CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX FORM C/CIT

FORM C/OH

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST Ann NICKNAME LAST Zadeh	MI	OFFICE USE ONLY Date Receive 8 9 10 17 3
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN	ADDRESS / PO BOX; APT / SUITE#: CITY: P.O. BOX 12173 FOR WORTH TX 7UI AREA CODE PHONE NUMBER (817) 934-3811 MS / MRS / MR	EXTENSION	RECEIVED JUL 1 3 2015 Handsleivers PORTHAORTH CITY SECRETARY Amount Date Processed 1 01 6 8
TREASURER NAME	NICKNAME Tamshyd). N Zadeh	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 115 W. Znd Street Fort Worth, TX 70		ZIPCODE
8 CAMPAIGN TREASURER PHONE	(817) 335-SIOO	EXTENSION	
9 REPORT TYPE	January 15 30th day before election Muly 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15 /	Year 15
11 ELECTION	Month ELECTION DATE ELECTION TYPE Day Year Primary [Runoff 🔀 G	General Special
12 OFFICE	OFFICEHELD (Hany) City of Fort Worth City Council volumen Domiet 9	13 OFFICE SOUGHT (if known)	
	GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH COVER SHEET PG 2

			OOVER OHEET PG Z
14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIO TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TOTACHOED ADDRESS	
		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	\$ 85 00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,21500
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$ NA
· · · · · · · · · · · · · · · · · · ·	4. TOTAL I	POLITICAL EXPENDITURES	\$ 6,99,575
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 37,896,99
OUTSTANDING LOAN TOTALS	6. TOTAL PA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$ 15,00000
18 AFFIDAVIT			
herrors e		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	
	RONALD P. GONZALES Y COMMISSION EXPIRE May 17, 2016		ate or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE	A 1 2 3 1 1	
Sworn to and subse	1. n	e, by the said <u>Ann L. Zauh</u> , 20 <u>15</u> , to certify which, witness my	hand and seal of office
Kmul Gr	not	Ronald P. Gonzalos	notary
Signature of officer admin	stering oath	Printed name of officer administering oath	Title of officer administering oath

	, *			
Texas Ethics Co	mmission P.O. Box 12070 Austi	n, Texas 78711-2070	(512) 463-5800	D (TDD 1-800-735-298
	CAL CONTRIBUTIONS THAN PLEDGES OR LO	DANS		SCHEDULE A
The	e Instruction Guide explains how to complet	te this form.	1 Total pages Sci	hedule A:
2 FILER NAMES	ZADEH CAMPAIG		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PACTERY B. THO MP.	201	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2.25.15	6 Contributor address; City; State; Zipo 725 WOOD GND AV	E	25.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		I of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC	BANBUAIRI	Amount of contribution (\$)	in-kind contribution description (if applicable)
2.23.16	Contributor address: City: State: Zipc SAMPSON, LUP PO. BOX 1428	60de	Z,500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC(COUNT	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.12.15	Contributor address; City; State: Zip Ci	R.W.	125.00	·
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	f Texas, complete Schedule T)
Date	Full name of contributor Qut-of-state PACQ	D#	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.12.15	Contributor address; City; State; Rip Co		12500	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-580	00 (TDD 1-800-735-298
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction Guide explains how to complete	this form.	1 Total pages Si	chedule A:
2 ALER NAME ZADEH CAMPALE	a N	3 ACCOUNT#	(Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID)	TIERREZ	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2.16.15 6 Contributor address; City; State; Zip Coc 429 COUTETAUET	419	500,00	
9 Principal occupation / Job title (See Instructions)		(If travel outside	I of Texas, complete Schedule T)
(See instructions)	10 Employer (See I	Instructions)	
Date Full name of contributor Out-of-state PAC(IDA)		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.15.15 Contributor address; City; State; Zip Cod 2901 RIVER HOUD	W.CT.	75.00	
Principal occupation / Job title (See Instructions)	Employer (See Is	(if travel outside	of Texas, complete Schedule T)
	Limpleyer (dee)		
Full name of contributor Auson United State PAC (IDM)		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30.15 Contributor address; City; . State; Zip Code 3.217 BENBROOK	BLUD	100,00	
Principal occupation / Job title (See Instructions)	16109	(If travel outside	l of Texas, complete Schedule T)
	Employer (See In	structions)	
Date Full name of contributor out-of-state PAC (ID)#	<u>, </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		100 ∞	
Principal occupation / Job title (See Instructions)	6111	(If travel outside o	f Texas, complete Schedule T)
(BROKDURAL SOU DIE GOEE MARIUCANO)	Employer (See Ins	structions)	
Date Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30.15 Contributor address; City; State; Zip Code	5TH ST	10000	
Principal occupation / Job title (See Instructions)	76107	(If travel outside of	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Texas Ethics Co	mmission	P.O. Box 12070	Austin, T	exas 78711-2070	(512) 463-5800	0(TDD 1-800-735-298
POLITI	CAL CO	ONTRIBUTIO PLEDGES O	NS OR LOA	NS		SCHEDULE A
Th	e Instruction	Guide explains how to	complete t	his form.	1 Total pages Sci	hedule A:
2 FLER NAME	2nD	EH			3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	. CHA	lles Dri	t-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
330.10	6 Contribut	oraddress; City; St.	ate; Zip Code	1/-/-	35.00	
9 Principal occu	ipation / Job title	(See Instructions)	1X	10 Employer (See I	(If travel outside on structions)	of Texas, complete Schedule T)
Date	Full name	of contributor out	of State PAC(ID#	WER ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
330.15	Contribute 653	oraddress; City; Sta	RD		100.00	
Principal occu	pation/Job title	(See Instructions)	1× 1	Employer (See Ir	(If travel outside o	f Texas, complete Schedule T)
Date .	Hin	J SUTHER	of-state PAC (ID#_	BURINGA	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30.15 	Contributo	raddress; City; .stal	te; Zip Code	ET DR.	50.00	·
Principal occup	pation / Job title	(See Instructions)		Employer (See In	(If travel outside of structions)	f Texas, complete Schedule T)
Date	SHAN	100 Min	r-state PAC (10#_	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30.15	Contributor	Address; City; State VAUE VC 100774	e; Zip Code	LOVE PASS	1	
Principal occup	ation / Job title (See Instructions)	X 1	Employer (See Ins	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name o	f contributor out-	-state PAC (ID#:		Amount of	In-kind contribution

Principal occupation / Job title (See Instructions)

description (if applicable)

(if travel outside of Texas, complete Schedule T)

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.

Texas Ethics Co	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-580	0(TDD 1-800-735-298
POLITI	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
Th	ne instruction Guide explains how to complete	this form.	1 Total pages Sc	hedule A:
2 FILER NAME	S CADEH	-	3 ACCOUNT# (Ethics Commission Filers)
4 Date	Full name of contributor put-of-state PAC(IC) HAMMER AND WALLS	"CWB	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
13.16.15	6 Contributor address; City: State; Zip Con CANDIDATE LOOF, 15TH ST#600	de	500,00	
9 Principal occ	upation/Job title (See Instructions)	10 Employer (See in	(If travel outside	l of Texas, complete Schedule T)
Date O a w	Full name of contributor U out-of-state PAC(ID)	5KD	Amount of contribution (\$)	In-kind contribution description (if applicable)
2:30:15		迁半10202	500	
Principal occu	pation/Job title (See Instructions)	Employer (See Ins	(if travel outside o structions)	f Texas, complete Schedule T)
Date .	Euil name of contributor			
000	PILAR CANDIA		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.00.10	Contributor address; City; State; Zip Code 2610 GOUDEN ROD		30.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributer Quit-of-state PAC/IDE			
	LINDA C. COZZE	ا ب	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30.15	Contributor address; City; State; Zip Code		2500	
	PI. WORTH IX	0109	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)	rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	in-kind contribution description (if applicable)
4.11.2	3300 WORTH HU	5 DR 109	50,00	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Insti	uctions)	reves, complete scriedule ()
if contr	ATTACH ADDITIONAL COPIES (ibutor is out-of-state PAC, please see instr	OF THIS SCHEDULE A	S NEEDED litional reporting	requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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	e Instruction Guide explains how to complete	this form.	1 Total pages Sc	hedule A:
2 FAER NAME	$\begin{pmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	GN	3 ACCOUNT# (I	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(IE)	W	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4.13.15	6 Contributor address; City; State; Zip Coop 3905 SUMMERCEE	de SST	250.00	
9 Principal occu	pation/Job title (See Instructions)	16109	(if travel outside	I of Texas, complete Schedule T)
	(Ces insulations)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC(ID) Contributor address; City: State: 7in Cod	01/	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30.15	Contributor address; City; State; Zip Cod	700 This	25000	
Principal occur	pation / Job title (See Instructions)	1610.2	(If travel outside o	Texas, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·	Employer (See In	nstructions)	
Date .	Full name of contributor out-or-state PAC(ID#		Amount of	In blad co. 1.7. et
	WINTIESS B.U	JARE	contribution (\$)	In-kind contribution description (if applicable)
4.20.15	Contributor address; City; State; Zip Code	tius	200,00	
Principal occur	ation/Job title (See Instructions)	16132	(If travel outside of	Texas, complete Schedule T)
	enon/ Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC(ID#	1	Amount of	
	WHAC		contribution (\$)	In-kind contribution description (if applicable)
5.6.15	Contributor address; City; State; Zip Code	# 3200	1,00000	·
Principal serve	FT. WORTH IX	16102	(If travel outside of	Texas, complete Schedule T)
· imaparocupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	↑ Full name of contributor □ out-of-state PAC (IDM:	,,,	Amount of	
	WARGARET W. DE	MOSS	contribution (\$)	In-kind contribution description (if applicable)
5.1.15	Contributor address: City: State; Zip Code	+	100.00	
Principal	FT. WORTH IX	16107	(If travel outside of T	exas, complete Schedule T)
morpar occupat	tion / Job title (See Instructions)	Employer (See Inst	ructions)	
•				

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

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City:

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

POLITI	CAL CONTRIBUTIONS R THAN PLEDGES OR LO	ANS	(012) 400-000	SCHEDULE A
The 2 FUER NAME	e instruction Guide explains how to complete	this form.	1 Total pages So	chedule A:
4 Date	S Full page of contributes	16N	3 ACCOUNT#	Ethics Commission Filers)
	MARCEUR LEBU	ANC	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
2.23.12	6 Contributor address; City: State; Zip Coo	Λ	50,00	1
9 Ріпсіраі осси	pation / Job title (See Instructions)	10 Employer (See I	(If travel outside natructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID)	J	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-15-15	Contributor address; City: State: Zip Cod Z804 W. BFWIC FT. WORTH	K-76109	25.00	
Principal occup	pation/Job title (See Instructions)	Employer (See In	(If travel outside o structions)	of Texas, complete Schedule T)
Date 4 11.15	Full name of contributor Out-of-state PAC (IDIA) CARLY DWORKIN Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	7804 M BEWICK FT. WORTH X ation/Job title (See Instructions)	76109	25.00 (If travel outside g	f Texas, complete Schedule T)
Date		Employer (See Ins	tructions)	many complete deficable ()
28.15	Contributor address; City: State: Zin Code	• • • • • • • • • • • • • • • • • • • •	Amount of contribution (\$)	In-kind contribution description (if applicable)
20.13	3408 HARWENTERR.	100	100.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See Inst	(If travel outside of ructions)	Texas, complete Schedule T)
Date	Full name of contributor	K	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.31.15	3413 BRYN MAW		250%	·
Principal occupat	ion / Job title (See Instructions)	Employer (See Instr	(If travel outside of I	fexas, complete Schedule T)
if contri	ATTACH ADDITIONAL COPIES Of the control of the cont	FTHIS SCHEDULE As	S NEEDED	requirements.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Out-of-state PAC(ID#;

City; State; Zip Code

Date

Full name of contributor

Contributor address;

Principal occupation / Job title (See Instructions)

In-kind contribution

description (if applicable)

(if travel outside of Texas, complete Schedule T)

Amount of

contribution (\$)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

İ	EXPENDITURE	CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/6 Solicitation/Fund Travel In District Travel Out Of Di	Contract Labor raising Expense strict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 665	Printing Expense	Office Overhead		OTHER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this for	m.
1 Total pages Schedule F:	2 FILER NAME N ZADI	E.H		3 ACCOUNT # (Ethics Commission Filers)
12-19-15	5 Payee name	em F e	_	
6 Amount (\$)	7 Payee address: City; State P.O. BOX (E	51.7	6110	
8 PURPOSE	(a) Category (See categories listed at the top of		·,· · · · · · · · · · · · · · · · · · ·	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	(DUBULTING		(b) Description (a daver outside of Texas, complete schedule 1)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought	Office held
Date (Payee name			
4-1-15	PEGASO DI	NER	•	
Amount (\$)	Payee address; City; State	e; Zip Code		
7235.36	3516 BWER	らっての	T CIR.	
	LT. WORTH 1	X 161	109	
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD			•
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
4-26.15	Payee name TPAVIS PAR	MER		
Amount (\$)	Payee address; City; State	Zip Code		
2(2:10	FT. WORTE	+TX	7611	\mathcal{J}_{-}
PURPOSE OF	Category (See categories listed at the top of	this schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE	PRINT/SUPPLY	KEMB		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
5.22.15	FAST SIGN	JTE	CL	
Amount (\$)	Payee address; City; State;	Zip Code	6132	
DISPOSE	Category (See categories listed at the top of the	135		
PURPOSE OF EXPENDITURE	ADERTS IN	rus schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

	EVPENDITUDE		
Advertising Expense	- The same of the	ATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor	
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Event Expense	Police Comments	ravel in District	Transportation Equipment & Related Expense
Fees	Delette - Fili	ravel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
1		Office Overhead/Rental Expense	
1 Total pages Schedule F:	2 RILER NAME	xplains how to complete this fo	rm.
	HUN LADEH		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6-30-15	WEUS FARGO	`	
6 Amount (\$)	7.0	<u> </u>	
	7 Payee address; City; State;	Zip Code	·
1196.00	1 5.U. BOX 699	45	
	PORTLAND	0297228	_
8 PURPOSE	(a) Category (See categories listed at the top of the		
OF EXPENDITURE	I CELE CUL.)	(D) Description	(If travel outside of Texas, complete Schedule T)
	1 PCC3 (14Mo)	·	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	- Office sought	
	UH		Office held
Date	Payee name		
1 271-15	1 USPS		
Amount (\$)	Payee address; City: State:		
1	City: State:	Zip Code	
1 44,00	2600 01 400		
	LITI WORTH	× 76110	
PURPOSE OF	Category (See categories listed at the top of this		
EXPENDITURE	LEFS.	. Description (in	travel outside of Texas, complete Schedule T)
Complete ONLY if direct	1.000		į.
expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
J-66-15	USPS :		j
Amount (\$)	Payee address; City; State:	Zip Code	
.1,00	71-00 0011		
44.	200 AUE		
	FT. WORTH T	X TIBILO	İ
PURPOSE OF	Category (See categories listed at the top of this s		avel outside of Texas, complete Schedule T)
EXPENDITURE	MIS .		-19 State of Texas, complete Schedule (1)
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH		Office sought	Office held
Date (C)			·
1-8-15	Payee name		
V 0 0	KAMIAN	•	
Amount (\$)	Payee address; City; State; Z	p Code	
70 110	2221 NORM 12	p Code	
10.47	SOUL LOSS ON	1 aria	
PURPOSE	Category (South Control of Contro	1 15131	
OF	Category (See categories listed at the top of this so	hedule) Description (If tra-	vel outside of Texas, complete Schedule T)
EXPENDITURE	145		
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH		Office sought	Office held
	ATTACH ADDITIONAL CONTRA		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES

SCHEDULE F

i			
A	EXPENDITURE CA	ATEGORIES FOR BOX 8(a	
Advertising Expense		alaries/Wages/Contract Labor	
Accounting/Banking	Legal Services	olicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Tr.	avel in District	Transportation Equipment & Related Expension
Event Expense	Polling Expense Tree	avel Out Of District	CODUIDUIONS/Donellone Made n
Fees	Drinting Const.	fice Overheads	Candidate/Officeholder/Political Commit
		fice Overhead/Rental Expense plains how to complete this fo	
1 Total pages Schedule F:	2 ALER NAME	plains now to complete this fo	orm.
	HNN ZACKU		3 ACCOUNT # (Ethics Commission Fil
4 Date	THE LANGE	•	(
7 10 1	5 Payee name		
10-15	I WAY POL		
6 Amount (\$)	7 Payee address; City: State:		
0000		Zip Code	
グルカタ	1244 NORM 19	51 ST	
	ShillOSE C	11 700121	
B PURPOSE	-2000 C	<u> </u>	•
B PURPOSE OF	(a) Category (See categories listed at the top of this	schedule) (b) Donnier	Altr.
EXPENDITURE	I FFS	(b) Description	(If travel outside of Texas, complete Schedule T)
			•
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/C	Н	 Office sough 	t Office held
Date	Payee name		
Amount (\$)			•
Amount (a)	Payee address; City; State;	Zip Code	
	-		
PURPOSE	Category (Second		
PURPOSE OF	Category (See categories listed at the top of this s	chedule) Description (6	TRIVELOUISIDE OF TOWN
	Category (See categories listed at the top of this s	chedule) Description (trave) outside of Texas, complete Schadule T)
OF EXPENDITURE	•	chedule) Description (6	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct	Candidate / Office		
OF EXPENDITURE	Candidate / Office	Office sought	f travel outside of Texas, complete Schedule T) Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct	Candidate / Office		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name	Office sought	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name	Office sought	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name	Office sought	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Candidate / Officeholder name Payee name Payee address; City; State; Zi	Office sought	
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