CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TXOVER SHEET PG 1

FORM C/OH

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs	first Ann	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Zadeh	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 12	173	CITY; STATE; ZIP CODE	RECEIVED
Change of Address				APR 2 3 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	924-3811	EXTENSION	Date Hand-deliver WORTH Postmarked CITY OF FORT WORTH Postmarked CITY SECRETARY Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr	Glenn	МІ	Date Processed
TAPATOLE.	NICKNAME	LAST	SUFFIX	Date Imaged
		Bearden		Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 6601 Eton Ct	(NO PO BOX PLEASE); APT / SU	JITE #, CITY;	STATE; ZIP CODE
(Residence or Business)	Fort Worth,	TX. 76132		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(817)	845-4412		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	03	/ 22 / 2020	THROUGH 04	21 /2021
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	05 / 01 /	2021 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	Fort Worth Ci	ty Council District 9	City of Fort Worth M	ayor
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE WITHOUT THE CANDI	NDE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO P	PAGE 2	9

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ann	Zadeh		16 Filer II	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI		AN	\$ 145.00
	2. TOTAL POLITICAL CONTROL (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	5)	\$ 33,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPEN	IDITURES		\$ 133,427.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	AST DAY	\$ 34,848.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE	\$
(1) Asiidavio Cof Teta NOTARY STAMP/SEAL	pefore me by Ann Zanthah, witness my hand and seal of office.	Signature of the plete either option below	adeh candidate or	
		OR		
(2) Unsworn Declaration	n			
My name is		, and my date of birth is	S	
My address is				·
Executed in	(street) County, State of			o code) (country) 20
		Signature of Candi	date/Officeho	older (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Ann Zadeh 20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$33,710.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	. SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	sutions \$133,427.31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	eutions \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED \$

SCHEDULE A1

If the reques	ested information is not applicable, DO NOT in	clude this page in the	report.
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2021	Jeff Davis 6 Contributor address; City; 2325 Mistletoe Dr Fort Worth, T		7 Amount of contribution (\$) 1,000.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date	Dick Ruddell	C (ID#:)	Amount of contribution (\$)
03/24/2021	Contributor address; City; 4640 Edenwood Dr Fort Worth,	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/24/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; 8848 Heron Dr Fort Worth, TX. 76	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/24/2021	Full name of contributor	> (ID#:)	Amount of contribution (\$)
	Contributor address; City; 2837 Townsend Dr. Fort Worth, TX.	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
		v	
	ATTACH ADDITIONAL COPIES O	DF THIS SCHEDULE AS NI	EEDED

SCHEDULE A1

Ann Zadeh 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$)	The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
William Payne 25.00 25.0	2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Date O3/25/2021 Date Full name of contributor Joh title (See Instructions) Date O3/25/2021 Date Date Full name of contributor Contributor address; City; State; City; State; City; State; City; State; City; State; City; Contributor address; City; State; City; Contributor address; City; State; City; State; City; Contributor address; City; State; City; Contributor address; City; Contributor Contributor address; City; Contributor Contributor address; City; Contributor Contributor address; City; Contributor Contributor Contributor address; City; Contributor Contrib		William Payne		7 Amount of contribution (\$)
B Principal occupation / Job title (See Instructions) Date O3/25/2021 Contributor address; City; State; Zip Code O3/25/2021 Full name of contributor Fort Worth, TX. 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date O3/25/2021 Full name of contributor out-of-state PAC (ID#:		6 Contributor address; City;	State; Zip Code	25.00
Date O3/25/2021 Full name of contributor Jane Oderberg Contributor address; 6053 Wonder Dr Fort Worth, TX. 76133 Principal occupation / Job title (See Instructions) Date O3/25/2021 Full name of contributor John Corbin Contributor address; City; State; Zip Code 10.00 Amount of contribution (\$) Amount of contribution (\$) 10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 10.00 Amount of contribution (\$) Contributor address; City; State; Zip Code 1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kellie Lowder Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116		2701 Benbrook Blvd Fort Worth	, TX. 76109	
Jane Oderberg Contributor address; City; State; Zip Code 6053 Wonder Dr Fort Worth, TX. 76133 Principal occupation / Job title (See Instructions) Date 03/25/2021 Contributor address; City; State; Zip Code 1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Date 1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116	8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Contributor address; City; State; Zip Code 6053 Wonder Dr Fort Worth, TX. 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) John Corbin Contributor address; City; State; Zip Code 10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kellie Lowder Contributor address; City; State; Zip Code 100.00 Contributor address; City; State; Zip Code 100.00			(ID#:)	Amount of contribution (\$)
Date 03/25/2021 Full name of contributor John Corbin Contributor address; City; State; Zip Code 1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Kellie Lowder Contributor address; City; State; Zip Code 100.00 Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116	03/25/2021		•	50.00
John Corbin Contributor address; City; State; Zip Code 1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: 100.00) Kellie Lowder Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Contributor address; City; State; Zip Code 1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date		(ID#:)	Amount of contribution (\$)
1020 Macon St #12 Fort Worth, TX. 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kellie Lowder Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116	03/25/2021			10.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Kellie Lowder 100.00 Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116				
03/25/2021 Kellie Lowder 100.00 Contributor address; City; State; Zip Code 6466 Crestmore Rd. Fort Worth, TX. 76116	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
03/25/2021	Date	cat-of-state 17.0	(ID#:)	Amount of contribution (\$)
6466 Crestmore Rd. Fort Worth, TX. 76116)3/25/2021		Ct-t- Zin Code	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			·	
	Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2021	Thomas Stokes 6 Contributor address; City; 3917 Micki Lynn Ave Fort Worth,	State; Zip Code , TX. 76107	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	.ions)
Date On (O.F. (O.O.)	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/25/2021	Contributor address; City; 600 Edgefield Rd Fort Worth, TX	State; Zip Code K. 76107	5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/25/2021	Michael Toomey	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/25/2021	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	I.		

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2021	Brian Jolin 6 Contributor address; City; 3217 Stadium Dr Fort Worth, TX	State; Zip Code <. 76109	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	.ions)
Date 03/26/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/26/2021	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF	F THE COMEDIN E AC NO	TEDED

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2021	Judith Coriano	State; Zip Code	7 Amount of contribution (\$) 5.00
3 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/27/2021	Contributor address; City; 2033 Windsor Place Fort Worth	State; Zip Code , TX. 76110	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/27/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/28/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2021 8 Principal occu		State; Zip Code	7 Amount of contribution (\$) 250.00
Date 03/29/2021	Kari Seher Contributor address; City; S	#:) State; Zip Code	Amount of contribution (\$)
Principal occup	1505 6th Avenue Fort Worth, TX 76 pation / Job title (See Instructions)	6104 Employer (See Instruction	ns)
Date 03/29/2021	Julian Rangel	#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ıs)
Date 03/29/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruction	ıs)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2021 8 Principal occu	5 Full name of contributor out-of-state PAG Laurie Stelljes 6 Contributor address; City; 2745 Manorwood Trail Fort Wor pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) 25.00 tions)
Date 04/06/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/06/2021	Isaac and Elizabeth Manning	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/30/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2021	5 Full name of contributor out-of-state_PAC Lezlie Culver	(ID#:) State; Zip Code	7 Amount of contribution (\$) 400.00
	2717 Manorwood Trail Fort Wort		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Lezlie Culver	(ID#:)	Amount of contribution (\$)
03/30/2021	Contributor address; City; 2717 Manorwood Trail Fort Worth,	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/30/2021	Full name of contributor □ out-of-state PAC John Fischer	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 2837 Townsend Dr Fort Worth, TX	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/30/2021	Paul Allen Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	1325 S Lake Street Fort Worth, TX. ation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Ann Zadeh Date O3/31/2021 S Full name of contributor Out-of-state PAC (ID# O O O O O O O O O	The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
Charles Mason 6 Contributor address; City; State; Zip Code 3145 Wabash Ave Fort Worth, TX. 76109 B Principal occupation / Job title (See Instructions) Date Full name of contributor	2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
Society State Zip Code 3145 Wabash Ave Fort Worth, TX. 76109 Society Principal occupation / Job title (See Instructions) Society State Zip Code Principal occupation / Job title (See Instructions) Society State Zip Code Zin Park Place Ave Port Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Date Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Zip Code Date Date Poul name of contributor Out-of-state PAC (ID# Date Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Principal occupation / Job title (See Instructions) Date Poul name of contributor Out-of-state PAC (ID# Date Principal occupation / Job title (See Instructions) Date Poul name of contributor Out-of-state PAC (ID# Date Date Date Poul name of contributor Out-of-state PAC (ID# Date Date		Charles Mason		
Date 03/31/2021 Full name of contributor		-		
Margaret Johnson Contributor address; City; State: Zip Code 250.00 Principal occupation / Job title (See Instructions) Date Date D3/31/2021 Full name of contributor Jenna Henderson Contributor address; City; State; Zip Code 10301 Moranda Road Fort Worth, TX. 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Frank Ramirez Contributor address; City: State; Zip Code 5012 Granit Scoals Avenue Fort Worth, TX. 76103	B Principal occu	pation / Job title (See Instructions)) Employer (See Instructi	ons)
Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#; State; Zip Code 10301 Moranda Road Fort Worth, TX. 76126 Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#; State; Zip Code 103/31/2021 Contributor address; City; State; Zip Code 103/31/2021 Contributor address; City; State; Zip Code 103/31/2021		Margaret Johnson		Amount of contribution (\$)
Date 03/31/2021 Full name of contributor	03/31/2021	Contributor address; City;	State; Zip Code	250.00
Date 3/31/2021 Jenna Henderson 250.00 250.00 Contributor address; City; State; Zip Code 10301 Moranda Road Fort Worth, TX. 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Contributor address; City; State; Zip Code 10301 Moranda Road Fort Worth, TX. 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:		Jenna Henderson		
Date Full name of contributor out-of-state PAC (ID#:		•		200.00
Frank Ramirez Contributor address; City; State; Zip Code 5012 Granit Scoals Avenue Fort Worth, TX. 76103	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
5012 Granit Scoals Avenue Fort Worth, TX. 76103		Frank Ramirez		,
Principal occupation / Job title (See Instructions) Employer (See Instructions)		•		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT includ	e this page in the	report.
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021 8 Principal occu	6 Contributor address; City; Sta 6420 Rosemont Ave Fort Worth, TX.	ate; Zip Code	7 Amount of contribution (\$) 150.00 tions)
Date 03/31/2021	Full name of contributor out-of-state PAC (ID#:_Rachel Jenkins Contributor address; City; State 1402 7th Avenue Fort Worth, TX. 761	ate; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)] Employer (See Instructi	ions)
Date 03/31/2021	Full name of contributor	ıte; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
_{Date}	Full name of contributor	ite; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1: 51
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	Dalisa McAnally	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 4235 Brook Tree Dr Fort Worth,	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor ☐ out-of-state PAC Janet Mattern	C (ID#:)	Amount of contribution (\$)
03/31/2021	Contributor address; City;	State; Zip Code	100.00
Principal occup	6662 Saint Andrews Rd Fort Worth	N, TX. 76132 Employer (See Instruction	ions)
Date 03/31/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/31/2021	Full name of contributor out-of-state PAC Glenda Hartsell Contributor address; City; 1924 Bluebird Ave Fort Worth, TX.	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor □ out-of-state PAC (ID#: Paige Russey	
	1 1	tate; Zip Code
8 Principal occu	upation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/31/2021		300.00 3114
Principal occuţ	pation / Job title (See Instructions)	Employer (See Instructions)
Date 03/31/2021	Steve Cocanower	
00/01/2021	Contributor address; City; SI 492 Cedar Creek Ruidoso, NM. 87	tate; Zip Code
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 03/31/2021	Full name of contributor □ out-of-state PAC (ID#:	
J3/3 1/202 i	Contributor address; City; St 4705 Barwick Dr Fort Worth, TX. 7613	tate; Zip Code
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)

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

Revised 8/17/2020

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include	this page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: Martha VVilliams	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; Stat 8105 Mount Shasta Cir Fort Worth, TX	e; Zip Code
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/31/2021	Contributor address; City; Stat	e; Zip Code 1,000.00
Principal occup	7108 Falling Springs Rd Fort Worth, ation / Job title (See Instructions)	nployer (See Instructions)
Date 03/31/2021	Full name of contributor	4 000 00
	Contributor address; City; State 309 W 7th Street #900 Fort Worth, TX	e; Zip Code
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions)
Date 03/31/2021	Full name of contributor out-of-state PAC (ID#: Gladys Burk Contributor address; City; State 2222 Winton Terrace W Fort Worth, T	
Principal occup		nployer (See Instructions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 03/31/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2516 6th Avenue Fort Worth, TX. 76110	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 03/31/2021	Full name of contributor	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	lions)
Date 03/31/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
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Revised 8/17/2020

