CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

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 fil	led: 45
3 CANDIDATE / OFFICEHOLDER	MS / (IBS) / MR FIRST	MI	OFFICE	USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received	- 10
	Zadeh		13 DECE	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P,O, Box 12173	CITY; STATE; ZIP CODE	JUL 1	5 2019 ORT WORTH ECRETARY
Change of Address	Fort Worth , TX Zolla	THE RESIDENCE OF THE PARTY OF T	1	
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) 924-3811	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Receipt #	Amount \$
NAME	Jim (Jamshyd) M.	SUFFIX	Date Processed	
	Zadeh	10,000, 000	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		ZIP CODE	
TREASURER ADDRESS	1555 RioGrand			
(Residence or Business)	1555 RioGrand Fort Worth TX 7	4103		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 335-5100	EXTENSION		
9 REPORT TYPE	January 15 30th day before elec	ection Runoff	15th day afte treasurer app (Officeholder	pointment
	July 15 Sth day before election	tion Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
MET INTELLIGIBLE AND INCOMEDIA	01/01/19	THROUGH 66/	30 /19	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year ☐ Primary 5 / 4 / 19 ☐ General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	r Ti	
	City of Fort Worth	City of Forth	<i>lorth</i>	
	City of Fort Worth City Council District 9	City of forth	Jismut 9	
	GO TO P	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MAD		OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS	
	SPECIFIC	OUMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,810.00
EXPENDITURE 3. TOTAL UNLES		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ \$
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 17,583.48
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ Ø
18 AFFIDAVIT		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.	
My Not	NE SANTOS SALINAS tary ID # 126168966 ilres July 3, 2023	Signature of Candida	te or Officeholder
Sworn to and subscril			, this the
Naugh M	3, 20 <u>18</u> , to	o certify which, witness my hand and seal of office. Mary Jane Salinas	Notary
Signature of officer ad	ministering oath	Printed name of officer administering oath	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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 47,810.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,659.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,583.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 40.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#; Amount of contribution (\$) 50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date U out-of-state PAC (ID#: Amount of contribution (\$) 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	E A	37
4 Date	Full name of contributes	3 Filer ID (Ethics Commission Filers)
1 1 10	Tout at -t-t- near an	7 Amount of contribution (\$)
1-1-1-1	Steven Marker 6 Contributor address; City: State; Zip Code 801 W YICHERY FW TX 71404-1191	250.00
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date .	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
1-1-19	Contributor address; Sign Code FW TX 76109-1007	150.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
2-7-19	Contributor address; City: State: 7/2 Code	CAGO
	Contributor address; City; State; Zip Code TEMPORE FW TX TUDZ	50.00
Principal occup	ation / Job title (See Instructions) = Employer (See Instructions)	ons)
	=	×
Date	RODECT (ILL) NOST	Amount of contribution (\$)
1-1-1	Contributor address; City; State; Zip Code	25000
	DC TW TX 76/08-9727	10000
Principal occupa	tion / Job title (See Instructions) Employer (See Instruction	ns)
		2
	•	
		ä
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional rep	ED Opting requirements

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form. 2 FILER NAME	1 Total pages Schedule A1: 37_
Finn Zadeh	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor 6 Contributor address; 7 TOTO 8 Principal occupation / Job title (See Instructions) 5 Full name of contributor 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date Full name of contributor OUG BOCK Contributor address; City; State; - Zip Code A03 [WOOG PKWY FW TX 7640	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
	1
Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
	(C. 10)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional repo	ED arting requirement

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form. 2 FILER NAME	1 Total pages Schedule A1: 32
thin Zaden	3 Filer ID (Ethics Commission Filers)
2-8-19 Exist Wiseman 6 Contributor address; City; State; Zip Code 5216 Byles FW TX 7409?	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) = Employer (See Instructions)	ns)
Date Full name of contributor Out-of-state PAC (IDS:	Amount of contribution (\$) 25,00
ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional repo	ED THE POST OF THE

