P.O. Box 12070

(512) 463-5800

	OFFICEHOLDER REPORT		FORM C/OH COVER SHEET PG 1
ET WORTH	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX 12173 Fort Worth TX		RECEIVED Part Hand-delivered or Postmarked JUN 1 3 2014 Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) 924-3811	EXTENSION	Date of tessed II SEURE HARV
6 CAMPAIGN TREASURER NAME	MS/MRS WID (Tanshyd) Z NICKNAME LAST Zadeh	adeh Suffix	Date Imaged 9 G 7
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 115 W. 2nd Str Tort. Worth		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 335-5100	EXTENSION	
9 REPORT TYPE	July 15 30th day before election Bth day before election	Runoff Exceeded \$500 fimit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	6 / 13	Year
11 ELECTION	Morath Day Year ELECTION TYPE G / 21 / 14 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN City of City Co	Fort North Uncil District 9
the decidence of the	GOTOPA	GE 2	1,52

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

s Commission Filers)				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
С				
مي (
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$42,460				
-				
4. TOTAL POLITICAL EXPENDITURES \$ 24,686 58				
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD - \$ 22,575				
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,000				
mpanying report				
o be reported by				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTAR-497AMP SEAA-BOVE				
1 1/10 00 1/101 1/1				
Sworn to and subscribed before me, by the said, this the, this the, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
n il				





FORT WORTH POLICE OFFICERS ASSOCIATION

904 COLLIER FORT WORTH, TX 76102 PHONE: 817-870-2171 FAX: 817-870-1103

June 12, 2014

Ann Zadeh Campaign P.O Box 12173 Fort Worth, TX 76110 manhed on report

Dear Mrs Zadeh,

The Political Actions Committee of the **Fort Worth Police Officers Association** has made an in-kind contribution to your campaign in the amount of \$7,977.00

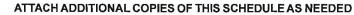
Please feel free to contact me if I can assist you in any way.

Sincerely,

Lloyd Cook PAC Chairman Contribution in Kind

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:
2 F ER NAME	3 ACCOUNT # (Ethics Commission Filers)
ANN LADEH	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution
NANCY GUNNIN	contribution (\$) description (if applicable)
5.20.14 6 Contributor address; City; State; Zip Code	20.00
6345 WAR WICK HIL	LS
FT. WORTH TX 761	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor) Amount of In-kind contribution
LEANNE BEARDEN	contribution (\$) description (if applicable)
6.7.14 Contributor address; City; State; Zip Code	
6601 Fronct	150.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
r interpol decorption is to be fine (edec management)	Employer (dec mandatoria)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution
built leave Ott	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
5.6.14 3205 LEMESA PLACE	10000
	100.
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC(ID#:) Amount of In-kind contribution
MARY A TORE	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
5.2.14 5004 WARFHAM T	350.00
A CONTRACTOR OF THE PARTY OF TH	71.017
ARUNGTONITY	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#:) Amount of In-kind contribution
I DAN ZASELI	contribution (\$) description (if applicable)
SIN ZADEH	100.00
5.10.14 Contributor address; City; State; Zip Code	100 PAYMENT TO
	LID9 CANVASSOR
H. WOKTH IX I	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)





P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	ZADEH		3 ACCOUNT # (Et	hics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 in-kind contribution	
5.74.14	6 Contributor address; City; State; Zip Code	Assa.	contribution (\$)	description (if applicable)	
0211	800 W WEATHER	FORD ST	1,000	,	
	LT. WORTH IX	16102	(If travel outside of	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	AT ZAREL		contribution (\$)	description (if applicable)	
00711	A.T. ZADEH		٠ . ١		
5-21-14	Contributor address; City; State; Zip Code	30	3,000		
	GRAPEVINE TX TO	051	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In		recas, complete deficación ()	
745					
Date	Full name of contributor out-of-state PAC (ID#:)	- Amount of	In-kind contribution	
	CHARLES CROWNER	0	contribution (\$)	description (if applicable)	
	CHARLES CRONINGE				
6-22-14	Contributor address; City; State; Zip Code	*	22000		
300	1601 LASUEN RD	- ^	200.		
	SANTA BAR BAR	A CA 93103	b O (If travel outside (of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In		or read, derripted derivative ty	
		17 Shares Class - 4833 - 50000000000000000000000000000000000			
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution	
	PRESTON MUNDT		contribution (\$)	description (if applicable)	
6.78.14	Contributor address; City; State; Zip Code		70-12		
13.70.11	2027 HAWTHORNE		150		
	Fr. WORTH TX	16110	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	SOUSAN SAFAKI	5H	contribution (\$)	description (if applicable)	
0 20 11	Contributor address; City; State; Zip Code				
5.27.17			250.00		
	12780 BRAND CT	10011	200	İ	
	SAN MARTIN CA C	15046	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A: 13					
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)					
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)					
5.31.14 6 Contributor address; City; State; Zip Code	DR. 250,00					
FI. WUIZIA IX I	(If travel outside of Texas, complete Schedule T)					
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)					
Date Full name of contributor Out-of-state PAC(ID#:_	Amount of In-kind contribution contribution (\$) description (if applicable)					
Contributor address; City; State; Zip Code	DR. 200.00					
FI. WOICH IX	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)	Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)					
6-3-14 Contributor address; City; State; Zip Code	500.00					
	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)	Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:_	Amount of In-kind contribution contribution (\$) description (if applicable)					
6.4.14 Contributor address; City; State; Zip Code 4432 Maudow (DAK DR 20.00					
LT. WORTH IX I	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)	Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:_) Amount of In-kind contribution					
DANIEL BAPPETT	contribution (\$) description (if applicable)					
Contributor address; City, State; Zip Code	PLACE 200.00					
FT. WORTH, TX 7610	(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)	Employer (See Instructions)					

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SCHEDULE A

	<u> </u>		<u>_</u>		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 13		
2 FILERWAME	J ZADEH		3 ACCOUNT # (Et	hics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	₩T	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
6.4.14	6 Contributor address; City: State; Zip Code 2536 ROGERS AC	JE 71 DT	30.00		
	FT. WORTH IX	1001	(If travel outside of Texas, complete Schedule T)		
9 Principal occup	pation / 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)	
6.4.14	Contributor address: City; State; Zip Code 5333 COULNWOOD		50.00		
	PT. WORTH 1X	16101	(If travel outside o	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
.	DAN K. 4 SHAKON	MILLINS	(4)		
62014	Contributor address; City; State; Zip Code	= N0	750.00		
500	2701 SIMONDAU	EDK .			
	LT. WORTH, 1X	76109	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	DAVID OR LARIST	1 KEUNE	Contribution (\$)	description (if applicable)	
4.28.19	Contributor address; City; State; Zip Code	S POINT	750.00		
	FT. WORTH, T	X 76132	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
	ROBERT L. SNO	KE	contribution (\$)	description (if applicable)	
5.27.1	Contributor address; City; State; Zip Code		250.00		
	2000	6110	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See In	The state of the s		

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P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A: 13
2 FILERINAME ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
5.27.146 Contributor address: City: State; Zip Code	E 100.00
FT. WORTH TX	76107 (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor Q out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
5.30.14 Contributor address: City; State; Zip Code 11.00 EUZABETH	500.00
FT. WORTH, TX 7	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
5.29.14 Contributor address; City: State; Zip Code 4712 GREENWAY	750.°°
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Timepore deceptation 7 555 time (dec mistractions)	Employer (dee insulations)
Date Full name of contributor out-of-state PAC (ID#:_	Amount of In-kind contribution contribution (\$) description (if applicable)
6.4.14 Contributor address; City; State; Zip Code 7054 TAMARACK	[00.00]
LT. WORTH IX	7616 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description (if applicable)
6.4.14 Contributor address; City, State; Zip Code 2230 COLLEGE A	JE. 50.00
FT. WORTH IX	76(10) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:
2 FILER NAME N ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	# 600 100.00
FT INDRITH IX T	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	(in table) detailed of reads, complete seriedate 1)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
5.31.14 Contributor address; City; State; Zip Code 4801 BELDON TR.	2,000.00
COLLEYVILLE TX 7	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
5.5.14 Contributor address; City; State; Zip Code 5313 EL DORADO I	DR. 100.00
FT. WORTH TX 7	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#) Amount of In-kind contribution
BEVELLY STEPHENS	BRANHAM description (if applicable)
6.4.14 Contributor address; City; State; Zip Code	400.00
FT. WORTH TX 71	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date ANDRE R. MC EWIN	Amount of contribution (\$) In-kind contribution description (if applicable)
6.9.14 Contributor address; City; State; Zip Code 3301 CHANCEUORS	SVILLE 50.00
FOREST HILL TX 7	(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

SCHEDULE A

Y-10-10-10-10-10-10-10-10-10-10-10-10-10-	-
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 13
2 FARR NAME ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:) RONNIE NEURERY	7 Amount of 8 In-kInd contribution contribution (\$) description (if applicable)
6.11.14 6 Contributor address; City; State; Zip Code 3416 HARNEN TERR.	50.00
FT. WORTH TX 76109	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
6-10-14 DAVID PETT IT Contributor address; City; State; Zip Code 1201 CLOVER LN	250.00
FT. WORTH TX 76107	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
BRAD / VIAHON	
6.9.14 Contributor address; City; State; Zip Code 505 PECAN ST. # 101	100.00
FT. WORTH, TX 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
6.9.14 Contributor address; City; State; Zip Code LN	100.00
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
6.7.14 Contributor address; City; State; Zip Code 2600 W. 7TH ST. # 2650	100.00
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)

Austin, Texas 78711-2070

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P.O. Box 12070

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 contributorout-of-state PAC (ID#)	7 Amount of 8 In-kind contribution
	HAMMER + NAILS GUB CANDID. 6 Contributor address: City: State: Zip Code	contribution (\$) description (if applicable)
6.10.14	6 Contributor address; City; State; Zip Code 7001 BLVD. 26#323	250.00
	FT. WORTH, TX 76180	(If travel outside of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions) 10 Employer (See	Instructions)
Date	Full name of contributor	Amount of In-kind contribution
	FT. WORTH FIREFIGHTERS COMM	contribution (\$) description (if applicable)
6.8.14	3855 TULSA WAY	5,000.00
	FT. WORTH, TX 76107	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
	DANINY R. MOSS KELLY MOSS	contribution (\$) description (if applicable)
1.1	Contributor address; City; State; Zip Code	20 - 00
6.5.14	1800 FAIRWAY BEND	250.°°
	HASIET ITX 76052	
Driverinal sesua	111000	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See	mstructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
	Peter Croninger	contribution (\$) description (if applicable)
5.11.10	Contributor address; City; State; Zip Code	
5.16.14	3419 Wood cliff Rd	500 -
	Sherman Oaks, CA 91403	
Driverinal accoun		(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC(ID#:)	Amount of In-kind contribution
	Dale Story	contribution (\$) description (if applicable)
F. 28.14	Contributor address; City; State; Zip Code	2500
J	2622 575 Hue	03-
	Fort Worth TX 76110	
Principal occup	pation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)

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SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Katter Matthews		contribution (\$)	description (if applicable)
6.12.14				
0.12.11	ACTIVITIES OF THE PROPERTY OF	0-	5000	
	849 Thomas Crossing		20	<u>.</u> [
	Burleson JTK 760	28	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / 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)
	Fort Worth Police Officers	ASSOC.	Contribution (4)	description (if applicable)
6.12.14	Contributor address; City; State; Zip Code		797700	Signs 4
6.12.11	904 Collier		1,417	mailing
	Fort Worth TX			O
Principal occur	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
T iniciparoccup	Salotty 300 title (Gee Halfactions)	Employer (See in	Structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Magnolia Cheese Co	MOUNY	contribution (\$)	description (if applicable)
1 / 101		1.1.1.0		20000ft
6.6.14	Contributor address; City; State; Zip Code	Ano	17320	En fragent
				1000 TO GUERO
	Fort Worth TX -	76104	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Data	Edlamatica Daniel			In the I constitution
Date	Full name of contributor out-of-state PAC((D#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	JIM ZADEH			MATE O
6.13.14	Contributor address; City; State; Zip Code	0	2000.00	JOIEK
	3408 HARWEN TER			OUTREACH
	FT. WORTH TX 7	6109	(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Jerry C. Bodifiro	λ	contribution (\$)	description (if applicable)
6.13.14	Contributor address; City; State; Zip Code		100000	Kent
3	P.O. Box 47 1699		1000-	Headquiters
	Ext Unith TV 7	6147		5-44
Principal occur	pation / Job title (See Instructions)	Employer (See In	The same and the s	of Texas, complete Schedule T)
, morper coccu	paris 335 tille (GGC Institucions)	Linkoyer (dee iii		
			-	

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Con- Solicitation/Fundraisi	tract Labor	Loan Repayment/Reimb Transportation Equipmer	Property and the second second
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District		Contributions/Donations	Control of the Contro
Fees	Printing Expense	Office Overhead/Rei		OTHER (enter a categor	
	The Instruction Guide	explains how to co	omplete this for	m	
1 Total pages Schedule F:	ANN ZADEH			3 ACCOUNT # (E	thics Commission Filers)
4 Date 5-1-14	TRANIS PARN	IER (C)	(15M)		
6 Amount (\$)	7 Payee address; City; Sta				
2250.00	P.O. BOX II	TX 76	104		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	ADV. EXP.				
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	-	Office sough	t	Office held
5.2.14	BASS PRINT	TING			
Amount (\$)	Payee address; City; St	ate; Zip Code		. :	
3041.56	N. R. H. TX	7618	2		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	ADV. EXP				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	1	Office sough	t	Office held
5.6.14	BASS PRIN	TING			
Amount (\$)	Payee address; City; St	ate; Zip Code			
3008.17	NRH TX	76182			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	ADV. EXP.				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held
5.15.14	Payee name USPS				
Amount (\$)	Payee address; City; St	ate; Zip Code			
44.00	2600 8TH A	TX 761	10		
PURPOSE	Category (See categories listed at the to			(If travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	FEES				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held
	ATTACH ADDITIONAL O	OPIES OF THIS S	CHEDULE AS	NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contr Solicitation/Fundralsin Travel In District Travel Out Of District Office Overhead/Reni	g Expense Tra Co	in Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
. 555	The Instruction Guide		1.E	TEX (once a salegory has head above)
1 Total pages Schedule F:	2 FILER NAME ZADE	Н		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6.8.14	5 Payee name UARTER			
6 Amount (\$) 278.14		te; Zip Code 261 0 63179	1	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	-	Office sought	Office held
5.19.14	Payee name DANWAU	NC		
Amount (\$) 1,342.74	Payee address; City; S		DUTH	. *.
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	Office held
5.6.14	Payee name UAURIE WIS	SDOM		
381.25	Payee address; City; S	tate; Zip Code	E 6123	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	e	Office sought	Office held
5.9.14	1 1 1 1 1 1 1 1	KER		
Amount (\$)	P.O. BOX I		SILO	Install a strike of Tours and the County Installation
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule) IMB BASS	Description (if	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C.		e	Office sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS N	EEDED

	EXPENDITURE C	ATEGORIES FOR BOX 8	(a)	1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Fravel In District Fravel Out Of District Office Overhead/Rental Expense	Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic	ipment & Related Expense
		xplains how to complete this		atogory mot notes above,
1 Total pages Schedule F:	2 FIMER NAME ZADEL	4	3 ACCOUN	T # (Ethics Commission Filers)
5.12.14	5 Payee name TRAVIS PAR	ener		
6 Amount (\$) 2,328.00	P.O. BOX IIS	17 1× 76110		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed arms top)	of this schedule) (b) Descrip	otion (If travel outside of Te	xas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	- Office s	ought	Office held
5.12.14	Payee name TRAVIS PA	RMER		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Zpoo.00	P.O. BOX II	517 TX 76110		
PURPOSE	Category (See categories listed at the top	of this schedule) Descrip	otion (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	CONSULTI	NG		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office s	ought	Office held
5-28-14	LEANNE BEA	RDEN		
502.43	Payee address; City; Sta	te; Zip Code FT. WORT-	+TX 71	6132
PURPOSE	Category (See categories listed at the top	of this schedule) Descri	otion (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	EVENT EXP. (REIMB)		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office s	ought	Office held
Date 5.28.14	Payee name PAY PAU			
Amount (\$)		te; Zip Code		
118.61	SAN JOSE C	FIRST ST A 95131		
PURPOSE OF	Category (See categories listed at the top	of this schedule) Descri	ption (If travel outside of Te	exas, complete Schedule T)
EXPENDITURE	FEES			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office s	sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULI	AS NEEDED	

P.O. Box 12070

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Con Solicitation/Fundrals Travel In District Travel Out Of District	ing Expense T	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ntal Expense C	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to co	omplete this form	1.
1 Total pages Schedule F:	2 FILER NAME ZADEL	4		3 ACCOUNT # (Ethics Commission Filers)
5.29.14	TRAVIS PA	RMER	(REIN	MB BASS)
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code		
539.14	FT. WORTH	TX -	16110	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADV (BAS	55)		
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	-	Office sought	Office held
Date	Payee name			
6.3.14	TXU			
Amount (\$)	Payee address; City; St	ate; Zip Code		(x - X
10100	PO. BAY I	5013	8	-
101.90	DALLAS TY	7624	Š	
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CECK			
	Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/			Onice acugin	Cilia nois
6.4.14	CHUS DAR	CHE		
Amount (\$)	Payee address; City; St	ate; Zip Code		
120.00	G WORTH	TIN-	16122	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	TIL FOOD		• 1000 1000 1000 1000 1000 1000 1000 10	•
EXPENDITURE	Condidate (Con to 1)	P	Office	Osia- held
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	·	Office sough	t Office held
Date	Payee name			
5.20.14	PAYPAL			
Amount (\$)		ate; Zip Code		
33.10	SAN JOSE	FIRST	ST 15131	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FEES			!
	Candidate / Officeholder name		Office sough	t Office held
Complete ONLY if direct expenditure to benefit Co			Cilico adugili	. Since Hold
	ATTACH ADDITIONAL O	COPIES OF THIS	SCHEDULE AS	NEEDED

P.O. Box 12070

				
Advertising Expense	EXPENDITURE Gift/Awards/Memorials Expense	Salaries/Wages/Cor	tract Labor	oan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundrais Travel In District		Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Distri	T-0.	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	•	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to c	omplete this for	n.
1 Total pages Schedule F:	2 FILENAME ZADEI	A		3 ACCOUNT # (Ethics Commission Filers)
5.14.14	PAY PAL			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		18
63.71	SAN JOSE	MFIRS	9513	1
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FEES			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	-	Office sough	t Office held
Date 4.14	PAY PAL		-	
Amount (\$)	Payee address; City; S	tate; Zip Code		
71.28	SAN NOR	M FIR	9512	
PURPOSE	Category (See categories listed at the to	n of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	FEES			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t Office held
Date _	Payee name			
10.9.14	STADIES	5		
Amount (6)	Payee address; City; Si	ate; Zip Code		
Amount (\$)		IUERS (TY	
65.50	CT WORTH	-TX 7	6107	
PURPOSE	Category (See categories listed at the to	op of this schedule)		(If travel outside of Texas, complete Schedule T)
OF				
EXPENDITURE	OFFICE S	OPPLIE	P	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough	nt Office held
Date (0-9.14	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
2150	STHAUF			
64.50	CT WORT	HTX-	26110	
PURPOSE	Category (See categories listed at the to	op of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	POSTAGE	•		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	e	Office sough	nt Office held
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Advertising Expense	The state of the s	aries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking		Ichtation/Fundralsing Expense	Transportation Equipment & Related Expense	
Consulting Expense	The same and the s	vel In District	Contributions/Donations Made By	
Event Expense		vel Out Of District	Candidate/Officeholder/Political Committee	
Fees		ice Overhead/Rental Expense	OTHER (enter a category not listed above)	
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	HAIN ADEH		,	
	THOIS CT DOCT			
4 Date	5 Payee name	Com	100.11	
10.0	MAGNOLIA	HEESE COM	IPHINY	
6 Amount (\$)	7 Payee address; City; State;			
		^		
172 20	1251 W. MAG	NOUA AVE		
113.00	GT WARDIT	7 76104		
	FI. WUICH			
8 PURPOSE	(a) Category (See categories listed at the top of t	nis schedule) (b) Description	Π (If travel outside of Texas, complete Schedule T)	
OF	CARR. FILE	NT		
EXPENDITURE	LOOD - CAE	101		
9 Complete ONLY if direct	Candidate / Officeholder name	- Office sou	aht Office held	
expenditure to benefit C/6	он	-	V—Anthrope December	
Date .	Pavee name			
1Q.14	RUSE DOINT	TNIC		
66.14	DAD FIZINI	1701		
Amount (\$)	Payee address; City; State;	Zip Code	. :	
	20 20	2022	*	
20254	P.O. 130X 82	0822		
2-100.01	NRI X-	76182	(
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PURPOSE OF	Category (See categories listed at the top of t	nis scriedule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	PRINTING	ſ	ĺ	
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held	
expenditure to benefit C/6	ЭН			
Date	Payee name			
10.3.14	IFLINNE SE	ARDEN		
Amount (S)	Pourse addresses City States			
Amount (\$)		Zip Code	İ	
117 20	6601 ETON 0	工	_	
111.07	Ca 11100+11	TV 71-12	2	
	FT. WORTH	1X 7613		
PURPOSE	Category (See categories listed at the top of	his schedule) Description	on (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (See categories listed at the top of	his schedule) Description	on (If travel outside of Texas, complete Schedule T)	
	Category (See categories listed at the top of EVENT EX	his schedule) Description	on (If travel outside of Texas, complete Schedule T)	
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OF EXPENDITURE	EVENT EX	ρ.		
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH Payee name PAY PAU	Office sou		
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Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	Zip Code FIRST		
Complete ONLY if direct expenditure to benefit C/ Date L. . 4 Amount (\$)	Candidate / Officeholder name OH Peyee name PAY PAU Payee address; City: State 7221 NORM SAN JOSE C	Zip Code FIRST A 95131	ght Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date L. 	Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	Zip Code FIRST A 95131		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date Amount (\$) PURPOSE OF	Candidate / Officeholder name OH Peyee name PAY PAU Payee address; City: State 7221 NORM SAN JOSE C	Zip Code FIRST A 95131	ght Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date L. 	Candidate / Officeholder name OH Peyee name PAY PAU Payee address; City: State 7221 NORM SAN JOSE C Category (See categories listed at the top of	Zip Code FIRST A 95131 his schedule) Description	ght Office held On (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date L. . 4 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	Zip Code FIRST A 95131	ght Office held On (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date Gradient (\$) Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	Zip Code FIRST A 95131 his schedule) Description	ght Office held On (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date L. . Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	Zip Code FIRST A 95131 this schedule) Description	ght Office held on (If travel outside of Texas, complete Schedule T)	

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related E Contributions/Donations Made By				
Event Expense Fees		ravel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political C OTHER (enter a category not listed a	and the second s	
	*** **********************************	xplains how to complete this		,	
1 Total pages Schedule F:	2 FILER NAME Zadeh		3 ACCOUNT # (Ethics Commis	ssion Filers)	
4 Date 6:12.14	5 Payee name Travis Parmer	. Consulting (Reinb.)		
6 Amount (\$)	Po Box 11517 Fort Worth	7 76110			
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (b) Descrip	otion (If travel outside of Texas, complete Schedul	eT)	
EXPENDITURE	(Reimb. Walkers)	Adv.			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	- Office so	ought Office hel	d	
Date	Payee name	9-1			
6.12.14	Kendall Car	nley			
Amount (\$)	The state of the s	e; Zip Code			
2400	3230 Lazyla	akeln	,		
01	montgoner	4 TX 1135	<i>ه</i> اه		
PURPOSE	Category (See categories fisted at the top of	of this schedule) Descrip	otion (If travel outside of Texas, complete Schedul	le T)	
OF EXPENDITURE	A DV.				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office s	ought Office hel	d	
Date	Payee name				
6.12.14	BassPrintin	7.			
Amount (\$)		e; Zip Code			
3,10651	P.O. Box 8208	182			
PURPOSE	Category (See categories listed at the top	of this schedule) Descrip	otion (If travel outside of Texas, complete Schedu	le T)	
OF EXPENDITURE	ADV. EXP.				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office s	ought Office he	ld	
Date	Payee name				
6-12-14	PAYPAL				
Amount (\$)		te; Zip Code			
14.80	SANJOSE C	FIRST A 95131			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descrip	otion (If travel outside of Texas, complete Schedu	le T)	
Complete ONLY if direct expenditure to benefit Co		Office s	ought Office he	ld	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				