Texas Ethics Commissi	on P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
CEMPANESA CEMPANESA FT. WORTH,	OFFICEHO MY FINANCE RI	OLDER EPORT	Cov	FORM C/OH ER SHEET PG 1
	Guide explains how to comp	olete this form.	UNT # 2 Tota ommission Filers)	pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ann	rst st	MI Date Reco	OFFICE USE ONLY RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT / SUITE P. O. Box	#; CITY; STATE;	Dalie-Honor	APR 10 2014 1-delivered or Fostmarked CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU	IMBER EXTENS	SION Date Proc	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIR Jin Jamsh NICKNAME LAS Zad	ryd) M.	MI Date Imag	e de la companya de
7 CAMPAIGN TREASURER ADDRESS (residence or business)		nd Street Ste 2 byth TX 7610		E
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (817) 335	MBER EXTENS	NON	
9 REPORT TYPE		day before election Runof	treasi (office)	day after campaign urer appointment holderonly)
	July 15 Bih d	lay before election Exceed limit	ded \$500 Final	report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 / L / L	THROUGH C		NO AND
11 ELECTION	Month ELECTION DATE Day Year 5 / 10 / 14	ELECTIONTYPE Primary Runoff	Gerreral	Special Special
12 OFFICE	OFFICE HELD (if any)	Cit	SOUGHT (FRNOWN) Y Council Dis Fort Worth	trict 9
	,	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		<u> </u>		
14 C/OH NAME A	nn Zadi	eh 18	5 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 OF 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		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	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)	\$ 25, 257.00	
EXPENDITURE TOTALS	3. TOTAL P	OLIȚICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,832.45	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAINTRING PERIOD	\$ 15,933.81	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 15,000.00	
AFFIX NOTARY STAM	KAYSKA *	is true and correct and includes all ir me under Title 15, Election Code.	erjury, that the accompanying report information required to be reported by	
AFFIX NOTARY STAM	P20EALLBOVE		date or Officeholder	
	of April	ne, by the said CMN L Jadk L, 20 1 , to certify which, witness my	, this the hand and seal of office.	
Signature of officer admir	nistering onth	Mary KAUSEK	aty Secreta	
Cignature ownitce admir	natering cath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Th	ne Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A:
2 FILER NAME	Ann Zadeh		3 ACCOUNT# (E	Ethics Commission Filers)
3/6/14	5 Full name of contributor out-of-state PAC (ID#_ LOTTY HOANG 6 Contributor address; City; State; Zip Gode	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1011	6 Contributor address; City: State; Zip Gode 3509 HILLHOP RO FOR WORK, TX 76109			
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In		of Texas, complete Schedule T)
Date 2/2/11	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
77/14	Contributor address; City: State; Zip Code 2901 River William Ct		250.00	
 	FORT WORTH, TX 761/6		İ	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor out-of-state PAC (ID#:_ The state PAC	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/5/14	Contributor address; City; State; Zip Code 2116 Park Place AVE		200.00	
	FORT WORTH, TX 76110		(If travel outside o	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See Ins	itructions)	
Date	Full name of contributor out-of-state PACILITY. Jaffar Zadeh		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/6/14	Contributor address; City; State; Zip Code 301 Inverness Dr. Transport (1116 TV 7/2/2		1,500.00	
Principal occur	Trophy Club, TX 76262 pation/Job title (See Instructions)	Employer (See Ins		f Texas, complete Schedule T)
Date	Full name of contributor Unit-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/14	Contributor address; City; State; Zip Code 800 FREEMAN LN # 311		JOO.00	
- Principal secur	brass Valley, CA 95949			Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
		 -		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

I.	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
ļ	ne Instruction Guide explains how to complete th	is form.	1 Total pages Sci	hedule A: 13
2 FILAR NAME	(-).		3 ACCOUNT # (E	Ethics Commission Filers)
3.26'	5 Full name of contributor out-of-state PAC (ID#_MARLANN MANUMANA G. I. C. 6 Contributor address; City; State; Zip Code T12 ROALING SPRIN	or Dano	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upation/Job title (See Instructions)	10 Employer (See in:		of Texas, complete Schedule T)
7.25.1°	Full name of contributor out-of-state PAC (ID#_ TIMOTHY PORGIEMMA NO Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	1300 WESTERNAVE FT. WORTH TX 761 Upation/Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)
3.18.14	Contributor address; City; State; Zip Code 4821 HARLEY AVE	4P	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule 7)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
3.31.14	Full name of contributor out-of-state PAC(ID#_A.T. ZADEH MD) Contributor address; City; State; Zip Code 1340 S. MAIN ST # GRAPEVINE TX 760		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Inst		f Texas, complete Schedule T)
Date	Full name of contributor	JEH	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.20.14	1002 HANOUER DR	6092	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instr		Texas, complete Schedule T)
If cont	ATTACH ADDITIONAL COPIES OF			g requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		···		
The	instruction Guide explains how to complete th	nis form.	1 Total pages Sc	hedule A:
2 FILER NAME	ZADEH		3 ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Full name of contributor Unit-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3.30.14	6 Contributor address; City; State; Zip Code 3313_WORTH HIW	SDR.	50.00	<u> </u>
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4.2.14	Contributor address; City; State; Zip Code 3644 Norfork Ro	MHE	50.00	
Principal occup	Fort Worth TX 74 pation/Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Which AEL CUFFEY CHRIS	STINEJ GOFF	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.31.14	Contributor address; City; State; Zip Code	UE	500.00	
Principal occup	ation / Job title (See Instructions)	T6109 Employer (See Ins		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PACID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.30 14	Contributor address; City; State; Zip Code 3412 WORTH HIU	S DR.	100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst		f Texas, complete Schedule T)
Date	Full prime of contributes [7]			
3.25.14	Full name of contributor out-of-state PAC (ID#	50~5T	Amount of contribution (\$)	In-kind contribution description (if applicable)
	FT. WORTH TX	76107	(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst		
	ATTACH ADDITIONAL CODIES O	E THIS SCUEDIN E A	2 MEEDED	

rexas Eurics Commission P.O. Box 12070 Austin	i, Texas 78711-2070	(512) 463-5800) (TDD 1-800-735-2989
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LO	ANS		SCHEDULE A
The Instruction Guide explains how to complete	this form.	1 Total pages Sch	nedule A:
2 FILENAME ZADEH		3 ACCOUNT # (E	thics Commission Filers)
5 Full name of contributor Out-of-state PAC(tler.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3.14.14 6 Contributor address; City; State; Zip Co	D FARMS	100.00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See In		of Texas, complete Schedule T)
Date Full name of contributor Out-of-state PAC(III Out-of-state PAC(III Contributor address; City: State; Zip Co	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.31.14 3856 WINSLOW FT. WORTH, TS	DR. 76109	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		r rexas, complete scriedule 1)
Date Full name of contributor Out-of-state PAC (IE	# <u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.31.14 Contributor address; City; . State; Zip Co	TOE AVE	100°_{∞}	
Principal occupation / Job title (See Instructions)	X 7 600 Employer (See Ins		f Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC(ID) EQC TIEDTKE	**)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-1.14 Contributor address; City; State; Zip Coo	LAND	100:00	·
Principal occupation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID)	#	Amount of	In-kind contribution
4.2.14 Contributor address; City; State; Zip Cod 4.2.15 BLACK HA FT. WORTH TX	NW AVE 76109	contribution (\$)	description (if applicable) Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins		
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see ins			requirements.

POLITICAL CONTRIBUTIONS	(512) 463-5800 (TDD 1-800-735-2988
OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME ZADEH	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC(ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4.7.14 6 Contributor address; City; State; Zip Code 2434 WABASH AVE	100:00
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) structions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
3.31.17 Contributor address; City: State: Zip Code TERR.W	100.00
FT. WORTH 1X 76109	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
4.4.14 Contributor address; City; . State; Zip Code P.O. BOX 47 1 699	(000°, 000)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)
Date Full name of contributor out-of-state PAC@D#	Amount of In-kind contribution contribution (\$) description (if applicable)
3.20.14 Contributor address; City; State; Zip Code 1025 N. KINGS KD. #306	25.00
WEST HOLLYWOOD CA. 90069	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Inst	tructions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
3.16.14 Contributor address; City; State; Zip Code 124, Z FACIFIC AVE #9	20.00
Bissipple assessment lab Mar (See Industrial	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for add	

www.ethics.state.tx.us

	Additi, texas 7671	1-2070 (512) 463-580	00 (TDD 1-800-735-29
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		SCHEDULE A
	he instruction Guide explains how to complete this form.	1 Total pages Sc	chedule A:
2 FILER NAM		3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of	8 In-kind contribution
لادرما	YETER CRONINGER	contribution (\$)	description (if applicable)
13.11.1	6 Contributor address; City; State; Zip Code 34 19 WOOD CUFF RD.	500.00	
9 Principal occ	upation/Job title (See Instructions) 10 Empl	+03 (If travel outside	of Texas, complete Schedule T)
Date	To Estipa	oyer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.10.14	Contributor address; City; State; Zin Gode Z210 WEATHER BLE S	T 100.00	
Principal occu	pation/Job title (See Instructions) Emplo	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		
	MARSHAS. CRONINGER	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.20.14	Contributor address; City; State; Zip Code 1601 LASUEN R.D.	200.00	
Principal occur	nation / Joh title (See Inst)	3103 (If travel outside o	f Texas, complete Schedule T)
	Employ	rer (See Instructions)	
Date	KEWY PHO PUM PHREY	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.27.14	Contributor address; City: State; Zip Code 2410 STAD IUM DR.	100.00	·
Principal occur	ation / Job title (See Instructions)	(ii davel oatside of	Texas, complete Schedule T)
		er (See Instructions)	
Date	Full name of contributor CHUS MC DONALD	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.21.1	Contributor address; City; State; Zip Code 7165. LOS ANGELES S	75.00	
Principal occupa	ation/Job title (See Instructions)	(If travel outside of	Texas, complete Schedule T)
	стрюуе	r (See Instructions)	
12	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NEEDFO	
ir contr	ibutor is out-of-state PAC, please see instruction guide	for additional reporting	requirements.

lexas Etnics Commission P.O. Bo	x 12070	Austin, Te	xas 78711-2070	(512) 463-580	0 (TDD 1-800-735-298
POLITICAL CONTRIL	BUTION GES OR	S LOAI	NS		SCHEDULE A
The Instruction Guide expl	ains how to co	omplete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAME ZADEIT				3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 5 Full name of contribute	NEE	state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	City; State; STLET RTH T	Zip Code	DR.	50.00	
9 Principal occupation / Job title (See Instruct		<u>(× </u>	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
Date Full name of contributo	PRUI	tate PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3.28. H Contributor address; 3429 D	City; State; 0 ROTA		N.S. 76107	250.00	
Principal occupation / Job title (See Instructi	ons)		Employer (See	(If travel outside of Instructions)	f Texas, complete Schedule T)
Date Fiull name of contributor Contributor address;	· Wo	RSU	E.Y.	Amount of contribution (\$)	In-kind contribution description (If applicable)
3.21.14 2905 Ri	City: . State; UERH ORTH	Zip Code OUD		100.00	
Principal occupation / Job title (See Instruction	ins)	18	Employer (See I	(If travel outside of nstructions)	Texas, complete Schedule T)
Date Full name of contributor DIANE Contributor address;	T	DIVA	るて	Amount of contribution (\$)	In-kind contribution description (if applicable)
.'^! ! ! -	City; State;	42	JE.	50.00	
Principal occupation / Job title (See Instruction	1tt /×	- [8	Employer (See In	(if travel outside of astructions)	Texas, complete Schedule T)
Date Full name of contributor KIMBELI Contributor address;	Out-of-state	PAC(ID#:	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instruction	H TX	57.#	0102	(If travel outside of T	exas, complete Schedule 7)

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

DAVID PABIN

Contributor address; City; State; Zip Code

210 LAGO GRANDETR.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(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.

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 4 Date 5 Full name of contributor 5	3 ACCOUNT # (Ethics Commission Filers)
STEVEN COHEN	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 207 BANCED FT	25.00
9 Principal occupation / Job title (See Instructions) 10 Employer (See In	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
3.24.17 Contributor address; City; State; Zip Code 4018 E. BEN WHITEH 104	450° ACCESS
Principal occupation / Job title (See Instructions) Employer (See Ins	(If travel outside of Texas, compare outside .,
Date Full name of contributor Out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
4.5.14 Contributor address; City; . State; Zip Code 4370 WESTDALE CT.	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) tructions)
Date Full name of contributor Out-of-state PAC(ID#) SHUEN DUSSEL	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 5620 CALF CREEK DR. FT. WORTH TV 7/2179	40.00
Principal occupation / Job title (See Instructions) Employer (See Instru	(If travel outside of Texas, complete Schedule T) ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
7.3.14 2605 COLONIAL PKWY FT. WORTH TX 76109	500,00
Principal occupation / Job title (See Instructions) Employer (See Instru	(If travel outside of Texas, complete Schedule T) uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for additional contributor is out-of-state.	S NEEDED Itional reporting requirements.

POLITICAL	CONTRIBUTIONS
OTHER THA	N PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A: 13
2 FILER NAME ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID	contribution (\$) description (if applicable)
4.3.4 6 Contributor address; City: State; Zip Coc	PT. DR. 100.00
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions) (If travel outside of Texas, complete Schedule T)
Date Full name of contributor ☐ out-of-state PAC (ID#	
MICHAEL HARRY	contribution (\$) description (if applicable)
4.2.11 1328 S. ADAMS	_ 11/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal occupation / Job title (See Instructions)	76104 (If travel outside of Texas, complete Schedule T)
- (SO MANDONS)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID# Out-of-state PAC (ID# A A S H A S City; State; Zip Code	contribution (\$) description (If applicable)
4.2.17 I boi LA SUEN RD	1 0 - 1 80
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributes	- Manualing)
Date Full name of contributor Gut-of-state PAC (ID#:_ PANK Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
420 commerce +	£ 500 100.00
Principal occupation / Job title (See Instructions)	76102 (If travel outside of Texas, complete Schedule T)
(See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#_	Amount of In-kind contribution contribution (\$) description (if applicable)
1.2.14 Contributor address; City; State; Zip Code 1209 WOODBINE U	1FF DQ. 20.00
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
	Employer (See Instructions)
ATTACH ADDITIONAL CODITO O	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 13		
2 FILAR NAME ZADEH	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)		
4.2.14 6 Contributor address; City; State; Zip Code 2400 MISTLETOE BLVD FT. WORTH. TX 76110	500.00		
9 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)		
Date Full name of contributor out-of-state PAC (ID#: RENE ROSAUES	Amount of In-kind contribution contribution (\$) description (if applicable)		
4.1.14 Contributor address; City; State; Zip Code 6013 WESTER AVE FT. WORTH TX 76133	100.00		
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)		
Full name of contributor out-of-state PAC(ID#) General Contributor address; City: State; Zip Code Amount of contribution (\$) In-kind contribution (description (if applicable) NOTER UST+ OUTREACH (If travel outside or rexas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See I			
Full name of contributor out-of-state PACUD#	Amount of contribution (\$) In-kind contribution (description (if applicable) Cool CENT HEADQUARTER 4-14 (If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Pate Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable) 2 I HOURS DESIGN (If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Exp Travel In District Travel Out Of District Office Overhead/Rental Ex	ense Transportation Ed Contributions/Do Candidate/Off	uipment & Related Expense
	The Instruction Guide	explains now to complet		- Lingery Hot Hotel aportly
1 Total pages Schedule F;	2 FILER NAME Ann Zadeh	No. 18	3 ACCOU	NT # (Ethics Commission Filers)
4 Date 2/28/14	5 Payee name Wells Fargo	3		
6 Amount (\$) 29.28	7 Payee address; City; State 201 Main St. Fort	worth TY	76102	
8 PURPOSE OF	(a) Category (See categories listed at the top	1	escription (if travel outside of Te	exas, complete Schedule T)
EXPENDITURE	Accounting/Bank	ing	checks	
9 Complete ONLY if direct expenditure to benefit C		Off	lice sought	Office held
3/2/14	Payee name Facebook Promo	nide		
Amount 65.00	Menlo Park (A 94025	•	
PURPOSE OF	Category (See categories listed at the top	of this schedule) De	escription (If travel outside of Te	xas, complete Schedule T)
EXPENDITURE	advertising accen	su pr	omo te Frierbyk o	ed page
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		ice sought	Office held
3/1/14	Payee name Thunk! tunky	- 1		
2000 ³³	1214 Fairmount	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) De	scription (If travel outside of Te	ras, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		ce sought	Office held
Date	Payee name TVAVIS PARMEN	;		
Amount (\$)	Payee address; City; Stat	e; Zip Code	<u>—————————————————————————————————————</u>	
*1,000	P.O. Box 1151-	7-TX 7611	O	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of		scription (If travel outside of Tex	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name		ce sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDI	ULE AS NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala: Legal Services Solic Food/Beverage Expense Trave Polling Expense Offic	TEGORIES FOR BOX 8(a tries/Wages/Contract Labor citation/Fundraising Expense rel in District rel Out of District ec Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Polltical Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FAER NAME ZADEH	ains how to complete this fo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-18-14	CITY SECRE		FFICE
6 Amount (\$)	7 Payee address; City; State; Z	Zip Code VORTON TX 7610	5 2
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this	schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	tht Office held
7 - 27 - 14 Amount (\$)	Payee name DANWAL INC	,	
4,694.38	12404 HWY 154		UER TX 75703
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	ADVERTISIE	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ht Office held
1261 b	Payee name	3TAPLES	<u> </u>
Amount (\$) 拼(15.74	Payee address; City; State; 2	Zip Code INVERSITY TX. T	1DR.
PURPOSE OF	Category (See categories listed at the top of this		(If travel outside of Texas, complete Schedule T)
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		PPUES
expenditure to benefit C/C		Office sough	ht Office held
3-8-14	PAY PAL		
Amount (\$) 129.81	Payee address; City; State; 2 2211 Norm Fr. F Sandosc, CA 9513	First Street	
PURPOSE OF EVENDITURE	Category (See categories listed at the top of this s	· • ·	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	
	ATTACH ADDITIONAL CODIES	C OF THE COURT IN EAC	NESS

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundrais Travel In District	sing Expense Tr	ansportation Equipment &	Related Expense
Event Expense	Polling Expense	Travel Out Of Distri	ict	ntributions/Donations Ma Candidate/Officeholder/F	de By Political Committee
Fees	Printing Expense	Office Overhead/Re		THER (enter a category n	ot listed above)
4.7.1.	The Instruction Guide	explains how to c	omplete this form.		
1 Total pages Schedule F:	2 FIAER NAME ZADE	H	·	3 ACCOUNT # (Ethic	s Commission Filers)
4 Date 3-28-14	BASS PRIN	STING	(O.1	JC.	
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			
540.05	P.O. BOX 8	20827 7618	ر ک		
8 PURPOSE	(a) Category (See categories listed at the top			travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	AD EXP	,	Pus	H CARO	72
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	0	ffice held
3.14.14	Payee name PACK N A	VAIL			
Amount (\$)	Payee address; City; Sta	te; Zip Code			
1.50	3000S.H	こにひょ	± 124		
6.50	ET. WOR	TH T	7 761	09	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (if t	ravel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	CEES	ľ	EA	X SERV	ICF
Complete ONLY if direct	Candidate / Officeholder name	L	Office sought		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	<u>-</u>	Office sought		fice held
expenditure to benefit C/O	H ·	-	Office sought		
Date 3.13.14	Payee name USPS	-	Office sought		
expenditure to benefit C/O	H ·	۸	Office sought		
Date 3.13.14	Payee name USPS	AUE_		Of	
Date 3.13.14 Amount (\$) 44.00	Payee name USPS Payee address; City; Stat 2 600 8TH 4 FT. WORT	AUE HTX	7611	Of C	fice held
Date 3.13.14	Payee name USPS	AUE HTX	7611	Of	fice held
Date 3.13.14 Amount (\$) PURPOSE OF	Payee name USPS Payee address; City; Stat 2 600 8TH 4 FT. W0 2T Category (See categories listed at the top of the continuous continu	AUE HTX	7611	Of avel outside of Texas, complete	fice held
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name USPS Payee address; City; Stat 2 600 8TH 4 FT. W0 27 Category (See categories listed at the top of Candidate / Officeholder name	AUE HTX	76() Description (If is	Of avel outside of Texas, complete	fice held
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name USPS Payee address; City; Stat 2 600 8TH 4 FT. W0 2T Category (See categories listed at the top of the continuous continu	AUE TX of this schedule)	Description (If to P. O) Office sought	Of avel outside of Texas, complete Offi	Fice held Schedule T)
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name USPS Payee address; City; Stat 2 600 8TH FT 00 8TH Category (See categories listed at the top of the categories listed at the categories li	THTX of this schedule)	Description (If to P. O) Office sought	On avel outside of Texas, complete Office of Sexas, complete Office of Se	Fice held Schedule T)
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name USPS Payee address; City; Stat Z 600 8TH ET 00 8TH Category (See categories listed at the top of the categories listed at the categories listed at the top of the categories listed at the ca	THTX of this schedule) ORTS or Zip Code CLECY	Description (If to P. O) Office sought DEAR	On avel outside of Texas, complete Office of Sexas, complete Office of Se	Fice held Schedule T)
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2.20.14 Amount (\$) 844.35	Payee name USPS Payee address; City; State 2 600 8TH A FT. WORT Category (See categories listed at the top of the category) Candidate / Officeholder name H Payee name TEXAS P Payee address; City; State FT. WORTH	THTX If this schedule) ORTS IN Zip Code IX TX TX TX TX	Description (If the P. O) Office sought NEAR BLVD	Oravel outside of Texas, complete . Box Off	e Schedule T) fice held ALTIES
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name USPS Payee address; City; Stat 2 600 8TH FT 00 8TH Category (See categories listed at the top of the categories listed at the categories li	THTX If this schedule) ORTS IN Zip Code IX TX TX TX TX	Description (If the P. O) Office sought NEAR BLVD	On avel outside of Texas, complete Office of Sexas, complete Office of Se	e Schedule T) fice held ALTIES
Date 3.13.14 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2.20.14 Amount (\$) PURPOSE OF EXPENDITURE	Payee name USPS Payee address; City; State 2 600 8TH A FT. WORT Category (See categories listed at the top of the category) Candidate / Officeholder name H Payee name TEXAS P Payee address; City; State FT. WORTH	THTX If this schedule) ORTS IN Zip Code IX TX TX TX TX	Description (If the P. O) Office sought NEAR BLVD	Oravel outside of Texas, complete . Box Off	e Schedule T) fice held ALTIES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense	Salaries/Wages/Contr	ract Labor	Loan Repayment/Re	
Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraisir Travel In District	ng Expense	Transportation Equip Contributions/Donati	oment & Related Expense
Event Expense Fees	Polling Expense	Travel Out Of District			holder/Political Committee
rees	Printing Expense The Instruction Guide	Office Overhead/Ren			egory not listed above)
1 Total pages Schedule F:		explains now to co	mpiete this to	——————————————————————————————————————	H (E) 1
i lotal pages constales.	I ANN ZADE	-4	,	3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name	•			
L. 79.11	L GO DADD'	4			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		D#21	9
79.34	14455 N.	HAYDE	NIC	D # 21	1 1
	SCOTTS DAT	E A2.	85	260	
8 PURPOSE OF	(a) Category (See categories listed at the to	pp of this schedule) (b) Description	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	ADV.	,	$\mathcal{T}_{\mathcal{X}}$	G IAM	NIAME
9 Complete ONLY if direct		<u>-</u> <u>-</u>	Office sough		Office held
expenditure to benefit C	/OH				
Date	Payee name				
2.2.14	MISDOWA	WHITE			
Amount (\$)	Payee address; City; Si				
17600	SOU IAN	GUERIDA	ュヒ		
1 1 2.	T. WORTH	TX -	16123	5	
PURPOSE	Category (See categories listed at the to	o of this schedule)		(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	HDV		DEC	461124	SUE DOED
Complete ONLY if direct	Candidate / Officeholder name		Office sough	<u> </u>	Office held
expenditure to benefit C/	OH		J		
Date	Payee name				
4.3.14	L CITY OF FT	WORTT	+		·
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
Q000	1000 THR	OCKMON	CTON	ST	
90.	FT. WORTE	1 7 1 /	6102	•	
PURPOSE	Category (See categories listed at the top			(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	GFS		ncci	JPANCY	YEFS !
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/0	OH .		J		
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code		·	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, o	complete Schedule T1
OF EXPENDITURE			•		,
Complete ONLY if direct	Candidate / Officeholder name	<u> </u>	Office sought		Office held
expenditure to benefit C/C			Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCH	EDULF AS N	IEEDED	
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Texas Ethics Comm	ssion P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-580	0 (TDD 1-800-735-298
LOANS			SCHEDULE E
The	Instruction Guide explains how to complete this form.	1 Total į	pages Schedule E:
2 FILER NAME		3 ACCO	UNT # (Ethics Commission Filers)
An	Zadeh	7.000	over a femos commission i neraj
4	AL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒	→ →	\$
5 Date of loan	7 Name of lender out-of-state PAC (ID#:		9 Loan Amount (\$)
3/5/14	Ann Zadeh		10,000
6 Is lender a financial	8 Lender address; City; State; Zip Code		10 Interest rate
Institution?	3408 Harwen Terrace		NA
Y (N)	Fort Worth TX 76109	-	11 Maturity date
12 Principal occupat	on / Job title (See Instructions) 13 Employer (See In	structions)	1074
14 Description of Col	lateral		
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State; Zip Code		
19 Principal Occupati	on (See Instructions) 20 Employer (See Ins	structions)	
Date of loan	Name of lender out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Code	• • • • • • • • •	Interest rate
Y N			Maturity date
Principal occupation	n / Job title (See Instructions) Employer (See Inst	ructions)	
Description of Colla	teral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip Code		
Principal Occupation	n (See Instructions) Employer (See Instru	uctions)	
If lend	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE or is out-of-state PAC, please see instruction guide for additi	AS NEEDED	uirements.

Texas Ethics Commis	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how	to complete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	adeh		3 ACCOU	NT # (Ethics Commission Filers)
4	OF UNITEMIZED LOANS	+ + + +	⇔ ⇔	\$
5 Date of loan 4/9/14 6 Is lender a financial Institution?	· · · · · · · · · · · · · · · · · · ·	out-of-state PAC (ID#:		9 Loan Amount (\$) 5,000 10 Interest rate
Y (N)	3408 Harwen			11 Maturity date
	n / Job title (See Instructions)	TX 76109		NA
	ii / Job title (See Instructions)	13 Employer (See Inst	ructions)	
14 Description of Colla	teral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable		City; State; Zip Code		
19 Principal Occupation	n (See Instructions)	20 Employer (See Instru	uctions)	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S	itate; Zip Code		Interest rate
Y N		• •	Ī	Maturity date
Principal occupation	/ Job title (See Instructions)	Employer (See Instru	ctions)	
Description of Collate	eral			· · · · · · · · · · · · · · · · · · ·
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable		ity; State; Zip Code		
Principal Occupation	(See Instructions)	Employer (See Instruc	tions)	
If lender	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE A	S NEEDED	Irements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A: 13
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
	Ann Zadeh		NA	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution
	Ann Kendra Zadeh		CONTRIBUTION (4)	description (if applicable)
2/28/14	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	5000	<u> </u>
	340x Harnen Terrace			1
	3108 1 40000		(if travel outside	। of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		
				······································
Date	Full name of contributor		Amount of	In-kind contribution
	Bytch Threish		contribution (\$)	description (if applicable)
2/11/1	Contributor address; City; State; Zip Code			
3/27/14	Communication address, City, State, Zip Code		50000	
	800 Freeman Ln. \$ 371	,	, i	
	Grass Jalley 959 49		l (If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		
		<u> </u>		
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
	Vivginia Thresh Contributor address; City; State; Zip Code 800 Fremm Un #311		contribution (\$)	description (if applicable)
	Contributor address: City State: Zin Code			
2/27/14	25 - Tana La H 211		500 ⁰⁹ 1	
′ / ′			j	ĺ
	bruss Valley, CA 15949		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
<u> </u>				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of (contribution (\$)	in-kind contribution description (if applicable)
	Paw J. 101Styga	·	}	description (ii applicable)
3/1/11	Paw J. Tolstyga Contributor address; City; State; Zip Code 733 Bandit Trail Keller TV 7/246		500.00	
9/1/4	733 Boardit Trail		500 1	
1.	Keller, TX 76248		. 1	
Principal agour	pation / Job title (See Instructions)			Texas, complete Schedule T)
-тпоратоссор	auon/Job lille (See Instructions)	Employer (See Inst	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:	, [Amount of	In-kind contribution
. [Barbara and Tim Tol	200	contribution (\$)	description (if applicable)
	DUI DOGOCOG OF SITE COO	W SOLI I	500.00	
3/a/14	Contributor address; City; State; Zip Code		600^{10}	
1 11	3224 Rogers Ave	_		
	FORT WORTH, TX 76109		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst		Toxas, complete dutedule 1)
			<u> </u>	

rexas Etnics Co	mmission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
	CAL CONTRIBUTION R THAN PLEDGES OR			SCHEDULE A
Th	e Instruction Guide explains how to c	omplete this form.	1 Total pages Sche	dule A:
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission Filers)
4 Date 3/19/14	5 Full name of contributor out-of- Elliot Goldman 6 Contributor address; City; State; 38 Valley Rida	Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	Ipation / Job title (See Instructions)	5 TX 70167		Texas, complete Schedule T)
	, and (out mandship)	10 Employer (See II	istructions)	
7/3/14	Steve Douls Contributor address; City; State;	Zip Code RADO DR.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Principal occup	Stephanie A Contributor address; City; State;	zip Code SH AUE. TX 76109 Employer (See Ins		In-kind contribution description (if applicable)
723/14	Full name of contributor out-of-st Jenny Davis Contributor address; City; State; 5313 ELL	Zip Code ORADODR	Amount of contribution (\$)	In-kind contribution description (if applicable) exas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins		,
7/21/14	Full name of contributor BY 101 Allen Contributor address; City; State; 2434 WASA	Zip Code SH AVE	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	7 × 76(09)		exas, complete Schedule T)
	(mondonona)	Employer (See Inst	uuclions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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