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.22.17

Full name of contributor

☐ out-of-state PAC (ID#):

CHRIS FRANKIS JR

Contributor address;

City; State; Zip Code

2104 BETTIBART
FT. WORTH TX 76134

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.20.17

Full name of contributor

☐ out-of-state PAC (ID#):

MARCELE LE BLANC

Contributor address;

City; State; Zip Code

2917 MORTON ST
FT. WORTH TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.20.17

Full name of contributor

☐ out-of-state PAC (ID#):

JOHN V ROACH

Contributor address;

City; State; Zip Code

2805 ALTON DR
FT. WORTH TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.2.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

GOOD GOVERNMENT FUND

6 Contributor address; City; State; Zip Code

201 MAIN ST #2500
FT. WORTH TX 76102

7 Amount of contribution (\$)

1,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.21.17

Full name of contributor

☐ out-of-state PAC (ID#:

J CHRIS GAURAS

Contributor address; City; State; Zip Code

1301 THROCKMORTON #2105
FT. WORTH TX 76102

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.23.17

Full name of contributor

☐ out-of-state PAC (ID#:

ANN T. BASS ROBERT M BASS

Contributor address; City; State; Zip Code

201 MAIN
FT. WORTH TX 76102

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.20.17

Full name of contributor

☐ out-of-state PAC (ID#:

O'NEAL OIL PROPERTIES

Contributor address; City; State; Zip Code

675 HENDERSON ST
FT. WORTH TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.6.17

5 Full name of contributor

☐ out-of-state PAC (ID#):

LINE BARGER GOGGAN

Contributor address; City; State; Zip Code
100 THROCKMORTON ST #300
FT. WORTH TX 76102

7 Amount of contribution (\$)

2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.17.17

Full name of contributor

☐ out-of-state PAC (ID#):

ROBERT G. WEST

Contributor address; City; State; Zip Code
301 COMMERCE ST #3500
FT. WORTH TX 76102

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.15.17

Full name of contributor

☐ out-of-state PAC (ID#):

THOMAS R. SLONE

Contributor address; City; State; Zip Code
4801 BELDON TRL
ADLEYVILLE TX 76034

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.16.17

Full name of contributor

☐ out-of-state PAC (ID#):

KEED PIGMAN JR

Contributor address; City; State; Zip Code
200 TEXAS WAY
FT. WORTH TX 76106

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.19.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

MR. OR MRS. THOMAS C. STURDIVANT

6 Contributor address; City; State; Zip Code

2840 MANORWOOD TR
FT. WORTH TX 76109

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.19.17

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM GOULD JR.

Contributor address; City; State; Zip Code

1600 TEXAS ST # 21208
FT. WORTH TX 76102

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.20.17

Full name of contributor

☐ out-of-state PAC (ID#:

R. DENNY ALEXANDER

Contributor address; City; State; Zip Code

4200 S. HULEN
FT. WORTH TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.16.17

Full name of contributor

☐ out-of-state PAC (ID#:

ELIZABETH ANN BOOTH MD.

Contributor address; City; State; Zip Code

2049 GLENCO TERR
FT. WORTH TX 76110

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ann Zadeh

3 Filer ID (Ethics Commission Filers)

4 Date

3.18.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jim JOHNSON

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

3224 ROGERS
FT. WORTH TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.20.17

Full name of contributor

☐ out-of-state PAC (ID#:

LW + TERESA ELLIS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1205 MISTLETOE DR
FT. WORTH TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.18.17

Full name of contributor

☐ out-of-state PAC (ID#:

MONIKA WORSLEY

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2905 RIVERHOLLOW CT
FT. WORTH TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.17.17

Full name of contributor

☐ out-of-state PAC (ID#:

VERNEU STURNS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

612 HIGHWOOD TR
FT. WORTH TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.23.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

GEMMA T. NOUAN

6 Contributor address; City; State; Zip Code

**1300 WESTERN AVE
FT. WORTH TX 76107**

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.23.17

Full name of contributor

☐ out-of-state PAC (ID#:

MEG BENKEL

Contributor address; City; State; Zip Code

**3856 WINSLOW DR.
FT. WORTH TX 76109**

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.22.17

Full name of contributor

☐ out-of-state PAC (ID#:

PRICE HULSEY

Contributor address; City; State; Zip Code

**2205 WINTON TER W
FT. WORTH TX 76109**

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.27.17

Full name of contributor

☐ out-of-state PAC (ID#:

KIRTON COOPER

Contributor address; City; State; Zip Code

**6605 SAI ROSA
FT. WORTH TX 76133**

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.23.17

5 Full name of contributor

☐ out-of-state PAC (ID#:

KATHY MATTHEWS

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

849 THOMAS CROSSING DR
BURLESON TX 76028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.29.17

Full name of contributor

☐ out-of-state PAC (ID#:

NERALENTYSON

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1351 MISTLETOE DRIVE
FT. WORTH TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.23.17

Full name of contributor

☐ out-of-state PAC (ID#:

WEST MILLER

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3933 CARUTH BLVD
DALLAS TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.23.17

Full name of contributor

☐ out-of-state PAC (ID#:

TERRY AND ALISON MONTESI

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1701 RIVER RUN #500
FT. WORTH TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

ANN ZADEH

3 Filer ID (Ethics Commission Filers)

4 Date

3.23.17

5 Full name of contributor

☐ out-of-state PAC (ID#):

FREESE AND NICHOLS PAC

6 Contributor address;

City; State; Zip Code

4055 INTERNATIONAL PLAZA
FT. WORTH TX 76109 #200

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.25.17

Full name of contributor

☐ out-of-state PAC (ID#):

GLEN E. ELLMAN

Contributor address;

City; State; Zip Code

P.O. BOX 126081
FT. WORTH TX 76128

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.28.17

Full name of contributor

☐ out-of-state PAC (ID#):

MAC CHURCHILL

Contributor address;

City; State; Zip Code

611 RIVER CREST DRIVE
FT. WORTH TX 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.30.17

Full name of contributor

☐ out-of-state PAC (ID#):

BETSY PRICE CAMPAIGN

Contributor address;

City; State; Zip Code

P.O. BOX 100066
FT. WORTH TX 76185

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
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4 Date 4.3.17	5 Payee name DAGGET MONTESSORI PTA
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 801 JESSAMINE ST FT. WORTH TX 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 2.1.17	Payee name TRAVIS PARNER
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Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3.16.17	Payee name TEXAS DEMOCRATIC PARTY
------------------------	---

Amount (\$) 415.00	Payee address; City; State; Zip Code P.O. BOX 116 AUSTIN TX 78767
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DATA	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 2.28.17	5 Payee name USPS	
6 Amount (\$) 46.00	7 Payee address; City; State; Zip Code 2600 8TH AVE FT. WORTH TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POSTAL FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3.3.17	Payee name PAY PAL	
Amount (\$) 35.70	Payee address; City; State; Zip Code 2211 N. FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3.29.17	Payee name PAY PAL	
Amount (\$) 53.15	Payee address; City; State; Zip Code 2211 N. FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
4 Date 5-15-2016	5 Payee name USPS	
6 Amount (\$) 46.00	7 Payee address; City; State; Zip Code 2600 8TH AVE FT. WORTH TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) P.O. BOX FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 1-6-17	Payee name TRAVIS PARMER		
Amount (\$) 500.00	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 3-28-17	Payee name USPS		
Amount (\$) 49.00	Payee address; City; State; Zip Code 2600 8TH AVE FT. WORTH TX 76109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
4 Date 3.18.17	5 Payee name GUEN E. EULMAN PHOTOGRAPHER	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code P.O. BOX 126081 BENBROOK TX 76126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2.17.17	Payee name TRAVIS PARMER	
Amount (\$) 6,000.00	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 TRAVIS PARMER	
Amount (\$) 5,000.00	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
4 Date 3-8-17	5 Payee name DAN-WAL	
6 Amount (\$) 2,282.08	7 Payee address; City; State; Zip Code 12404 HWY 115 S. TYLER TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4.3.17	Payee name FACEBOOK	
Amount (\$) 204.61	Payee address; City; State; Zip Code 1 HACKERWAY PUEBLO PARK CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 2em;">1</div>	2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">ANN ZADEH</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em; font-family: cursive;">1-18-17</div>	5 Payee name <div style="font-size: 1.5em; font-family: cursive;">CITY SECRETARY OFFICE CITY OF FT. WORTH</div>	
6 Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">100.00</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.5em; font-family: cursive;">200 TEXAS ST FT. WORTH TX 76102</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-family: cursive;">FILING FEES</div>	(b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held

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