CANDIDATE	. /	OFFICE	HO	LDER
CAMPAIGN	FII	NANCE	RE	PORT

FORM C/OH COVER SHEET PG 1

			A T A D A D A D A D A D A D A D A D A D
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS(MRS)MR FIRST	MI OF THE PROPERTY OF THE PROP	OFFICE USE ONLY
INAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	P.O. Box 12173 Fort Worth TX 70 AREA CODE PHONE NUMBER	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MRS/MRS/MRS/MRS/MRS/MRS/MRS/MRS/M	MI	Date Imaged OFFICIAL RECORD CITY SECRETARY
	Zadeh		CHI DECKEIAKI
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 115 W. 2nd Street Fort North, TX		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 335-5100	EXTENSION	· Satistical Action
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/	Year
11 ELECTION	Month ELECTION DATE Day Year Primary	Runoff S	General Special
12 OFFICE	City of Fort Worth City Council District 9	13 OFFICE SOUGHT (if known)	
	GO TO PAGE	E2	After S. after to Management

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE WITHOUT THE CAND. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND. TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	-
·	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
47.001/70101/7101	:		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ NA
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ED \$ NA
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 6,851.67
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$ 31,573.29
8 AFFIDAVIT			
	A A A NOV.		
Nota My	MARYJANE SALTNA Try Public, State of Y Commission Expl July 03, 2015	Texas dimensional dimensional distribution of the second distribution of th	uh
To be the second second second		Signature of Candida	ate or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE	10	
Sworn to and subsc	of January		, this the
Mory Jane Sal	linas	MaryJane Salinas	Notary
Signature of officer adminis	stering oath	Printed-name of officer administering oath	Title of officer administering oath

Texas Ethics Co	ommission P.O. Box 12070 Austin, 1	Гехаs 78711-2070	(512) 463-580	0 (TDD 1-800-735-298
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
Ti	ne Instruction Guide explains how to complete t	his form.	1 Total pages Sci	hedule A:
2 FAR NAME	J ZADEH		3 ACCOUNT # (E	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)
18.27.14	6 Contributor address; City; State; Zip Code	2500	1,000.00	
9 Principal occi	upation/Job title (See Instructions)	6102 10 Employer (See II		of Texas, complete Schedule T)
Date	F.d.			
Date	Full name of contributor Out-of-state PAC (ID#	2D	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.4	Contributor address; City; State; Zip Code	SITY	100.00	
Principal occu	Pation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor			
	MR. ORMRS. JOHN	ROACHI	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.25.14	Contributor address; City; , State; Zip Code		500.00	
	LT. WORTH IX	76109	(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor out of state BAC (ID#_	2714.	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address; City; State; Zin Code	=#18	50.00	
	FT. WORTH, TX	76107	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,
Date	Full name of contributor Out-of-state PAC (ID#	RUS	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.22.14	Contributor address: City; State; Zip Code	10860	Gm 001	

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Contributor address; (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.

Amount of

contribution (\$)

In-kind contribution

description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

State; Zip Code

Contributor address;

Principal occupation / Job title (See Instructions)

City;

description (if applicable)

(If travel outside of Texas, complete Schedule T)

contribution (\$)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Contributor address:

Full name of contributor

In-kind contribution description (if applicable)

Date

City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Co	ommission P.O. Box 12070 Austin	n, Texas 78711-2070	(512) 463-5800) (TDD 1-800-735-298
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LO	ANS		SCHEDULE A
11	he Instruction Guide explains how to complete	this form.	1 Total pages Sch	redule A:
2 FLER NAME	LADEH		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out of state PAC(I	™	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8.27.14	6 Contributor address; City; State; Zip Co		250.00	
9 Principal occu	upation/Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(III)	#	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address; City; State; Zip Co	de h	50.00	
Principal occu	JET. WORTH IX upation/Job title (See Instructions)	Employer (See In	(If travel outside of estructions)	Texas, complete Schedule T)
Date .	Full name of contributor Out-of-state PAC (ID)	WAN.	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address; City; , State; Zip Coo	TERRE	15000	
Principal occup	pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC((ID))	* ADDOCK	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.26.14	Contributor address; City; State; Zip Cod 4904 DEX TER	71.107	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Date	Full name of contributor		Amount of Contribution (S)	In-kind contribution

8.28.14 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL	CONTRIBUTIONS
OTHER THA	N PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

		-		
The	e Instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule A:
FILER NAME	ZADEH		3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	KUNE	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8.24.14	6 Contributor address; City; State; Zip Cod	AVE	25.00	1
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#,	J	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.22.14	Contributor address; City; State; Zip Code	LOUNT	500:	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	f Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#	SER SER	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address; City; , State; Zip Code	JORTON	100.00	
Principal occupa	ation/Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Date	Full name of contributor Ut-of-state PAC (ID#		· ·	
	K. UUMAN D.S	CHUTTE	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.27.14	Contributor address; City; State; Zip Code	tuey DR	100,00	
Principal occupa	tion/Job title (See Instructions)	Employer (See Inst	(If travel outside of ructions)	Texas, complete Schedule T)
Date	Full name of contributor			
3.27.14	Contributor address; City; State; Zip Code	20.02	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1351 MISTLET FT. WORTH TX	DE		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr		Texas, complete Schedule T)
•				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		-		
Т	he Instruction Guide explains how to complete t	his form.	1 Total pages Sci	hedule A:
2 FILER NAME + NN	ZADEH		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	A.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
18.27.15	6 Contributor address; City; State; Zip Code 3700 W. 67H ST	#B	100,00	<u> </u>
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See in		of Texas, complete Schedule T)
		To Employer (dds ii	istractions)	
Date	Full name of contributor out-of-state PAC (ID#	N.	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address; City; State; Zip Code Z 804 W. BEW	ickst	100.00	
Principal con	Jpation/Job title (See Instructions)	76109	(If travel outside o	of Texas, complete Schedule T)
r micipal occi	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date .	Full name of contributor Unit-of-state PAC (ID#_KAREN KROH	DBA	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address; City; State; Zip Code	AVE	100,00	·
Principal occu	pation/Job title (See Instructions)	6109		f Texas, complete Schedule T)
- mopuroccu	pation 7 300 title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#_	NCE	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.26.14	Contributor address; City; State; Zip Code	SLN	500.00	
Principal occur	pation / Job title (See Instructions)	16107	(If travel outside of	Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·		Employer (See Inst	tructions)	
Date	Full name of contributor Out of state PAC (ID#:_	NDER	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.25.14	Contributor address; City; State; Zip Code, 4200 S. HULEN	#617	250.00	
Principal occur	ration / Job title (See Instructions)	16109		Texas, complete Schedule T)
,		Employer (See Insti	ructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Co	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
Th	e Instruction Guide explains how to complete	this form.	1 Total pages Scho	edule A:
2 FILER NAME	ZADEH	-	3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID	CAMPAIGN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6.26.14	6 Contributor address; City; State; Zip Coo Z610 GOWEN RO FT. WORTH TX	de)D 76111	(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		reads, complete contedute 1)
Date	Full name of contributor Dut-of-state PAC (ID)	XMEIL	Amount of contribution (\$)	In-kind contribution description (if applicable)
8:27.14	Contributor address; City; State; Zip Cod 3904 DRISKEU FT. IN ORTH TX	BLVD	100,00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8.27.14	Contributor address: City; , State; Zip Code	DD DR.	500.00	
Principal occup	pation/Job title (See Instructions)	Employer (See In:	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (10#,		Amount of	In-kind contribution
	VICTORIA BARG	5A5	contribution (\$)	description (if applicable)

In-kind contribution description (if applicable) contribution (\$) City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (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.

Date

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-580	0 (TDD 1-800-735-298
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Sc	chedule A:
2 ALER 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)
8-27-14 6 Contributor address; City; State; Zip Code Separate State; Zip Code	500.00	1
9 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside	of Texas, complete Schedule T)
	Instructions)	
Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-28. 14 Contributor address; City; State; Zip Code 270 WILLING AVE FT. WORTH TX 76110	100,00	!
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside onstructions)	of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#:	Amount of	
DIANESTURDIVANT	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; , State; Zip Code 3536 ROGERS	25,00	
Principal occupation / Job title (See Instructions) Employer (See In	(If travel outside o	f Texas, complete Schedule T)
The property of the second	istructions)	
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
3.22.14 Contributor address; City; State; Zip Code TOUSTYGA	5∞.∞¦	
Principal occupation / Job title (See Instructions) Fingleyer (See Instructions)	(If travel outside of	Texas, complete Schedule T)
	structions)	
Date Full name of contributor out-of-state PAC (ID#:	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)

POLITICAL	CONTRIBUTIONS
OTHER THA	AN PLEDGES OR LOANS

SCHEDULE A

Th	e Instruction Guide explains how to complete i	his form.	1 Total pages Sch	hedule A:
2 FILER NAME	2 ADEH		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	ŧ <u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
18.22.1	6 Contributor address; City; State; Zip Cod	MDR.	25.00	
9 Principal occu	upation / Job title (See Instructions)	< 16109		I of Texas, complete Schedule T)
	padon / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-12-14	Contributor address; City; State; Zip Code	NE	250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	(If travel outside o structions)	f Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (ID#		Amount of	In-kind contribution
	BRYAN EPPSTE	117	contribution (\$)	description (if applicable)
8.18.14	Contributor address: City; , State; Zip Code		1,000.00	
Principal occur	pation / Job title (See Instructions)	76109		f Texas, complete Schedule T)
Timoparoccup	valion / Job lille (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#_ GNUA M BIVENS)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.4.14	Contributor address; City; State; Zip Code 5913 MC KAS KLE ().		100°00	,
Principal conun	FT. WORTH TX 7	6124	(If travel outside of	Texas, complete Schedule T)
- тисірагоссир	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of contributor FRAN M C ARTHU Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	ZZUS STHAVE FT. U	JORAH 3	300°00	Toyon namelata Catalata T
Principal occupa	ation / Job title (See Instructions)	Employer (See Instr		Texas, complete Schedule T)

Texas Ethics Co	mmission P.O. Box 12070 Austin, 7	lexas 78711-2070	(512) 463-580	V (TDD 4 900 705 0000
POLITI	CAL CONTRIBUTIONS THAN PLEDGES OR LOA		(012) 403-300	(TDD 1-800-735-2989
The	e Instruction Guide explains how to complete t	his form.	1 Total pages So	chedule A:
2 FILER NAME	ZADEH		3 ACCOUNT# (Ethics Commission Filers)
4 Date	Full name of contributor Unit-of-state PAC (ID#	DEN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9.4.14	6 Contributor address; City; State; Zip Code 500 W. 7 TH ST.	# 27 STE 100	2,500.	
9 Principal occu	pation/Job title (See Instructions)	10 Employer (See I	(If travel outside	of Texas, complete Schedule T)
Date		<u> </u>	,	
Date	Full name of contributor ROOKE		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.11.14	Contributor address; City; State; Zip Code	<u>_</u> .	500.∞	l
Principal occup	pation/Job title (See Instructions)	T610.7 Employer (See In	(if travel outside onstructions)	of Texas, complete Schedule T)
Date .	Full name of contributorout-of-state PAC (ID#:	• • • • • • • • • • • • • • • • • • • •	Amount of	In leind contribution
0 12 11	Contributor address; City; State: Zip Code		contribution (\$)	In-kind contribution description (if applicable)
7.12.19	608 PAINT PONY	TR.N.	250.00	
Principal occup	ation/Job title (See Instructions)	Employer (See In:	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (ID#	, ,	Amount of	
	VIRGINIA WIH	RESH	contribution (\$)	In-kind contribution description (if applicable)
9.15.14	Contributor address; City; State; Zip Code	N #311	100.00	
Principal occupa	rtion / Job title (See Instructions)	1 45749	(If travel outside of	Texas, complete Schedule T)
	- Gee instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor Out-of-state PAC (IDM:	Pinck	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.13.14	Contributor address; City; State; Zip Code 1329 GREEN BRID	ER DR.	250.00	
Delevate at	DALLAS TX 757	225	(If travel outside of	Texas, complete Schedule T)

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Texas Ethics Co	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-580	0 (TDD 1-800-735-298	
POLIT	ICAL CONTRIBUTIONS		(= !=/ !00 000	(1001-000-735-296	
OTHE	R THAN PLEDGES OR LOA	ANG		SCHEDULE A	
	LEDGES OR LOP	- ANS		SCHEDULE A	
TI	20 Instruction Cult		14 711		
	he Instruction Guide explains how to complete	this form.	1 Total pages So	chedule A:	
2 PILER NAME	7 /		3 ACCOUNT# (Ethics Commission Filers)	
TWN	CADEH				
4 Date	5 Full name of contributor ut-of-state PAC (ID	#	7 Amount of	8 In-kind contribution	
0.0.1	FT. WORTH + WIDOWS	EFIGHTES	contribution (\$)	description (if applicable)	
4.13.14	6 Contributor address; City; State: Zip Coc	ie Confort	AC 600	1	
	1617 TIERNEY RD	GOVERNENT	500.		
	LFT. WORTH TX T	6112	(If travel outside	of Texas, complete Schedule T)	
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	structions)	or rexes, complete Scriedule 1)	
Date	Full name of contributor				
J 4.5	Full name of contributor Dut-of-state PAC(IDA		Amount of	In-kind contribution description (if applicable)	
82814	Contributor address: City; State: Zip Cod		1 00 00		
0.20.1	100 THROCKMORTO	N#300	1,000,00		
Defects	I HTWORTH TX -	16102.	(if travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	rexas, complete Schedule 1)	
Date	Full name of contributor Out-of-state PAC (ID)				
	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
200	Contributor address; City: State: Zin Code	MPHIGN	(0)	cocarption (it applicable)	
4.10.14	Contributor address; City; State; Zip Code	#1020	750.00		
	ET WAS TO THE	1,4 1050	250.		
Principal occup	pation/Job title (See Instructions)	76102	(if travel outside o	f Texas, complete Schedule T)	
•		Employer (See Ins	tructions)		
Date	Full name of contributor out-of-state PAC(ID#:	, I	Amount of		
	FREESE + NICHOLS	DAC	contribution (\$)	In-kind contribution description (if applicable)	
7.9.4	Contributor address; City; State; Zip Code		2000		
1. 1.1	4055 INTERNATION	AL MAZA	250.1		
	ET. WORTH TX 76109	#200			
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	(If travel outside of	Texas, complete Schedule T)	
5-4					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
,	THIKLEE J. GAN	DY	contribution (\$)	description (if applicable)	
1.11.14	Contributor address; City; State; Zip Code	4	00		
* 207 N N	4250 DARITA CT		ا ۱۰۰		
Delmater	LT. WORTH IX	76109	(If travel outside of	Texas, complete Schedule T)	
Principal occupa	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL CODIES OF THE COLUMN					

Texas Ethics Co	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-580	0 (TDD 1-800-735-298
POLITI	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
Th	e Instruction Guide explains how to complete	this form.	1 Total pages So	hedule A:
2 FILER NAME	LADEH	-	3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID)	* NE	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9.15.14	6 Contributor address; City; State; Zip Cod	le IR,	500.00	
9 Principal occu	pation/Job title (See Instructions)	176034	(If travel outside	of Texas, complete Schedule T)
Date	<u> </u>	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	DEON	Amount of contribution (\$)	In-kind contribution description (if applicable)
4.3.14	381Z MO PTI CE	UTO DR	100,00	
Principal occu	pation / Job title (See Instructions)	TOLO T Employer (See I	(If travel outside onstructions)	of Texas, complete Schedule T)
Date .	Full name of contributor Out-of-state PAC (ID#:	M	Amount of contribution (\$)	In-kind contribution description (if applicable)
4.24.14	Contributor address; City; State; Zip Code	DE DR.	250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See in		f Texas, complete Schedule T)
Date	Full name of contributor			
00.4	CLARA 1. CORB	in.	Amount of contribution (\$)	In-kind contribution description (if applicable)
4.3.14	Contributor address; City; State; Zip Code	us DR	200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	(If travel outside of	Texas, complete Schedule T)
		-inployer (dee in	sudctions)	
Date	Full name of contributor out-of-state PAC (ID#_		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Ti	ne Instruction Guide explains how to complete	this form.	1 Total pages So	chedule A:
2 FILER NAME	ZADELL		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)
8.27.16	GOOD GOVERNEUT FOR	de	2,500,4	
9 Principal occi	PT-WORTH TX T	6102	(if travel outside	of Texas, complete Schedule T)
		10 Employer (See I	nstructions)	
P. 13.14	Full name of contributor Unit-of-state PAC(ID# FIRESTONE & CORECTSO Contributor address; City; State; Zip Code	N	Amount of contribution (\$)	in-kind contribution description (if applicable)
0.7.	901 W. VICKERY		250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside structions)	of Texas, complete Schedule T)
Date	Full name of contributor		1	
15 (1) li	GARY DWORKING		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.18.1	Contributor address; City; State; Zip Code		25.00	
Principal occur	FT. WORTH TY TI	0109	(If travel outside o	of Texas, complete Schedule T)
- moperoccu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
7.14.	Contributor address; City; State; Zip Code	FARMS Dr.	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	(If travel outside of tructions)	f Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#_	NOWER	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-3-14	Contributor address; City; State; Zip Code		75.00	·
Principal occupa	ation / Job title (See Instructions)	16104	(If travel outside of	Texas, complete Schedule T)
		Employer (See Inst	ructions)	
•				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Th	e Instruction Guide explains how to complete	this form.	1 Total pages So	chedule A:	
2 FILER NAME	· /	-	3 ACCOUNT# (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC(ID)	50N	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4.28.1	6 Contributor address; City; State; Zip Cod ZIIO PARK PLACE	AJE	500°ES		
9 Principal occu	L FT. WORTH TY -	16110	(If travel outside	of Texas, complete Schedule T)	
9 Fillicipal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
9.4	Contributor address; City; State; Zip Code	D.C.	400.00	 	
Principal occur	pation/Job title (See Instructions)	1601.	(if travel outside	l of Texas, complete Schedule T)	
		Employer (See In	structions)		
Date .	Full name of contributor Out-of-state PAC(ID#;	··)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-18-14	LANCE EVANS Contributor address; City; State; Zip Code 115 W. 2ND ST. # 202		∂00.°°	·	
Principal occup	Ation/Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)	
- Timeparoccup	audity 300 little (See Instructions)	Employer (See Ins	structions)		
Date 14	Full name of contributor Out-of-state PAC (10)#_ GARY DWORKIN		Amount of contribution (\$)	In-kind contribution description (if applicable)	
0.00,1	Contributor address; City; State; Zip Code 2804 WEST BEWICE CT 11 100 704		25.00		
Principal course		16109	(If travel outside of	Texas, complete Schedule T)	
r michaiocop	ation / Job title (See Instructions)	Employer (See Ins	tructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
	GARY DWORKIN		contribution (\$)	description (if applicable)	
0-18-19	Contributor address; City; State; Zip Code 2804 WEST BEU	JICK	25.00	,	
·	FT. WORTH TX	76109	(If travel outside of	Texas, complete Schedule T)	
Principal occupa	tion / Job title (See Instructions)	Employer (See Inst	ructions)	complete ordeddie 1)	
			-		

Texas Ethics C	ommission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-580	0 (TDD 4 900 735 2000	
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LO		(012)403-000	0 (TDD 1-800-735-2989 SCHEDULE A	
Т	he Instruction Guide explains how to complete	this form.	1 Total pages Sc	hedule A:	
2 FILER NAMI	ZADEH		3 ACCOUNT# (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)	
11-22-1	6 Contributor address; City; State; Zip Coo Z804 WEST BEWLO		25.00		
9 Principal occ	Pupetion/Job title (See Instructions)	6109	(If travel outside	of Texas, complete Schedule T)	
		10 Employer (See i	Instructions)		
Date	Full name of contributor Out-of-state PAC(ID)	*	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-27-14	Contributor address; City; State; Zip Cod	de -	250,00		
Principal occu	Upation / Job title (See Instructions)	Employer (See Ir	(If travel outside o	of Texas, complete Schedule T)	
Dele					
Date .	Full name of contributor Out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8.26.19	Contributor address; City; State; Zip Code	BUD.	150.00		
Principal occur	pation / Job title (See Instructions)	0110	(If travel outside o	f Texas, complete Schedule T)	
	pation Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-31-14	Contributor address; City; State; Zip Code		25.00		
	FT. WORTH TX -	76109	(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	reads, complete scriedule 1)	
Date	Full name of contributor Contributor ROSALES		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City: State; Zip Code			1	
8.31.14	GOIZ WESTER AVE	.	100.00		
8.31.14	6013 WESTER AVE FT. WORTH TX 7 ation/Job title (See Instructions)	6133	100.	Texas, complete Schedule T)	

Texas Ethics C	ommission P.O. Box 12070	Austin, Texas	s 78711-2070	(512) 463-580	00 (TDD 1-800-735-298
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR	LOANS	5		SCHEDULE A
	he Instruction Guide explains how to cor	mplete this t	form,	1 Total pages So	chedule A:
2 FILER NAM				3 ACCOUNT# (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	ale PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9.29.19		Zip Code N1CK	00	25.00	
9 Principal occ	supation / Job title (See Instructions)	(101	09	(If travel outside	of Texas, complete Schedule T)
			Employer (See	Instructions)	
Date	Full name of contributor ut-of-stal	te PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.6.14	Contributor address; City; State;	Zip Code	-	100.00	
Principal occ	Principal occupation / Job title (See Instructions) Findings (See Instructions)			(If travel outside o	f Texas, complete Schedule T)
			Employer (See I	nstructions)	tompieco deriodalo ()
Date .	Full name of contributor ut-of-state	PAC(ID#;)	Amount of	
10.014	GARY DWORKIN			contribution (\$)	In-kind contribution description (if applicable)
10.18.14	70011 11150-0	Zip Code	100	25.00	*
Principal occu	pation / Job title (See Instructions)	XIL	0109	(If travel outside o	of Texas, complete Schedule T)
			Employer (See In	structions)	
Date	Full name of contributor out-of-state	PAC (ID#:		Amount of	In-kind contribution
,	GARY DWORKI	N		contribution (\$)	description (if applicable)
11-15-14	Contributor address; City; State; Z	EWI	CK	25.00	
Principal	HT. WORTH T	X76	2109	(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions)		Employer (See Ins	structions)	,, rote contended 17
Date	Full name of contributor	PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zi	p Code			

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

,	EXPENDITURE CATE	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries Legal Services Solicitat Food/Beverage Expense Travel I Polling Expense Travel (JWages/Contract Labor ion/Fundraising Expense n District Out Of District 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 explain:		
1 Total pages Schedule F:	2 FILER NAME ZADEH		3 ACCOUNT # (Ethics Commission Filers)
4 Date 31-14	5 Payee name		
6 Amount (\$) 4 4,00	7 Payee address; City; State; Zip ZLOO STH AUE FT. WORTH	Code 7 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche	dule) (b) Description ((If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Data			
9-6-14	Payee name BOSQUEZ PR	INTING	
Amount (\$)	Payee address; City; State; Zip	Code	
84.44	1327 E. SEMIN	JARY DR	,
PURPOSE	Category (See categories listed at the top of this sched	(ula) Deparintion (
OF	A series of the series of the series of the series	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADUELLISING		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date i	Payee name -		
8.19.14	USPS =		
Amount (\$)	Payee address; City; State; Zip C	ode	
98.00	2600 8TH AUE	71.00	
DUDDOOF	Cotogon (S)	16110	
PURPOSE OF	Category (See categories listed at the top of this sched	ule) Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE	FEES		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date ¿	Payee name		
4-5-14	City CWB		
Amount (\$)	Payee address; City; State; Zip C	ode	
1873.93	P.O. BOX 9108 EAUAS TX 7	8S 5391	
PURPOSE	Category (See categories listed at the top of this schedu	le) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/BEV		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES

SCHEDULE F

				management of the control of the con
	EXPENDITURE CA	TEGORIES FO	R BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Sa	laries/Wages/Contra		an Repayment/Reimbursement
Accounting/Banking		licitation/Fundraising	_	nsportation Equipment & Related Expense
Consulting Expense Event Expense		avel In District	Cor	ntributions/Donations Made By
Fees		avel Out Of District ice Overhead/Renta		Candidate/Officeholder/Political Committee
	The Instruction Guide exp			HER (enter a category not listed above)
1 Total pages Schedule F:	T	nams now to com	piete tins form.	
i Total pages Schedule P.	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	_		
12-5-14	LAURIE WISDE	M		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
	QGOO TANGI	FRIDGE	<u> </u>	
75.00	0.500 17110611			
10°	MI. WORTH	X 161	23	
8 PURPOSE	(a) Category (See categories listed at the top of thi	s schedule) (b)	Description (If tra	vel outside of Texas, complete Schedule T)
OF	PRINTING		, ,	,
EXPENDITURE	PRIDITAGE			
9 Complete ONLY if direct	Candidate / Officeholder name	(Office sought	Office held
expenditure to benefit C/C	DH			*
Date	Payee name			
17-17-14	TOOK OF IN	10 10	1	
1211	WIRKELL EN	OVATION	J	
Amount (\$)	Payee address: City; State;	Zip Code		
240 21	1 V.U. BOX 1568	う		
217.51	(1) NO TI	-	△ 1	
0	PT. WOLT H 1>	1761	O(1)	
PURPOSE	Category (See categories listed at the top of this	schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	VOINTING			
O	7 10 10 11 10 B			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	, ,	Office sought	Office held
Date	Payee name -			
12-17-14	LOCKPEN EX	DOVATIO	()	
Amount (\$)		Zip Code	,,-	
, (4)	DO DO STATE	Zip Code		
16250	1.0.00X 156	0		
100.00	LT WORTH T	Z Tho	101	
PURPOSE	Category (See categories listed at the top of this			el outside of Texas, complete Schedule T)
OF		ouleddie)	Description (in eav	er outside or rexas, complete Schedule 1)
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/OI			3	O'MOD HOIG
Date	Payee name			
11-00-14	PATRAL			•
Amount (\$)	Payee address; City; State; 2	Zip Code		
-0110	20-	28t 5t	_	
78.49	ZZZI NOZWEPI	50151	. — 1	
	DAN JOSE C	A 45	131	
PURPOSE	Category (See categories listed at the top of this s	schedule) E	Description (If trave	el outside of Texas, complete Schedule T)
OF	CEE		. ,	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	rtto			
Complete ONLY if direct	Candidate / Officeholder name	0	ffice sought	Office held
expenditure to benefit C/O	Н			i
	ATTACH ADDITIONAL COPIES	S OF THIS SOUR	DILLEVONELL	NED.
	WITH COLICE	プロー・コロロン つし門口	いいにこ べう いにたし	JEV 1

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEG	ORIES FOR BOX 8(a))		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)				
	The Instruction Guide explains				
1 Total pages Schedule F:	2 FILER NAME ZADEH	2.51 V	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City: State; Zip C	20de 0N X 7610			
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched	The second secon	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	LEES!				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	t Office held		
Date .	Payee name				
12-19-14		RMER			
Amount (\$)	Payee address; City; State; Zip C	7			
• (FT. WORTH 1>	(76110)		
PURPOSE OF	Category (See categories listed at the top of this schedu	le) Description ((If travel outside of Texas, complete Schedule T)		
EXPENDITURE	CONSULTING EXP				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name -				
12-31-14	WEUS FARGO				
Amount (\$)	Payee address; City; State; Zip Co	228			
PURPOSE	Category (See categories listed at the top of this schedul	(e) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	FEES		, and the second		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Co	de	·		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (II	f travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		