CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST Ann NICKNAME LAST Zadeh	MI	OFFICEUSE ONLY Date Regolder RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/			THE SECRETARY SECRETARY
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(817) 924-3811 MS/MRS/GED FIRST Jim (Jamshy NICKNAME LAST Zadeh	rd)m.	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	Street Ste	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 335-5100	EXTENSION	
9 REPORT TYPE	July 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year	THROUGH 12/	Day Year 31/16
II ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	City of Fort Worth City Council Woman Dist	13 OFFICE SOUGHT (11 Known) City of Fort	+ Worm City District 9
	go то р	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Ann Z	adeh	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE				
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages	- 1				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ A		
	2. TOTAL (OTHER	\$ 42,571.00			
EXPENDITURE TOTALS	3. TOTAL F	\$ 0			
	4. TOTAL I	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL P	\$56,077. ²⁸			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA				
8 AFFIDAVIT					
MARY MARY	JANE SANTOS SALIN	I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.			
	Commission Expires July 3, 2019	Signature of Gandio	adeh		
AFFIX NOTARY STAMP	/SEALABOVE	Signature of Gardin	Jale of Officeriolider		
Sworn to and subscri		the said Hnn Zacleh c certify which, witness my hand and seal of office.	, this the		
Maylanes	Salines	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 Ann Zadeh	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 42,571 ²²
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 43954
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 OF 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: 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#: 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 2031 Ward PKWY 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; 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) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 16110 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.

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 27
ALER NAME ZADELL	3 Filer ID (Ethics Commission Filers
Date 5 Full name of contributor out-of-state PAC (ID#: STEVEN D DAVIS MD City; State; Zip Code 2313 EL DORADO DAVI Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) City; State; Zlp Code 617 City; State; Zlp Code 617 Employer (See Instructions)) OO . OO (enotions)
Date Full name of contributor out-of-state_PAC (ID#;	
-25-16 REED PIGMAN JR Contributor address; City; State; Zip Code 200 TEXAS WAY FT. WORTH TX 76106	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) = Employer (See Instructions)	uotions)
Pate Full name of contributor Pout-of-state PAC (ID):	Amount of contribution (\$)
23-16 Contributor address: EDG City: State; Zip Code Ft. WORTH TX 7613	250.00
rincipal occupation / Job title (See Instructions) Employer (See Instru	
	1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2-
FILER NAME	IZADEH	3 Filer ID (Ethics Commission Filers
Date - 7 - 1	5 Full name of contributor out-of-state PAC (IDB: VICTOR & MEGAN BOSCHINI 6 Contributor address EUA City: State; Zip Code	7 Amount of contribution (\$)
	FT. WORTH TX 76109	250.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	G. MALCOM LOWDEN Contributor address; 7TH City; State; Zip Code, 500 W. 7TH ST # 27 /1007 FT. WORTH TX 76102	2,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
-25-16	TIM SHINER 1606 FAIR OAKS code WEST LAKE 76262	5,000.00
Principal occup	ation / Job title (See Instructions) = Employer (See Instructions)	ons)
Date	Full name of contributor Out-of-state PAC (ID#:) EUZABETH B. WIUIS	Amount of contribution (\$)
26-16	Contributor address; City; State; Zip Code 2300 PRIMEOSE ET. WORTH X 7 6111	500.00
rincipal occupa	ation / Job title (See Instructions) Employer (See Instruction	ns)
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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) out-of-state PAC (ID#: 7 Amount of contribution (\$) C. WAEUI -City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; 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 (\$) City; State; Zip Code GNORWOOD 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.

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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
FILER NAMI	1 ZADEH	3 Filer ID (Ethics Commission Filers
Principal occ	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1-26.16	Contributor address; City: State: Zip Cod41 500 THROCKMORTON SIZEO4 FT. WORTH X 76107	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 26.16	Full name of contributor out-of-state PAC (ID#:) ARACET JOHNSON Contributor address; City; State; Zip Code ZILLS FACK PLACE AVE T. WORTH X 76110	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) = Employer (See Instructions)	ons)
Date 26.16	Full name of contributor out-of-state PAC (ID#:) MARLENE BELKMAN Contributor address; City; State; Zip Code Z300 MEDFORD CT E.	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)

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) NH 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) 6 Contributor address; 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) ARKER Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) A DAMS State; Zip Code WORTH 76104 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 27
FILER NAME	1 ZADEH	3 Filer ID (Ethics Commission Filers
	5 Full name of contributor out-of-state PAC (IDIF:	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1.26.16	Contributor address; City; State; Zip Code T. WORTH TX 76110	50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address: City: State: Zip Code 1924 BLUE BIRD AVE FT. (VORTH TX 76 11) ation / Job title (See Instructions) Employer (See Instructions)	75.00
	Employer (See Instructions)	ons)
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	FI. WORTH 1X 76110	100.00
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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 (\$) 7.25 16 6 Contributor address; City; State; Zip Code ZIZ Pembroke Dr Principal occupation / John title (See John 1) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Michael Crain Contributor address; City; State; 4450 Oak Pork Lane Tr 76109 Amount of contribution (\$) City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) City; 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 (\$) ARTS SOUTH, UC Contributor address; City; State; Zip Code 1208 W. MAG NOUA #104 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 KILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address: City; State; Zip Code 16110-3051 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense CONSULTING Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name MER CONSULTING City; State; Zip Code Payee address: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense DNSULTING Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 7 Payee address; City; State; Zip Code 76110 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 12.31.16 Amount (\$) Payee address; City; State; Zip Code 112.18 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH OCKREW ENOVATION Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF RINTING Check if Austin, TX, officeholder living expense EXPENDITURE 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

		EXPEN	DITURE CATE	GORIES F	FOR BOX 8(a)		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 Zip Code 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 11-15-16 City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. PURPOSE 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 Payee name Date Brewed Amount (\$) City; State; Zip Code 76104 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 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	By G	cood/Beverage Expense Gift/Awards/Memorials Expense .egal Services	Polling Expense Printing Expense Salaries/Wages/Contra		District t Of District er a category not listed above)
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OF EXPENDITURE	Food	/Beu.		Check if Austin, TX, officeho	lder living expense
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