

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**FORM C/OH
COVER SHEET PG 1**

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed: **14**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / (MRS) / MR FIRST MI
Ann
NICKNAME LAST SUFFIX
Zadeh

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**P.O. Box 12173
Fort Worth TX 76110**
☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 924-3811

6 CAMPAIGN
TREASURER
NAME

MS / MRS / (MR) FIRST MI
Jim (Jamshyd) M.
NICKNAME LAST SUFFIX
Zadeh

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**15 W. 2nd Street Ste 201
Fort Worth TX 76102**

8 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 THROUGH Month Day Year
4 / 9 / 14 **5 / 2 / 14**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ General ☒ Special
5 / 10 / 14

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**City Council District 9
Fort Worth**

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.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20⁰⁰2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 22,963⁶¹EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ /

4. TOTAL POLITICAL EXPENDITURES

\$ 18,477.44

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 23,959⁰⁴OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 15,000⁰⁰

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Zadeh, this the 2nd day of Aug, 20 14, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4.15.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

CORY WOOTEN

6 Contributor address; City; State; Zip Code

1301 BAUWINGER ST.
FT. WORTH, TX 76102

7 Amount of contribution (\$)

500.⁰⁰

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

4.15.14

Full name of contributor

☐ out-of-state PAC (ID#)

CHRISTINA SHIRLEY

Contributor address; City; State; Zip Code

2009 SEVILLE DR.
NRH TX 76182

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.14.15

Full name of contributor

☐ out-of-state PAC (ID#)

TIM SHINER

Contributor address; City; State; Zip Code

737 BANDIT TR.
KEWER TX 76248

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.13.14

Full name of contributor

☐ out-of-state PAC (ID#)

ELIZABETH BOOTH

Contributor address; City; State; Zip Code

2049 GLENCO TERR
FT. WORTH TX 76110

Amount of contribution (\$)

50.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.15.14

Full name of contributor

☐ out-of-state PAC (ID#)

JAY HERD

Contributor address; City; State; Zip Code

4455 CRESTLINE RD
FT. WORTH TX 76107

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)

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:	
2 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.5.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: L. APPLEMAN 6 Contributor address; City; State; Zip Code 801 CHERRY ST. #1600 FT. WORTH TX 76102	7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICK HARRIS Contributor address; City; State; Zip Code 1328 S. ADAMS FT. WORTH TX 76104	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.8.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MILENA KAZACK Contributor address; City; State; Zip Code 6940 CANYON SPRINGS FT. WORTH TX 76132	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE JENSEN Contributor address; City; State; Zip Code 2615 FOREST PARK BLVD FT. WORTH TX 76110	Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.10.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH ZADEH Contributor address; City; State; Zip Code 2306 BROWN BEAR CT EVUESS TX 76039	Amount of contribution (\$) 400.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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:

2 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4.4.14

5 Full name of contributor ☐ out-of-state PAC (ID#)

KIRTON & JIM COOPER

6 Contributor address; City; State; Zip Code

6605 SABROSA CT. W.
FT. WORTH TX 76133

7 Amount of
contribution (\$)

100.00

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

4.3.14

Full name of contributor ☐ out-of-state PAC (ID#)

PETER O AKAJIURBA

Contributor address; City; State; Zip Code

5514 COLD SPRINGS DR.
ARLINGTON TX 76017

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

4.10.14

Full name of contributor ☐ out-of-state PAC (ID#)

CHARLES MCCLURE CLIVER

Contributor address; City; State; Zip Code

201 HAZELWOOD
FT. WORTH TX 76107

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

4.10.14

Full name of contributor ☐ out-of-state PAC (ID#)

LORRAINE DUKES

Contributor address; City; State; Zip Code

1100 ELIZABETH BLVD.
FT. WORTH TX 76110

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.12.14

Full name of contributor ☐ out-of-state PAC (ID#)

ANN SUTHERLAND

Contributor address; City; State; Zip Code

4028 ARAGON DR
FT. WORTH TX 76133

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)

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:	
2 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.21.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ANDY & SHANNON VELAYOS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4208 INWOOD RD FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.17.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LAW OFFICE DANIEL CHERNANDEZ	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 WEST WEATHERFORD ST FT. WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.20.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILLIAM HAU	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2308 MEDFORD CT W FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.15.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARGARET WILBERN DEMOSS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2600 7TH ST. # 2644 FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.14.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) THOMAS R. SLONE	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4801 BELDON TRL COLEVILLE TX 76034		(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:	
2 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.10.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFFERY WILLIAMS	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3825 SOUTH HILLS FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.21.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF PROSTOR	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 MAINE ST #1285 FT. WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.23.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHERINE KERRIGAN	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5063 SPRING MEADOW CT FT. WORTH TX 76132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.25.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONNIE SMITH	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6509 SHOAL CREEK RD FT. WORTH TX 76132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.24.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM RICHEY	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2304 EDWIN ST 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:	
2 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.19.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOSE B. ARELLANO/SUELY	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4800 SIDONIA CT FT. WORTH TX 76126		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.23.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ACCP LP	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 34001 FT. WORTH TX 76162		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.29.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ANN ZADEH	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3408 HARWENTER FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.23.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRANCISCO HERNANDEZ	Amount of contribution (\$) 118.61	In-kind contribution description (if applicable) Sign Install materials
Contributor address; City; State; Zip Code 2800 6TH AVE. FT. WORTH, TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.22.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRANCISCO HERNANDEZ	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable) Voter Outreach
Contributor address; City; State; Zip Code 2800 6TH 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:

2 FILER NAME

ANN ZADEH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4.28.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES WILLIS

6 Contributor address; City; State; Zip Code

4354 CAPRA WAY
BENBROOK TX 76126

7 Amount of contribution (\$)

25.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4.26.14

Full name of contributor

☐ out-of-state PAC (ID#)

WENDY BLANTON

Contributor address; City; State; Zip Code

2325 W. MAGNOLIA AVE.
FT. WORTH TX 76110

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.25.14

Full name of contributor

☐ out-of-state PAC (ID#)

Kevin Ullmann

Contributor address; City; State; Zip Code

6513 Saucon Valley Dr.
Fort Worth TX 76132

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.29.14

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Hoover

Contributor address; City; State; Zip Code

800 West Weatherford St.
Fort Worth TX 76102

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.1.14

Full name of contributor

☐ out-of-state PAC (ID#)

Raul Natera Martinez

Contributor address; City; State; Zip Code

5812 Endo Trail
Fort Worth TX 76112

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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:

2 FILER NAME

Ann Zadeh

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4.29.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Luz Villasenor

6 Contributor address; City; State; Zip Code

1829 Wurzburg Dr.
Fort Worth TX 761347 Amount of
contribution (\$)1000⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4.29.14

Full name of contributor

☐ out-of-state PAC (ID#)

Christian Villasenor

Contributor address; City; State; Zip Code

1829 Wurzburg Dr.
Fort Worth TX 76134Amount of
contribution (\$)1000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.29.14

Full name of contributor

☐ out-of-state PAC (ID#)

Francisco Hernandez

Contributor address; City; State; Zip Code

800 West Weatherford St
Fort Worth TX 76102Amount of
contribution (\$)3000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.29.14

Full name of contributor

☐ out-of-state PAC (ID#)

Greg Walsh

Contributor address; City; State; Zip Code

1002 Hanover Dr.
Southlake TX 76092Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.30.14

Full name of contributor

☐ out-of-state PAC (ID#)

DeAnn McKinley

Contributor address; City; State; Zip Code

P.O. Box 790
Fort Worth TX 76101Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

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:

2 FILER NAME

Ann 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)

5-1-14

Avery McDaniel

6 Contributor address; City; State; Zip Code

1205 N. Main St

Fort Worth TX 76164

2,500⁰⁰

(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)

4-30-14

FRED CLOSUIT

Contributor address; City; State; Zip Code

3343 LOCKE AVE

FT. WORTH TX 76107

200⁰⁰

(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)

4-30-14

Anthony Spangler

Contributor address; City; State; Zip Code

122 S. Main St.

Fort Worth TX 76104

1000⁰⁰Public Relations
Strategy 4hrs
x \$250/hr.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Public Relations

The Starr Conspiracy

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

4-28-14

Terry B. Thompson

Contributor address; City; State; Zip Code

725 Woodland Ave

Fort Worth, TX 76110

25⁰⁰

(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)

4-29-14

William M. Gould Jr.

Contributor address; City; State; Zip Code

1600 Texas St. Ste 21203

Fort Worth TX 76102

50⁰⁰

(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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.1.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Krampitz 6 Contributor address; City; State; Zip Code 749 N. Main St Fort Worth TX 76164	7 Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5.1.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen M. Kroh Contributor address; City; State; Zip Code 2618 Cockrell Ave Fort Worth TX 76109	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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 4.10.14	5 Payee name TRAVIS PARMER	
6 Amount (\$) 8,000.00	7 Payee address; City; State; Zip Code 3622 ELDRIDGE ST FT. WORTH TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMP. MGR-CONSULTING	(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 4.15.14	Payee name BASS PRINTING CO INC	
Amount (\$) 2681.51	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) PRINTING 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 4.21.14	Payee name TRAVIS PARMER CONSULTING (REIMB)	
Amount (\$) 1190.10	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING/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 4.21.14	Payee name TRAVIS PARMER CONSULTING (REIMB)	
Amount (\$) 2677.32	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MAILING/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		

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4.9.14	5 Payee name JOHN KEY (ACE-REIMB)
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6 Amount (\$) 107.91	7 Payee address; City; State; Zip Code 2222 MISTLETOE AVE FT. WORTH, TX 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADV.	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4.26.14	Payee name ANN ZADEH (JASON'S DEUT. REIMB)
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Amount (\$) 145.03	Payee address; City; State; Zip Code 3408 HARWEN TER FT. WORTH TX 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV. - F+B	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4.3.14	Payee name COCKRELL INNOVATIONS
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Amount (\$) 421.76	Payee address; City; State; Zip Code P.O. BOX 1568 FT. WORTH TX 76101
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING - THANKYOUS	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-29-14	Payee name USPS
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Amount (\$) 24.50	Payee address; City; State; Zip Code 8TH AVE FT. WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T)
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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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office 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 explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ANN ZADEH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-29-14	5 Payee name PAYPAL
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6 Amount (\$) 120.81	7 Payee address; City; State; Zip Code 2211 NORTH FIRST ST SAN JOSE, CA 95131
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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)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-1-14	Payee name STAPLES - OFFICE
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Amount (\$) 66.94	Payee address; City; State; Zip Code 16005 UNIVERSITY DR. FT. WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-30-14	Payee name Travis Parmer Consulting (Reimb)
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Amount (\$) 3041.56	Payee address; City; State; Zip Code P.O. Box 11517 Fort Worth TX 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing / Adv.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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