

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****CITY SECRETARY
FT. WORTH, TX
COVER SHEET PG 1****FORM C/OH
SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)**2 Total pages filed:**

13

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS (MRS) MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ann

Zadeh

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ change of address

P.O. Box 12173

Fort Worth TX 76110

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 924-3811

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jim (Jamshyd) M.

Zadeh

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

115 W. 2nd Street Ste. 201

Fort Worth, TX 76102

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 335-5100

9 REPORT TYPE☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☒ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)**10 PERIOD
COVERED**

Month

Day

Year

1 / 1 / 15

THROUGH

Month

Day

Year

7 / 15 / 15

11 ELECTION

Month

ELECTION DATE

Day

Year

5 / 13 / 17

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special**12 OFFICE**

OFFICE HELD (if any)

City of Fort Worth

City Councilwoman District 9

13 OFFICE SOUGHT (if known)**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 85⁰⁰2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 9,215⁰⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ NA

4. TOTAL POLITICAL EXPENDITURES

\$ 6,995⁷⁵CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

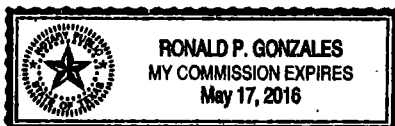
\$ 37,896.99

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 15,000⁰⁰

18 AFFIDAVIT



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

Ann K. Zadeh

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann K. Zadeh, this the 13th day of July, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
ANN ZADEH CAMPAIGN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

TERRY B. THOMPSON

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2.25.15

6 Contributor address; City; State; Zip Code

**725 WOODLAND AVE
FT. WORTH TX 76110**

25.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

L. NE. BARGER GREGG BUIRT

Amount of contribution (\$)

In-kind contribution description (if applicable)

2.23.15

Contributor address; City; State; Zip Code

**SAMPSON, LLP
P.O. BOX 7428
AUSTIN TX 78760**

2,500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

MGP HOUSEHOLD ACCOUNT

Amount of contribution (\$)

In-kind contribution description (if applicable)

2.12.15

Contributor address; City; State; Zip Code

**2409 WINTON TERR. W.
FT. WORTH TX 76109**

125.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

OWEN M. DANIEL

Amount of contribution (\$)

In-kind contribution description (if applicable)

2.12.15

Contributor address; City; State; Zip Code

**2825 LARKIN AVE
FT. WORTH TX 76133**

125.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

GOOD GOVERNMENT FUND

Amount of contribution (\$)

In-kind contribution description (if applicable)

2.19.15

Contributor address; City; State; Zip Code

**201 MAIN ST. #2500
FT. WORTH TX 76102**

1500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
ANN ZADEH CAMPAIGN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2.16.15

FELIPE A. GUTIERREZ

6 Contributor address; City; State; Zip Code
**429 COURAGE AVE #419
FT. WORTH TX 76104**

500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.15.15

JORDAN PARKER
Contributor address; City; State; Zip Code
**2901 RIVER HOLLOW CT.
FT. WORTH TX 76116**

75.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.30.15

AUSON L. LOVETT
Contributor address; City; State; Zip Code
**3217 BENBROOK BLVD
FT. WORTH TX 76109**

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.30.15

OCAMPO LAW FIRM
Contributor address; City; State; Zip Code
**4500 AIRPORT FWY
FT. WORTH TX 76117**

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.30.15

DON WHEELER
Contributor address; City; State; Zip Code
**P.O. BOX 3116 W 5TH ST
FT. WORTH TX 76107**

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3.30.15

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES DREIFUS

6 Contributor address; City; State; Zip Code

2416 PARK PLACE
FT. WORTH TX 76110

7 Amount of contribution (\$)

35.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3.30.15

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. HUGH PARKER

Contributor address; City; State; Zip Code

6532 GENOA RD
FT. WORTH TX 76116

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.30.15

Full name of contributor

☐ out-of-state PAC (ID#)

ANN SUTHERLAND BURINGAME

Contributor address; City; State; Zip Code

15007 SUGAR SWEET DR.
SUGARLAND TX 77498

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.30.15

Full name of contributor

☐ out-of-state PAC (ID#)

SHANNON MULROY

Contributor address; City; State; Zip Code

6524 VALENCIA GROVE PASS
FT. WORTH TX 76132

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.30.15

Full name of contributor

☐ out-of-state PAC (ID#)

DAERALEN M. TYSON

Contributor address; City; State; Zip Code

1351 MISTLETOE DR
FT. WORTH TX 76110

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3.16.15

5 Full name of contributor

☐ out-of-state PAC (ID#)

HAMMER AND NAILS CLUB

6 Contributor address; City; State; Zip Code

CANDIDATE
100E 15TH ST #600
FT. WORTH TX 76102

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3.30.15

Full name of contributor

☐ out-of-state PAC (ID#)

CHRISTINA L. BOSKO

Contributor address; City; State; Zip Code

1800 TURNER RIDGE #10202
FT. WORTH TX 76110

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.30.15

Full name of contributor

☐ out-of-state PAC (ID#)

PILAR CANDIA

Contributor address; City; State; Zip Code

2610 GOLDEN ROD
FT. WORTH TX 76111

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.30.15

Full name of contributor

☒ out-of-state PAC (ID#)

LINDA C. COZZEN

Contributor address; City; State; Zip Code

4017 ANITA AVE
FT. WORTH TX 76109

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.1.15

Full name of contributor

☐ out-of-state PAC (ID#)

JULIA HEDDEN

Contributor address; City; State; Zip Code

3300 WORTH HILLS DR
FT. WORTH TX 76109

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH CAMPAIGN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

SCOTT W. GREEN

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4.13.15

6 Contributor address; City; State; Zip Code

3905 SUMMERCREST
FT. WORTH TX 76109

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

KYLE K. POULSON

Amount of contribution (\$)

In-kind contribution description (if applicable)

3.30.15

Contributor address; City; State; Zip Code

100 THROCKMORTON # 700
FT. WORTH TX 76102

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

WYNTRISS B. WARE

Amount of contribution (\$)

In-kind contribution description (if applicable)

4.20.15

Contributor address; City; State; Zip Code

6332 WARWICK HILLS
FT. WORTH TX 76132

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Q PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

5.6.15

Contributor address; City; State; Zip Code

301 COMMERCE # 3200
FT. WORTH TX 76102

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

MARGARET W. DEMOSS

Amount of contribution (\$)

In-kind contribution description (if applicable)

5.1.15

Contributor address; City; State; Zip Code

2600 W TH #2644
FT. WORTH TX 76107

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH CAMPAIGN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

BRIAN JOUN

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2-23-15

6 Contributor address; City; State; Zip Code

3217 STADIUM
FT. WORTH TX 76109

25.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID HENDERSON

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-23-15

Contributor address; City; State; Zip Code

3000 S. HULEN ST #124-2B
FT. WORTH TX 76109

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

LINA MANESS

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-23-15

Contributor address; City; State; Zip Code

615 NE MCAUSTER RD
BURLESON TX 76028

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

STEVE COCANOWER

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-15-15

Contributor address; City; State; Zip Code

1628 FAIRMOUNT
FT. WORTH TX 76104

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID PETTIT

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-15-15

Contributor address; City; State; Zip Code

306 W. 7TH ST #1025
FT. WORTH TX 76102

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH CAMPAIGN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2.23.15

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARCEUE LEBLANC

6 Contributor address; City; State; Zip Code

5132 COUNWOOD AVE
FT. WORTH TX 76107

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-15-15

Full name of contributor

☐ out-of-state PAC (ID#)

GARY DWORKIN

Contributor address; City; State; Zip Code

2804 W. BEWICK
FT. WORTH TX 76109

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-11-15

Full name of contributor

☐ out-of-state PAC (ID#)

GARY DWORKIN

Contributor address; City; State; Zip Code

2804 W. BEWICK
FT. WORTH TX 76109

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-15

Full name of contributor

☐ out-of-state PAC (ID#)

ANN ZADEH

Contributor address; City; State; Zip Code

3408 HARWENTERR.
FT. WORTH TX 76109

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-15

Full name of contributor

☐ out-of-state PAC (ID#)

PRETLOW RIDDICK

Contributor address; City; State; Zip Code

3413 BRYN MAWR
DALLAS TX 75225

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEE KELLY

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2.25.15

6 Contributor address; City; State; Zip Code

201 MAIN #2400
FT. WORTH TX 76102

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

LYNDA HILL

Amount of contribution (\$)

In-kind contribution description (if applicable)

2.26.15

Contributor address; City; State; Zip Code

221 W. LANCASTER #6001
FT. WORTH TX 76102

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME **ANN ZADEH** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **12-19-15** 5 Payee name **TRAVIS FARMER**

6 Amount (\$) **4000.00** 7 Payee address; City; State; Zip Code
P.O. BOX 11517
FT. WORTH TX 76110

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **CONSULTING** (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4-1-15** Payee name **PEGASO DINER**

Amount (\$) **2235.36** Payee address; City; State; Zip Code
3516 BWE BONNET CIR.
FT. WORTH TX 76109

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FOOD** Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4-26-15** Payee name **TRAVIS FARMER**

Amount (\$) **242.70** Payee address; City; State; Zip Code
P.O. BOX 11517
FT. WORTH TX 76110

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **PRINT/SUPPLY REMB** Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **5-22-15** Payee name **FAST SIGN TECH**

Amount (\$) **117.80** Payee address; City; State; Zip Code
4901 S. HULLEN
FT. WORTH TX 76132

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ADVERTISING** Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME **ANN ZADEH** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **6-30-15** 5 Payee name **WEWS FARGO**

6 Amount (\$) **196.00** 7 Payee address; City; State; Zip Code
**P.O. BOX 6995
PORTLAND OR 97228**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **FEES (14mo)** (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2-19-15** Payee name **USPS**

Amount (\$) **44.00** Payee address; City; State; Zip Code
**2600 8TH AVE
FT. WORTH TX 76110**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FEES** Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **5-26-15** Payee name **USPS**

Amount (\$) **44.00** Payee address; City; State; Zip Code
**2600 8TH AVE
FT. WORTH TX 76110**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FEES** Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **1-8-15** Payee name **KAY PAL**

Amount (\$) **78.49** Payee address; City; State; Zip Code
**2221 NORM 1ST ST
SAN JOSE CA 95131**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FEES** Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

ANN ZADELT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-10-15

5 Payee name

RAY PAL

6 Amount (\$)

37.39

7 Payee address;

City; State; Zip Code

2221 NORM 1ST ST
SAN JOSE CA 951318 PURPOSE
OF
EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

FEES

(b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED