

**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 filed:

10

OFFICE USE ONLY

Date Received



Date Hand-Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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 Month Day Year

04 / 28 / 17 THROUGH 06 / 30 / 17

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 17

ELECTION TYPE

- Primary
- Runoff
- Other Description
- General
- Special

12 OFFICE

OFFICE HELD (if any)

City of Fort Worth
City Council District 9

13 OFFICE SOUGHT (if known)

City of Fort Worth
City Council District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Ann Zadeh

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,100⁰⁰

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 19,243⁸⁶

CONTRIBUTION
BALANCE

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

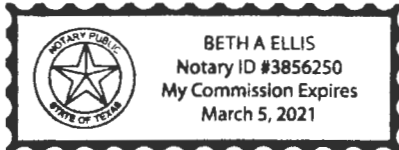
\$ 64,037.69

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



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

Ann Zadeh

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Zadeh, this the 17th day of July, 2007, to certify which, witness my hand and seal of office.

Paul Quinn

Signature of officer administering oath

Beth A Ellis

Printed name of officer administering oath

notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ann Zadeh

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,100
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,243.80
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)
4 Date 5-2-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA BIRD 6 Contributor address; City; State; Zip Code 1500 WESTOVER LANE FT. WORTH TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-28-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASEY PIPES Contributor address; City; State; Zip Code 3700 COUNTRY CLUB CIR. FT. WORTH TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-6-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY A. SHINER Contributor address; City; State; Zip Code 1606 FAIR OAK ST WESTLAKE TX 76262	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-12-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD N. ABRAMS Contributor address; City; State; Zip Code 6145 WEDGEWOOD FT. WORTH TX 76133	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME ANN ZADEH		3 Filer ID (Ethics Commission Filers)
4 Date 5-1-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APT ASSOC. TARRANT COUNTY 6 Contributor address; City; State; Zip Code PAC 6350 BAKER BLVD RICHLAND TX 76188	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4-29-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN C. MAXWELL Contributor address; City; State; Zip Code 3104 DRISKELL BLVD FT. WORTH TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-28-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert M Bass Contributor address; City; State; Zip Code 201 Main Street Fort Worth TX 76102	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 5/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason C N Smith Contributor address; City; State; Zip Code 2200 Alston Ave FW TX 76110-2016	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Doran Parker	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4008 Clarke Avenue Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Grachman	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1229 Shady Oaks Ln Fort Worth TX 76107-3557		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlantic Pacific Communities LLC	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1025 Kane Con-course, Suite 215 Bay Harbor Islands FL 33154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert H. Sandlin	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 11615 Forest Central Dr. Suite 209 Dallas TX 75213		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James C Lin	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code 5904 Fairmont DR Plano TX 75093		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda Hill	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 221 W. Lancaster #6001 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Sawilowski	Amount of contribution (\$) 2,500.⁰⁰
Contributor address; City; State; Zip Code 3533 Wooten Dr Fort Worth TX 76133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vebra Stein	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 2417 Stadium Dr Fort Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
4 Date 4-28-17	5 Payee name DAN WAL INC	
6 Amount (\$) 1141.41	7 Payee address; City; State; Zip Code 12404 STATE HWY 155 SOUTH TYLER TX 75703-6446	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-12-17	Payee name US PS	
Amount (\$) 160.00	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 1yr PO BOX	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-4-17	Payee name PAY PAL	
Amount (\$) 100.10	Payee address; City; State; Zip Code 2221 NORM FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 3	2 FILER NAME ANN ZADEH	3 Filer ID (Ethics Commission Filers)
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4 Date 5-8-17	5 Payee name METRO MAILER
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6 Amount (\$) 3761.50	7 Payee address; City; State; Zip Code 5719 E. ROSEDALE ST. # 809 FT. WORTH TX 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-3-17	Payee name TRAVIS PALMER CONSULTING
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Amount (\$) 5,000.⁰⁰	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-7-17	Payee name CHADRA MEZZA GRILL
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Amount (\$) 1437.04	Payee address; City; State; Zip Code 1622 PARK PLACE AVE FT. WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD + BEV.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME ANNI ZADEH	3 Filer ID (Ethics Commission Filers)
4 Date 4-28-17	5 Payee name METRO MAILER	
6 Amount (\$) 3065.55	7 Payee address; City; State; Zip Code 5719 E. ROSEDALE ST # 809 FT. WORTH TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-28-17	Payee name METRO MAILER	
Amount (\$) 3577.21	Payee address; City; State; Zip Code 5719 E. ROSEDALE ST. # 809 FT. WORTH TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-8-17	Payee name METRO MAILER	
Amount (\$) 801.05	Payee address; City; State; Zip Code 5719 E. ROSEDALE ST # 809 FT. WORTH TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED