

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

FT. WORTH, TX

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ann

Zadeh

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 12173
Fort Worth TX 76110☐ change of address5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 924-3811

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jim (Jamshyd) Zadeh

Zadeh

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

115 W. 2nd Street Suite 201
Fort Worth TX 761028 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 335-5100

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☐ July 15☒ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month Day Year

5 / 3 / 14

THROUGH

Month Day Year

6 / 13 / 14

11 ELECTION

Month Election Date Day Year

6 / 21 / 14

ELECTION TYPE

☐ Primary☐ Runoff☐ General☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City of Fort Worth
City Council District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Ann Zadeh **15 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 / 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.

☒ additional pages

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>Fort Worth Police Officers Assoc. PAC</u>
	COMMITTEE ADDRESS <u>904 Collier</u> <u>Fort Worth TX 76102</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>Mark Barthen</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>904 Collier</u> <u>Fort Worth TX 76102</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 30 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 42,460 ²⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,686 ⁵⁸
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,575 ⁶⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000 ⁰⁰

18 AFFIDAVIT


AFFIX NOTARY STAMP / SEAL ABOVE

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

Ann Zadeh

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Zadeh, this the 13th day of June, 20 14, to certify which, witness my hand and seal of office.

Mary Kayser
 Signature of officer administering oath

MARY J KAYSER
 Printed name of officer administering oath

deputy
 Title of officer administering oath



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

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

S/AV ✓

F

Thanked
on report

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 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.20.14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

NANCY GUNNIN

6 Contributor address; City; State; Zip Code

6345 WARWICK HILLS
FT. WORTH TX 76132

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5.7.14

Full name of contributor

☐ out-of-state PAC (ID# _____)

LEANNE BEARDEN

Contributor address; City; State; Zip Code

6601 ETON CT
FT. WORTH TX 76132

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.6.14

Full name of contributor

☐ out-of-state PAC (ID# _____)

JOHN + JEANIE OTT

Contributor address; City; State; Zip Code

3205 LEMESA PLACE
FT WORTH TX 76109

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.2.14

Full name of contributor

☐ out-of-state PAC (ID# _____)

MARK A. TOPEL

Contributor address; City; State; Zip Code

5004 WAREHAM DR.
ARLINGTON, TX 76017

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.10.14

Full name of contributor

☐ out-of-state PAC (ID# _____)

JIM ZADEH

Contributor address; City; State; Zip Code

3408 HARWENTERR.
FT. WORTH TX 76109

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

100.00
PAYMENT TO
CANVASSOR

(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

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 5.24.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOSEPH R. SOTO & ASSOC.	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 800 W. WEATHERFORD ST FT. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.27.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) A.T. ZADEH	Amount of contribution (\$) 3,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1340 S. MAIN ST #180 GRAPEVINE, TX 76051		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.28.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHARLES CRONINGER	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1601 LASUEN RD SANTA BARBARA CA 93103		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.28.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PRESTON MUNDT	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2027 HAWTHORNE FT. WORTH TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.29.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SOUSAN SAKAKISH	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12780 BRAVO CT SAN MARTIN CA 95046		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 FILER NAME

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)

5-31-14

MARY DUKE

6 Contributor address; City; State; Zip Code

2127 PEMBROKE DR.
FT. WORTH TX 76110

250.00

(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 contribution (\$)

In-kind contribution description (if applicable)

6-2-14

MARGARET KRUGLER

Contributor address; City; State; Zip Code

1211 MISTLETOE DR.
FT. WORTH TX 76110

200.00

(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 contribution (\$)

In-kind contribution description (if applicable)

6-3-14

CHRISTINA SHIRLEY

Contributor address; City; State; Zip Code

8009 SEVILLE DR.
N. R. H. TX 76182

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 contribution (\$)

In-kind contribution description (if applicable)

6-4-14

CARRIE FISK

Contributor address; City; State; Zip Code

4432 MALLOW OAK DR
FT. WORTH TX 76123

20.00

(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 contribution (\$)

In-kind contribution description (if applicable)