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 51
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2021	5 Full name of contributor □ out-of-state PAC (ID#: Elizabeth Hodge 6 Contributor address; City; State; 7310 Nine Mile Bridge Rd Fort Worth, TX	
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Nancy Griffing	, and an establishment (4)
04/01/2021	Contributor address; City; State; 2827 Bright Trail Sugar Land TX. 77479	Zip Code 500.00
Principal occup	pation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date 04/01/2021	Full name of contributor	00.00
Principal occup	pation / Job title (See Instructions) Emplo	byer (See Instructions)
Date 04/01/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Emplo	oyer (See Instructions)
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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5ϕ
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2021	5 Full name of contributor ☐ out-of-state PAC Scott Nollet 6 Contributor address; City; 3521 Stadium Drive Fort Worth, T.	State; Zip Code X. 76129	7 Amount of contribution (\$) 200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Paul Allen	(ID#:)	Amount of contribution (\$)
04/01/2021	Contributor address; City; 1325 S. Lake Street Fort Worth,	State; Zip Code	300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/01/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/02/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	lude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5/
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	5 Full name of contributor □ out-of-state PAC Elizabeth Hodge	(ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; City: 7310 Nine Mile Bridge Rd Fort Wor	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; 2513 Yucca Ave Fort Worth, TX.	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/02/2021	Full name of contributor	State; Zip Code X. 76110	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/02/2021	Full name of contributor	(ID#:) State; Zip Code X. 76107	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 51
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	Elizabeth Hodge 6 Contributor address; City; 7310 Nine Mile Bridge Rd Fort Wor		7 Amount of contribution (\$)
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; 2513 Yucca Ave Fort Worth, TX.	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/02/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/02/2021	Full name of contributor out-of-state PAC of Teresa Turner Contributor address; City; 258 Jefferson Pkwy Fort Worth, T.	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Z FILLIN PRODUCE	Ann Zadeh	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 04/02/2021 Lee Williams		7 Amount of contribution (\$)
UTI O test too - in.	6 Contributor address; City; State; Zip Code	100.00
	8105 Mount Shasta Circle Fort Worth, TX. 76137	
8 Principal occup	pation / Job title (See Instructions) 9	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/03/2021	Derek Anderson	
04/03/2021	Contributor address; City; State; Zip Code	25.00
	2332 Honeysuckle Ave Fort Worth, TX. 76111	
Principal occupa	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date 04/03/2021	Full name of contributor	Amount of contribution (\$)
07/00/2021	Contributor address; City; State; Zip Code 7052 Valhalla Rd Fort Worth, TX. 76116	150.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/03/2021	Maureen Meyers	200.00
	Contributor address; City; State; Zip Code	
	6158 N. Mattox Road Kansas City, MO. 64151	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 5/
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2021	5 Full name of contributor out-of-state PAC (ID#:) Annie Stewart		7 Amount of contribution (\$)
0-11 001 20 2	6 Contributor address; City; 3309 Worth Hills Fort Worth, TX.	State; Zip Code	100.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Cathy Sheffield	C (ID#:)	Amount of contribution (\$)
04/05/2021	Contributor address; City; 435 Fall Cedar Drive Fort Worth,	State; Zip Code	150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 04/05/2021	Michael Rabbass	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; 2600 W 7th Street Fort Worth, TX	State; Zip Code	20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/05/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$)
07/00/202	Contributor address; City; 3611 W. 5th Street Fort Worth, TX	State; Zip Code X. 76107	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission File
1 Date 04/05/2021	5 Full name of contributor out-of-state PAC (ID#:_Keaton Hutto 6 Contributor address; City; Standard W. Biddison Fort Worth, TX. 76	25.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	
04/05/2021	Contributor address; City; St. 5313 El Dorado Drive Fort Worth, TX	ite; Zip Code 250.00
Principal occup	pation / Job title (See Instructions)	imployer (See Instructions)
Date 04/06/2021	Full name of contributor	400.00
		te; Zip Code
Principal occup	pation / Job title (See Instructions)	mployer (See Instructions)
Date 4/06/2021	Full name of contributor ☐ out-of-state PAC (ID#:_	Amount of contribution (\$) 50.00
4/00/2021	Contributor address; City; St. 1322 SE 33rd Avenue Portland, OR.	te; Zip Code
Principal occup	pation / Job title (See Instructions)	imployer (See Instructions)
Principal occup	nation / Job title (See Instructions)	mployer (See Instructions)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this	s page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2021 8 Principal occu	4901 Calmont Ave Fort Worth, TX. 76107	7 Amount of contribution (\$) Zip Code yer (See Instructions)
Date 04/06/2021	Full name of contributor out-of-state PAC (ID#:	Zip Code 25.00
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date 04/07/2021	Full name of contributor	350.00 Zip Code
Principal occup	eation / Job title (See Instructions) Employ	yer (See Instructions)
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#:	150.00
Principal occup	eation / Job title (See Instructions) Employ	/er (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2021	5 Full name of contributor out-of-state PAC (IDI Andrea Duffie 6 Contributor address; City; 5 4724 Calmont Ave Fort Worth, TX. 7	State; Zip Code	7 Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor □ out-of-state PAC (ID#	#:)	Amount of contribution (\$)
04/07/2021	Contributor address; City; 315 W Magnolia #300 Fort Worth,	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/07/2021	Reed Bilz	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 4/07/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 51
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2021	5 Full name of contributor ☐ out-of-state PAC ☐ James Toney 6 Contributor address; City; 3331 Hampshire Blvd Fort Worth, T.	State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 04/09/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/09/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/08/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2021 8 Principal occur	Efrin Carrion 6 Contributor address; City; 4416 Morris Court Fort Worth, TX.	State; Zip Code	7 Amount of contribution (\$) 500.00
Date 04/09/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/09/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/09/2021	Full name of contributor out-of-state PAC (Kerry Fisher Contributor address; City; 6305 Dawn Hills Dr. Fort Worth, T.	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this pag	e in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2021	5 Full name of contributor	
	6 Contributor address; City; State; Zip Co 655 N Park Blvd Apt132 Grapevine, TX. 7605	1
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	ee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/10/2021	Contributor address; City; State; Zip Co	100.00
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 04/10/2021	Full name of contributor	250.00
Principal occup	5524 Pershing Ave Fort Worth, TX. 76107 pation / Job title (See Instructions) Employer (See	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/11/2021	Contributor address; City; State; Zip Cod 2304 Irwin St. Fort Worth, TX. 76110	
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2021	Diana Branson 6 Contributor address; City; 13912 Rustler Pass Ranch Rd Roa	State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occu	pation 7 Job title (Occ moductions)	3 2.11,6.0,0.1 (0.00.11.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1	,
Date 04/11/2021	Graham Stadler		Amount of contribution (\$)
	Contributor address; City; 2610 Greene Avenue Fort Worth,	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/11/2021	Rachael Ellis	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/11/2021	Full name of contributor	(lb#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
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SCHEDULE A1