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date Out-of-state PAC (ID#: 7 Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#; Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 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: 3Z
HVIVI Zadeh	3 Filer ID (Ethics Commission Filers)
2-8-9 5 Full name of contributor Out-of-state PAC (IDS: Contributor address; City; State; Zip Code 33.09 W BINGEST)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
	*
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City: State; Zip Code Creek Ct. +W TX 76132	250,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
	1 1
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code Ct W Ct W City; State; Zip Code TX 76133	100.00
Principal occupation / Job title (See Instructions) = Employer (See Instruction	e)
Date Full name of contributor out-of-state PAC (IDS:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 121 RIVET Crest FW TX 7007	(00.00)
Principal occupation / Job title (See Instructions) Employer (See Instruction	s)
*	
*	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED! If contributor is out-of-state PAC, please see instruction guide for additional repo	ED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form. 2 FILER NAME	1 Total pages Schedule A1: 32
FINN Zadeh	3 Filer ID (Ethics Commission Filers)
Jeff Prostok 6 Contributor address: City: State PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation (Joh title (See January)	(00.00
9 Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; - Zip Code Halforn TX 7617-621	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) = Employer (See Instructions)	ns)
Date Full name of contributor MIKL + KOSIC MON CRICT Contributor address; City; State; Zip Code St. SUICTO30 FW TX 70102	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruction	is)
•	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional repo	ED Orting requirements

MONE	TARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
	ne Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 37
2 FILER NAM	Ann Zadeh	, i	3 Filer ID (Ethics Commission Filers)
A Date A Principal occ	5 Full name of contributor out-of-state Mark Allen Stelmo 6 Contributor address; City; St 3237 Wabash FW T upation / Job title (See Instructions)	ate; Zip Code	7 Amount of contribution (\$)
	specially out life (See Instructions)	9 Employer (See Instruct	tions)
Principal occup	10000 100001	ite; - zip Code	Amount of contribution (\$)
		Employer (See Instructi	ons)
Principal occup	Full name of contributor out-of-state PAR Products / Time Contributor address; City; State Out-of-state PAR Products / Time Contributor address; City; State Out-of-state PAR Products / Time Contributor address; City; State Out-of-state PAR Products / Time Contributor Out-of-state PAR Products / Time Contributor Out-of-state PAR Out-of-stat	Shiner e; Zip Code 526 Z Employer (See Instruction	Amount of contribution (\$)
- 28-19.	Street FW TX	2; Zip Code 7607-1419	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACHADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru	THIS SCHEDULE AS NEED	ED pring requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: TIMOHAY POOLAA 6 Contributor address; City; State; Zip Code 1300 WESTERN FW X 7607	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	estructions)
Date	Full name of contributor	Amount of contribution (\$)
1-30-19	Thomas L. Frampita Sontributor address: ff city; State; Zip Code BLVD Dallas TX 75708	250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	structions)
	¥	
Date [-29-19]	Full name of contributor out-of-state PAC (ID#: Tree Se + Nicholos Pac Contributor address; City; State; Zip Code 4055 international FW TX 76189	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions) _ Employer (See Ins	structions)
Date (-25/9)	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions) Employer (See Ins	structions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#: Amount of contribution (\$) State; Zip Code 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 gulde for additional reporting requirements.

The	Instruction Collins	SCHEDULE A
2 FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
4 Pete	Ann Zorden	3 Filer ID (Ethics Commission Filers)
1 20 10	M. Beth Krugler M. Beth Krugler	7 Amount of contribution (\$)
1-2-1-1	5 Full name of contributor out-of-state PAC (IDF: M. Beth Krugler 6 Contributor address; City; State; Zip Code 306 West Broadway FW TX 76104 pation / Job title (See Instructions)	500.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date		
(-21\-IG)	RICHORD N. Abrams	Amount of contribution (\$)
769-11	Contributor address; City: State; - Zip Code FULL TO	500.00
Principal occupa	tion / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (IDE:	Amount of contribution (\$)
- 1 - - - -	Contributor address: City: State: Zip Code Ave: Find TV -7/01/6	50.00
Principal occupati	ion / Job title (See Instructions) = Employer (See Instruction	ns)
Date		
11719	505-CPN A COLOR	Amount of contribution (\$)
	Contributor address; City; State; Zip Code Ly TV TV TV TV TV TV TV TV TV T	100-00
Principal occupation	on / Job title (See Instructions) Employer (See Instruction	s)
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7	TARY POLITICAL CON		SCHEDULE A
2 FILER NAM	he Instruction Guide explains how to complet $ riangle$	e this form.	1 Total pages Schedule A1: 3
4 Date	thin Zadel	l	3 Filer ID (Ethics Commission Filers)
1-17-16	5 Full name of contributor out-or-sta	ite PAC (IDs:)	7 Amount of contribution (\$)
	Ave Apt 1502 Find	State; Zip Code	200.00
Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
			*
Date .	Full name of contributor out-of-state Jason C. N. Smil		Amount of contribution (\$)
-\ -(~)	1250 AISTON	State: - Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	X 76/10-2016	H
		Employer (See Instruct	ions)
Date	Full name of contributor		
-17-19	Full name of contributor out-of-state Joel C. Burns Contributor address; City: St. 2420 South	1	Amount of contribution (\$)
Principal occup	Adams Street FW T) ation / Job title (See Instructions)	x 76110	500.00
	(See instructions)	Employer (See Instruction	enc)
Date	Shen Campholl-H	AC (ID#	Amount of contribution (\$)
7-19	Contributor addes	tte; Zip Code	100.00
rincipal occupa	tion / Job title (See Instructions)	Employer (See Instruction	
			18)
	4	9	
	25		

	ETARY POLITICAL CONT		SCHEDULE AT
2 FILER NAM	he instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 3
4 Date	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
1-17-1	5 Full name of contributor Thomas R. Birch 6 Contributor address; 3941 White Settlement RD. Cupation / Job title (See Instructions)	FRId State; Zip Code TX 76087-7210	7 Amount of contribution (\$) 25.00
	(See instructions)	9 Employer (See Instr	uctions)
Date .	Full name of contributor out-of-state	PAC (ID#:	Amount of contribution (\$)
	Lane Fint	ate; Zip Code	250.00
- Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor	<u> </u>	
-24 - (9 Principal occup	Full name of contributor Cout-of-state: Full name of contributor Contributor address; City: State Full Pour R Place Full Type Contributor address; City: State Full Pour R Place Full Type Contributor address; City: State Full Full Type Contributor address; City: State Full Full Type Contributor address; City: State Full Type	te; Zip Code X 7 (6 (10 - (6/3)) Employer (See Instruc	Amount of contribution (\$)
Date -	Full name of contributor Out-of-state PA Take + Breinn Richt Contributor address; City; State 1801 GHL AVE FW TV	es	Amount of contribution (\$)
rincipal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
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		SCHEDULE A1
11	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-or-state PAC (ID#:	7 Amount of contribution (\$)
11-15-19	AShlee Johnson 6 Contributor address; City: State; Zip Code 11809 N. VIEW Aledo TX 76008	500.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	
		tions)
Date .	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occurs	Contributor address; City: State: Zip Code 815 McMCWSt AUStin TX 78757	100.00
	ation / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor	
2-1-19	Becky Renfro Borbolla Contributor address; City: State; Zip Code St. Apt 301 FW TV 7(0/07)	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions) Employer (See Instruction	ns)
-30-19	Full name of contributor out-of-state PAC (IDS:) Robert Fernandez Contributor address; City: State; Zip Code PKWY FW TX 7619	Amount of contribution (\$) 250.00
Principal occupat	ion / Job title (See Instructions) Employer (See Instruction	s)
	ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEED! f contributor is out-of-state PAC, please see instruction guide for additional repo	

The Instruction Guide explains how to complete this form. 2 FILER NAME 4 Date 5 Full name of contributor 1 Total pages Schedule A1: 372 4 Date 5 Full name of contributor 1 Contributor address: 1 Total pages Schedule A1: 372 7 Amount of contribution (6) 1	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
4 Date 5 Full name of contributor A Date S Full name of contributor	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 22
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instruct	Hnn Zadeh	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instruct	Full name of contributor	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (IDS: Amount of contribution (8) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDS: Amount of contribution (8) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (8) Contributor address; City: State: Zip Code SUD OD	1-29-19 6 Contributor address; 250 Code (205 MISHletve Tw TX 7/2/10)	100.00
Date Full name of contributor out-of-state PAC (IDR: Amount of contribution (§)	- Inicipal occupation / Job title (See Instructions)	tions)
Amount of contribution (\$) Contributor address; City; State; Zip Code SOU. OTO		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Full name of contributor Contributor address; City: State; Zip Code Full name of contributor Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Full name of contributor Contributor address; City: State; Zip Code Full name of contributor Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Contributor address; City; State; - Zip Code	500.00
Date Full name of contributor cut-of-state PAC (IDS) Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code SOO OO Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor cut-of-state PAC (IDS) Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contribution (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor address; City: State; Zip Code Amount of contributor (\$) - 28-19 Contributor (\$) -	Principal occupation / Job title (See Instruction)	
Principal occupation / Job title (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City: State; Zip Code Full name of contributor General PAC (IDST. Amount of contribution (\$) Contributor address; City: State; Zip Code Contributor add	Employer (See Instruct	ions)
Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contribution (\$) Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor a	Date Full page of	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (§) Contributor address; City: State; Zip Code 1351 MISTETOE PR Principal occupation / Job title (See Instructions) Employer (See Instructions)		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Government of contributor (IDS) Contributor address; City: State; Zip Code Full name of contributor (IDS) Contributor address; City: State; Zip Code Full name of contributor (IDS) Contributor address; City: State; Zip Code Employer (See Instructions) Employer (See Instructions)	1500 Westoves City: State: Zip Code	500-00
Date Full name of contributor	Principal occupation / Job title (See Instructions)	().
ATTACHARDITIONAL CONTINUES: Amount of contribution (\$)		us)
Contributor address; City; State; Zip Code 1351 MISTRETOE PR Principal occupation / Job title (See Instructions) Employer (See Instructions)		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code	0 ~
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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME ANN Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAG (IDI):	7 Amount of contribution (\$)
6 Contributor address; City: State; Zip Code Cos Point Pony Trl N. FW TV 7/0/08	500.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City: State; Zip Code (15 ne mcall Steb Burleson 76028 Principal occupation / Job title (See Instructions) Employer (See Instructions)	56.00
Employer (See Instructions)	ons)
Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of coptributor Contributor address; City; State; Zip Code Contributor address; Full Aring Full TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEED If contributor is out-of-state PAC, please see instruction guide for additional rep	DED orting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME	Ann Zaden	3 Filer ID (Ethics Commission Filers)
2-5-9 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) MCCLUC LEB COC 6 Contributor address; City; State; Zip Code 2017 Mortanst, FWTX 76107 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:) Societ Stocke	Amount of contribution (\$)
1-7-19	Contributor address; City; State; Zip Code 4237 Greddes FWTX 76107	(00.00)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 2-7-19	Full name of contributor out-of-state PAC (ID#:) Tomes Husband Contributor address; City; State; Zip Code 6940 Stackfon FW TX 76132	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) _ Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:) JOHN Prince Contributor address; City; State; Zip Code Park Driv3He FW TX 76110	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
¥		

SCHEDULE A1

			tra de la companya de
Th	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 32
2 FILER NAMI	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-19	5 Full name of contributor out-of-state PA . Taunya Gates 6 Contributor address; City; State 4032 Eldridge 401+ U upation / Job title (See Instructions)	7 Amount of contribution (\$)	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
	Martha Peters contributor address; city; state 2021 College Are Fort W); Zip Code)b/m7×7610	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 2-7-19	Full name of contributor out-of-state PACE VNEST P. Johnson Contributor address; City; State; 1915 Park Hill Dr. HB109	· ' 'zh 'c'di ' · · · · · · ·	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 2-7-19	Full name of contributor out-of-state PAC William Lovelace Contributor address; City; State;	Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 32
2 FILER NAME	Inn Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (III Steven Davis 6 Contributor address; City; State; 4427 Glenleigh Dr. Davis	D#:)	7 Amount of contribution (\$)
2 Detroit	4427 Glenleigh Dr. Dallas	TX 75020	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date		D#:)	Amount of contribution (\$)
2-8-19	Contributor address; City; State; 8201 Rainer Rd. Fortillo	Zip Code	\$ 50.00
	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID.	D#:	Amount of contribution (\$)
2-7-19	Alan Guinn Contributor address; City; State; (111 Mistletoe Dr. Fortwort	zip Code Th TX 76/10	\$ 100.00
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IDA	#:	Amount of contribution (\$)
2-7-19	Douglas Cooper Contributor address; City; State; 2 2908 Ryan Place Dr. Fort W		\$ 250.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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