6-4-14

DANIEL BARRETT

Contributor address; City; State; Zip Code

6000 WESTERN PLACE
FT. WORTH TX 76107 #200

200.00

(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

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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 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.4.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DIANE STURDIVANT	7 Amount of contribution (\$) 30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2536 ROGERS AVE FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.4.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MELANIE PERTU	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5333 COWINWOOD FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.28.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAN R. + SHARON MUWINS	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2701 SIMONDALE DR FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.28.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVID OR LARISA KEUTNER	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5924 CV PRESS POINT FT. WORTH TX 76132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.27.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT L. SNOKE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3826 6TH AVE FT. WORTH TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 FILER NAME ANN ZADEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.22.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARGARETH CRADDOCK	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4904 DEXTER AVE FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.30.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LORRAINE DUKES	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 ELIZABETH FT. WORTH, TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.29.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) J. RAY OUESKY	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4712 GREENWAY CT. N. R. H. TX 76180		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.4.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) AUSA MAPLES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7054 TAMARACK FT. WORTH TX 76116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.4.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JASON C.N. SMITH	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2230 COLLEGE AVE. FT. WORTH TX 76110		(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

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 6.3.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON WOODARD	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1300 S. UNIVERSITY # 600 FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.31.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRS FAMILY LTD.	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4801 BELDON TR. COWEYVILLE TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.5.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN Q DAVIS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5313 EL DORADO DR. FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.4.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVERLY STEPHENS BRANHAM	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6487 WOODSTOCK FT. WORTH TX 76116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDRE R. McEWING	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3301 CHANCEWORSVILLE FOREST HILL TX 76140		(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

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 6.11.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BONNIE NEWBERRY	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 3416 HARWEN TERR. FT. WORTH TX 76109	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.10.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID PETTIT	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1201 CLOVER LN FT. WORTH TX 76107	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD MAHON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 505 PECAN ST. #101 FT. WORTH, TX 76102	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEBRA BARRETT	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6844 BRANTS LN FT. WORTH, TX 76116	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.7.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUSAN WILCOX	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2600 W. 7TH ST. #2650 FT. WORTH, TX 76107	(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

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 6.10.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HAMMER + NAILS CUB CANDID.	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7001 BLVD. 26 #323 FT. WORTH, TX 76180		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.8.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FT. WORTH FIREFIGHTERS COMM.	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 25000 3855 TULSA WAY FT. WORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.5.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DANNY R. MOSS KELLY MOSS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 FAIRWAY BEND HASLET, TX 76052		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Peter Croninger	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3419 Woodcliff Rd Sherman Oaks, CA 91403		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5.28.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dale Story	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2622 5th Ave Fort Worth TX 76110		(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

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 6.12.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Matthews	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 849 Thomas Crossing Dr Burleson, TX 76028	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.12.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fort Worth Police Officers Assoc.	Amount of contribution (\$) 7,977.00	In-kind contribution description (if applicable) Signs & mailing
	Contributor address; City; State; Zip Code 904 Collier Fort Worth TX	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.6.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Magnolia Cheese Company	Amount of contribution (\$) 173.20	In-kind contribution description (if applicable) 50% off Food for event
	Contributor address; City; State; Zip Code 1251 W. Magnolia Ave Fort Worth TX 76104	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM ZADEH	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable) VOTER OUTREACH
	Contributor address; City; State; Zip Code 3408 HARWEN TERR FT. WORTH TX 76109	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry C. Bodiford	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) Rent Headquarters 5-94
	Contributor address; City; State; Zip Code P.O. Box 471699 Fort Worth TX 76147	(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 EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-1-14		5 Payee name TRAVIS PARMER (REMB CHISM)			
6 Amount (\$) 2250.00		7 Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH, TX 76104			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADV. EXP.		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-2-14		Payee name BASS PRINTING			
Amount (\$) 3041.56		Payee address; City; State; Zip Code P.O. BOX 820822 N.R.H. TX 76182			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADV. EXP.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-6-14		Payee name BASS PRINTING			
Amount (\$) 3008.17		Payee address; City; State; Zip Code P.O. BOX 820822 NRH TX 76182			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADV. EXP.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-15-14		Payee name USPS			
Amount (\$) 44.00		Payee address; City; State; Zip Code 2600 8TH AVE FT. WORTH TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5.8.14	5 Payee name CHARTER	
6 Amount (\$) 278.14	7 Payee address; City; State; Zip Code P.O. BOX 790261 ST. LOUIS MO 63179	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.19.14	Payee name DAN WALL INC	
Amount (\$) 1342.74	Payee address; City; State; Zip Code 12404 HWY 155 SOUTH TYLER TX 75703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.5.14	Payee name LAURIE WISDOM	
Amount (\$) 381.25	Payee address; City; State; Zip Code 8500 TANGLE RIDGE FT. WORTH TX 76123	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.9.14	Payee name TRAVIS PARMER	
Amount (\$) 687.80	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV. (REIMB BASS)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5.12.14	5 Payee name TRAVIS PARMER	
6 Amount (\$) 2328.00	7 Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (REIMB. WALKERS) ADV.	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5.12.14	Payee name TRAVIS PARMER	
Amount (\$) 2000.00	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5-28-14	Payee name LEANNE BEARDEN	
Amount (\$) 502.43	Payee address; City; State; Zip Code 6601 ETOW CT FT. WORTH TX 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP. (REIMB)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5.28.14	Payee name PAYPAL	
Amount (\$) 118.61	Payee address; City; State; Zip Code 2221 NORM FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.29.14		5 Payee name TRAVIS PARNER (REIMB BASS)			
6 Amount (\$) 539.14		7 Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADV (BASS)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6.3.14		Payee name TXU			
Amount (\$) 101.90		Payee address; City; State; Zip Code P.O. BOX 650638 DALLAS TX 76265			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6.4.14		Payee name CHRIS DAROCHE			
Amount (\$) 120.00		Payee address; City; State; Zip Code 4736 LOWELL LN FT. WORTH, TX 76133			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD EVENT EXP		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5.20.14		Payee name PAY PAL			
Amount (\$) 33.10		Payee address; City; State; Zip Code 2221 NORM FIRST ST SAN JOSE CA 95131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5.14.14	5 Payee name PAY PAL	
6 Amount (\$) 53.71	7 Payee address; City; State; Zip Code 2221 NORM FIRST SAN JOSE CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.4.14	Payee name PAYPAL	
Amount (\$) 71.28	Payee address; City; State; Zip Code 2221 NORM FIRST ST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.9.14	Payee name STAPLES	
Amount (\$) 63.30	Payee address; City; State; Zip Code 1600 S. UNIVERSITY FT. WORTH TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.9.14	Payee name USPS	
Amount (\$) 24.50	Payee address; City; State; Zip Code 8TH AVE FT. WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6.6.14	5 Payee name MAGNOLIA CHEESE COMPANY	
6 Amount (\$) 173.20	7 Payee address; City; State; Zip Code 1251 W. MAGNOLIA AVE FT. WORTH TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD-EVENT	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.8.14	Payee name BASS PRINTING	
Amount (\$) 2903.54	Payee address; City; State; Zip Code P.O. BOX 820822 NIRH TX 76182	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.3.14	Payee name LEANNE BEARDEN	
Amount (\$) 117.02	Payee address; City; State; Zip Code 6601 ETON CT FT. WORTH TX 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP.	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.11.14	Payee name PAYPAL	
Amount (\$) 25.88	Payee address; City; State; Zip Code 2221 NORM FIRST SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office 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 Ann Zadeh		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.12.14		5 Payee name Travis Farmer Consulting (Reimb.)			
6 Amount (\$) 1272⁰⁰		7 Payee address; City; State; Zip Code PO Box 11517 Fort Worth TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) (Reimb. Walkers) Adv.		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6.12.14		Payee name Kendall Carnley			
Amount (\$) 84⁰⁰		Payee address; City; State; Zip Code 3230 Lazy Lake Ln Montgomery TX 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADV.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6.12.14		Payee name Bass Printing			
Amount (\$) 3,106⁵¹		Payee address; City; State; Zip Code P.O. Box 820822 NRH, TX 76182			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADV. EXP.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-12-14		Payee name PAYPAL			
Amount (\$) 14.80		Payee address; City; State; Zip Code 2221 NORM FIRST SAN JOSE CA 95131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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