SCHEDULE A1

			331123012 711
Th	e instruction Guide explains how to complete th	ils form.	1 Total pages Schedule A1: 32
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
2-8-19	5 Full name of contributor out-of-state P. Elizabeth A. Booth 6 Contributor address; City; State 2049 Glenco Terr, To-	AC (ID#:) te; Zip Code	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	
Date	Full name of contributor out-of-state PA	AG (ID#:)	Amount of contribution (\$)
	Meg Benkel contributor address; City; State 3856 Winslaw Dr. Fort	e; ZIP Code - WOTNTX 76109	\$ 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	1.10.00 D. 11.	C (ID#:)	Amount of contribution (\$)
1-28-19	Contributor address; City; State 4328 Greenbrier Dallas D	; Zip Code	\$ 250.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	: (ID#:	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
			i, N
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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ann Za	deh.		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3-31-19	Thomas Sturdivant Contributor address; Syo Man prwood TRL Fort West ty 7000 556		\$ 100.00
	6 Contributor address: City: State:	Zin Code	\ \(\(\(\) \(\) \(\) \(\)
	2840 Manorwood TRL	Zip Code	
	Fort warth tx 76109-5558	3	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
		×310	4.
Date	, Full name of contributor ut-of-state PAC	(ID#:	Amount of contribution (C)
April 25	Full name of contributor Out-of-state PAC	n	Amount of contribution (\$)
19			\$ 1,000.00
1.1	Contributor address; City; State;	Zip Code	1
	1149 121 Vance 11911 174157 1	× 76053	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
World Day To Gall Street Street	and assumers of the Service of the Committee and Committee and Committee		20.000.000 F
Date	Full name of contributor		Amount of contribution (\$)
5-6-19	Contributor address; City; State; 1617 therey RD for TX	Classes Alles	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
_	Contributor address: City: State:	Tip Code	5 1,000,00
	1617 + Was BU RD FW TX	76112	, 55, 55
	THE EY THE	10112	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	2		
D-4-			
May 31	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
101	Paul Jung	ALSO ULDAS DE COLOURS DE LA VELVOR DE C	\$ 200'00
Ci	Contributor address; City; State;	Zip Code " I CI (\$ 200
	U7 05 BlackHaw FW TX	76109-1618	
	AVE		
Principal occup	ation / 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.

SCHEDULE A1

		OUTLIBUTE 741
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 32
2 FILER NAME	zadeh	3 Filer ID (Ethics Commission Filers)
4 Date APY'11 (9)	5 Full name of contributor out-of-state PAC (ID#:) 5+CPNL MAYWELL 6 Contributor address; City; State; Zip Code 3 9 UU DY SKELL BLVD pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$150 \(\frac{90}{2}
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	Full name of contributor out-of-state PAC (ID#:) JUL PUNIACUU Contributor address; City; State; Zip Code WOUNT SUUSTA CIVUL	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 4-26-19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
19	Full name of contributor out-of-state PAC (ID#:) 1 9 Sty MARKS PIPLS Contributor address; City; State: Zlp Code 3 700 Country Club Circle For Worth TX 76109	Amount of contribution (\$) \$ 250'\(^U\)
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zadeh 4 Date 5 Full name of contributor APP 17 Contributor address; out-of-state PAC (ID#: 7 Amount of contribution (\$) 9 500 · 00 City; State; Zip Code POBOV # 224767 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) \$ 50.00 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Pan E Lowrand. Contributor address; City; State; Zip Code 2008 Four OKSLN FW TY 76107 76107-3614 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zaden ANN 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: UOShuA Meisamy 6 Contributor address; 2238 Mist Leto BLVD \$500:00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#; Amount of contribution (\$) \$1,000.00 Zip Code Arlington 160 (7-20000) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of contribution (\$) 3-10-19 100100 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12 F-26 19	Full name of contributor	Out-of-state PAC (ID#:		D#:	Amount of contribution (\$)	
	Contributor address; 6513 Saucon Valley DV: Ve	City;	State;	Zip Code 76 \ 32 - 5453	\$ 25.00	
Principal occup	pation / Job title (See Instructions)			Employer (See Instru	uctions)	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: SZ
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ann	Zabah		97 - F
4 Date Ty 2-14-19	5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code 1701 Vivi Via + TV 76107 Vyh Sujte 500		7 Amount of contribution (\$) \$ \(\langle \langle O \cap \cup \cup \cup \cup \cup \cup \cup \cu
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 1-31-14	Full name of contributor out-of-state PAC TAIN HEAVY PSEL! Contributor address; City; State 201 Ma: N STRAT, SUITE FU TY		Amount of contribution (\$) \$ 500, 20
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date (-31-19	Full name of contributor Out-of-state PACE (TUY) NUNT COND GO COntributor address; City; State 201 Main Street Suru fw TX		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 2-4-14	Full name of contributor Patriott richards Contributor address; Contributor address; City; State		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 50,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Enaples Boswell Contributor address; City; State; Zip Code 5213 By Ers AVENUL FW TX 76107 Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: BY; aN LUENSER Contributor address; City; State; Zip Code 500 Throutmorty FW TY 76\02 Amount of contribution (\$) 9 (00,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) a taylor Gandy Contributor address; City; State; Zip Code 250 Sav 79 CT FW TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions)

T	he instruction Could	
2 FILER NAM	he Instruction Guide explains how to complete this form. IE	1 Total pages Schedule A1: 32
4 Date	Zaden	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDE: + EVENCT WEST 6 Contributor address; City: State; Zip Code 2530-5th AVL FW TX 76110	7 Amount of contribution (\$) 2508
8 Principal occ	apation / Job title (See lost publican)	se Instructions)
	Full name of contributor Out-of-state PAC (IDI): ON ald JUNY City: State: - Zip Code FW TY 76117	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date		V. (4)
2-6-14	Full name of contributor Dout-of-state PAC (IDS: Hammer B Agus Club Can Di DOCT Contributor address; City: State: Zip Code 76 109	Amount of contribution (\$)
Principal occup	ation / Job title (See Jost Letter)	000006 mm = 14972-1
	Employer (See	Instructions)
-28-14	Full name of contributor out-of-state PAC (IDST IN L B arg N Good an Blaw Contributor address: City: State; Zip Code Th rodemonth SI, fw ty 76102	Amount of contribution (\$) \$2,500 \ \document{00}{00}
Principal occupa	dion / Job title (See Instructions) Employer (See	instructions)
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2 FILER NAM	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 32
10 A	an Zaden		3 Filer ID (Ethics Commission Filers)
4 Date 2-6-14	5 Full name of contributor out-or-state O L WN S DOWN SCO 6 Contributor address; City: 3 11 6 Park RESAVL (of M	State; Zip Code V (X 76(())	\$ 250 LOO
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instru	octions)
Date	Full name of contributor		
2-4	Contributor address; City: s 3304 BlnymAv fw	tate; - Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date - 4-1 0	Full name of contributor out-of-state: I contributor address; City; State: 8551 Bull Club Rd. + W +	1-17	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date -13	Full name of contributor out-of-state PA	AC (ID#:) AC (ID#:) AC (ID#:) AC (ID#:)	Amount of contribution (\$)
incipal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)

Т	ne Instruction Guido emilei		
2 FILER NAM	ne Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 37
Λ.	1977 L., 1941		3 Filer ID (Ethics Commission Filers
4 Date	Zadah	1	
	5 Full name of contributor ut-of-state	PAC (ID#:	7 Amount of contribution (\$)
2-1-14	L-Yusey Blair		Constitution (s)
	6 Contributor address; City; S	tate: Zip Code	\$ 250.00
	14316 Chron Aul Liv 7	X 70107-5400	1
3 Principal occ	6 Contributor address; City: St Curron Aul two-	1	1
		a Employer (See Instri	uctions)
Date	Full name of contributor Gout-of-state of Benefit Hill Contributor address: City: State of Contributor All Contributor address: City: State of City: S		·
500 A.S	Bent the (-n t-evon -	PAC (IDII:	Amount of contribution (\$)
271-19) [_[-[-[-[-[-[-[-[-[-[-[-[-[-[-[-[-[-[-[
2 4 . 1	Contributor address; City: Sta	ite: - Zip Code	\$300.00
	11 yang LVVing Courtes	76107	
Principal occup	pation / Job title (See Instructions)		
		Employer (See Instru	ctions)
Date	Full name of contributor		
	Contributor Out-of-state P/	AC (ID#:)	Amount of contribution (\$)
-7-19	Jove Enterprises	LLC	\$ 40.00
	Contributor address; City; Stat	e; Zip Code	Q -(0
	Benefited Enterprises Contributor address: City: State 4700 BYYAMT IVIN CAN - 5	76107	
Principal occup	ation / Job title (See Instructions)		
		Employer (See Instruc	lions)
Date	Full name of contributor Out-of-state PAG		
2-7-19	Pull name of contributor out-of-state PAG	(10.0):	Amount of contribution (\$)
	Contributor address:		\$ 25.00
1	Contributor address: City: State 4324 Ponelly AVC fw tx	2: Zip Code 76107	W - J
Principal	- 161() /100 (0)	16107	
-mcipai occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
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7	The Instruction Guide explains how to complete this form.	
2 FILER NAM	ME	1 Total pages Schedule A1: 32
A NN 4 Date	Zallah	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC (ID) SCINDAN CONSULTING 6 Contributor address; City: State; Zip Code 3 92 0 Gent Clinian fw TX 76109	7 Amount of contribution (\$)
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instru	- Company
Date .	Full name of contributor Contributor address; City: State: - zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 2-20	Full name of contributor out-of-state-PAC (IDS: DEN Jam in Sour Contributor address; City: State: Zip Code 2504 Sandage fw + 76109	Amount of contribution (\$) \$ 200 '00
Principal occup	pation / Job title (See Instructions) = Employer (See Instructions)	ions)
	Full name of contributor out-of-state PAC (IDS: VENNIFEN RYMII Contributor address: City: State; Zip Code 2416 Lofton FW TY 76109	Amount of contribution (\$)
-nncipal occupa	ation / Job title (See Instructions) Employer (See Instruction	ons)
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7	he Instruction Guide		SCHEDULE A
2 FILER NAM	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
ANV) -	adeh		3 Filer ID (Ethics Commission Filers)
Feb 11	Contributor address; City: State 2308 Med Ford Ct w Fw Ty	; Zip Code X 76104	Amount of contribution (\$)
Principal occ	supation / Job title (See Instructions)	9 Employer (See Instru	
Date	Full name of contributor		1
feb 10	Contributor address; City; State; 2560 Tad; um Pr; +w +x	(ID#:)	Amount of contribution (\$)
	pation / Job title (See Instructions)	4.7	16 T
		Employer (See Instruc	lions)
Date : 1 1 1 9 1 1 9 1 1 1	Full name of contributor out-of-state PAC (III) STUCY STUMEOVA Contributor address; City; State; 22 WL MRCUSTER AVE +W +X	Zip Code 76 102	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
- 8-1 U	Full name of contributor out-of-state PAC (ID) CYNTIA MINU Contributor address; City: State; 3800 Hollow Creek Rd, Ben brook, TX 76114	0.5	Amount of contribution (\$)
rincipal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)
		9	

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 32
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
2-21-19	J. David Tracy 6 Contributor address; City; State 2734 Colonial Parloway 10/14 Worth TX	a>9	\$ 150°°
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAC		Amount of contribution (\$)
	Fort Worth Frefighter's Committee Contributor address; City; State	e; Zip Code	\$ 2,500
	3855 Tulsa Way Fit Worth	TX 76107	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
180	John + Elizabeth Cornelson		99
2-6-19	contributor address; city; state 2220 Hawthorne Ame Fortul	zip Code orth TX 76110	\$ 25000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(10#:)	Amount of contribution (\$)
2-4-19	Contributor address; City; States	A JOHNAN AND AND AND AND AND AND AND AND AND	J 250"
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tr	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAME Ann Zadeh			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$
5 Date	Fortworm Firefighters 440		8 Amount of Contribution \$ In-kind contribution description \$ 330 \infty Sign placement Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
	e Gighters	Fortu	John Fire Fighters 440
12 Contributor's	principal occupation (FOR JUDICIAL)	7 ·	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		5
Date	Full name of contributor out-of-state PAC (ID#:		Amount of . In-kind contribution Contribution \$. description
2-11-19	Thenta Frog Contributor address; City; State; Zip Con		\$14002 Valet/discount
	4706 Camp Bowlie Fort Worth TX 7	107	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		· · · · · · · · · · · · · · · · · · ·
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Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME Ann Zaden			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
10 Principal occ	2-11-19 Ashter Depot/Ashlee Jung GM 7 Contributor address; City; State; Zip Code 1501 Jones St. Fortworth TX 74102		8 Amount of Contribution S. In-kind contribution description \$\frac{1}{3}, 287.50 \text{2} \tex
\leq	entVenue	- A	n Depot
12 Contributor's	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		* 1
Date	Full name of contributor ut-of-state PAC (ID#:	de	Amount of . In-kind contribution Contribution \$. description Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE F1

EXPENDITURE CATEGORIES FOR 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 Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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4 Date 2-28-19	5 Payee no	SUS FARGO			
6 Amount (\$)	7 Payee a	지어가게 하다 그렇게 보는 그렇게 보고 하게 하고 있다.			
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8	(a) Categor	y (See Categories listed at the top of this so		(b) Description	
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EXPENDITURE	B	MIKING			
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Office held
Date	Payee na	ame			
2-6-19	DA	NIELLA JUT	DGE	K	1
Amount (\$)	Payee ac		p Code	02	
225.00	422 +T	25 NORMAN WORTH TX	TYDI	16103	T.
	Category	y (See Categories listed at the top of this so	chedule)	Description	
PURPOSE	-				tside of Texas. Complete Schedule T.
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expenditure to benefit C/OH					
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Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 Glit/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor. Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out CD Instrict
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)		
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4 Date 4-22-19	5 Rayee name	<u> </u>		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
74.62	LLOI TRAPELO ROTH	329		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Λ	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	ADVERTISING	L Check If Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name	28		
3-22-19	CONSTANT CONT	ACT		
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Date	Payee name			
433-19	CONSTANT CONTA	CT		
Amount (\$)	Payee address; City; State; Zip Code	4-		
74.62	1601 TRAPELO RD	#329 02451		
T	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	ADVERTISING	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 NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2-21-19 6 Amount (\$) 7 Payee address; City; State; Zip Code 450 DAK PARK IN 55.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** POSTAGE OF EXPENDITURE Check if Austin, TX, officeholder living expense DUERTISING Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 2-7-19 FUNKYTOWN Amount (\$) 250.00 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE EVENT EXPENSE Check If Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name STAPLES 1-21-19 Payee address; City; State; Zip Code 81.18 600 UNIVERSITY Category (See Categories listed at the top of this schedule) Description SUPPLIES **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE ICE OVERHEA Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Glif/Awards/Memorials Expense

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

Travel Out Of District
Other (enter a category not listed above) Candidate/Officeholder/Political Committee 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) NNE 4 Date [-Z0-19 ROGER 6 Amount (\$) City; State; Zip Code J. UNIVERSITY 8 (a) Category (See Categories listed at the top of this schedule) (b) Description STAMPS Check If travel outside of Texas. Complete Schedule T. **PURPOSE** ADVERTISING OF EXPENDITURE 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 3-3-19 LOVELL STEB 192.00 Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE ADVERTISING Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 2-10-19 STYLE FW PICTURES Amount (\$) KIVERLAKES DR. ZSO,00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense EVENT EXP Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Severage Expense Glift/Awards/Memorials Expense Legal Services

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

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1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
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Z-18-19	5 Payee name ASHTON DEPOT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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OF EXPENDITURE	EVENT EXPENSE	Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
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2-6-19	Magic ETC	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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Date	Payee name	
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Amount (\$)	Payee address; City; State; Zip Code	
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2500.	FT. WORTH TX-	76102
	Category (See Categories listed at the top of this schedule)	Description
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OF EXPENDITURE	EVENT	Check if Austin, TX, officeholder living expense
	EVENT EXPENSE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

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
Glif/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

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

Candidate/Officeholder/Politic	- Fining E	Nages/Contract Labor Other (enter a category not listed above)	
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4 Date 2-8-19 6 Amount (\$)	7 Payee address; City: State: Zip Code	7	
54.58	H29 College Ave #49	Fortworth TX 76104	
8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) EUENT EXPENSE	(b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1-18-19	METRO MAILER		
Amount (\$)	Payee address; City; State; Zip Code	tt o	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code	.1	
620.00	5925 LOVELLAUE	# B	
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PURPOSE OF EXPENDITURE	ADVERTISING	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 NEEDED			

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
Foot/Beverage Expense
Glif/Awards/Memorials Expense
Legal Services

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

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	Wages/Contract Labor Travel Out Of District Other (enter a category not listed above)
23, 259, 276	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	PADEH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
1-10-19	TRAVIS PARMER	-
6 Amount (\$)	7 Payee address; City; State; Zip Code	7
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8,000.0	FT. WORTH TX 7610	09
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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OF EXPENDITURE	CONSULTING	Check if Austin, TX, officeholder living expense
	CONSUCTING	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
Date	Payee name	
1-23-19	GLEN E. ELLMAN	
Amount (\$)	Payee address; City; State; Zip Code	
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162.38	BENBROOK TY 761	26
Category (See Categories listed at the top of this schedule) Description		
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OF EXPENDITURE	EVENT EXPENSE	Check If Austin, TX, officeholder living expense
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expenditure to benefit C/OH		* U
Date	Payee name	
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6-22-19	CONSTANT CONTAC	CT
Amount (\$)	Payee address; City; State; Zip Code	
74.62	1601 TRAPELO Rd-	# 379
14.02		2451
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PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Λ	Check if Austin, TX, officeholder living expense
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/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/Political Committee 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) HUL 4 Date 5-ZZ-19 6 Amount (\$) 7 Payee address; Payee address; City; State; Zip Code
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Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel cutside of Texas. Complete Schedule T. OF EXPENDITURE 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