		5/
Ann Zadeh		3 Filer ID (Ethics Commission Filers)
Gail Brothers 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 100.00
	Employer (See Instruction	ons)
Full name of contributor	#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	50.00
pation / Job title (See Instructions)	Employer (See Instruction	ons)
Karen Myers Contributor address; City;	State; Zip Code	Amount of contribution (\$)
pation / Job title (See Instructions)	Employer (See Instruction	ons)
Full name of contributor □ out-of-state PAC (ID)	#)	Amount of contribution (\$)
,,		
eation / Job title (See Instructions)	Employer (See Instruction	ons)
	5 Full name of contributor Gail Brothers 6 Contributor address; City; 4230 Clear Lake Circle Fort Worth, 7 pation / Job title (See Instructions) Full name of contributor Linda Beranek Contributor address; City; 6037 Lovell Ave Fort Worth, TX. 76 pation / Job title (See Instructions) Full name of contributor Karen Myers Contributor address; City; 6401 Ridglea Crest Dr Fort Worth, TX pation / Job title (See Instructions) Full name of contributor Contributor address; City; 6401 Ridglea Crest Dr Fort Worth, TX pation / Job title (See Instructions) Full name of contributor Contributor address; City; Contributor address; City;	5 Full name of contributor Gail Brothers 6 Contributor address; City; State; Zip Code 4230 Clear Lake Circle Fort Worth, TX. 76109 pation / Job title (See Instructions) Full name of contributor Linda Beranek Contributor address; City; State; Zip Code 6037 Lovell Ave Fort Worth, TX. 76116 pation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City; State; Zip Code 6401 Ridglea Crest Dr Fort Worth, TX. 76116 Pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Full name of contributor Contributor address; City; State; Zip Code 6401 Ridglea Crest Dr Fort Worth, TX. 76116 Full name of contributor Contributor address; City; State; Zip Code Richard Brooks Contributor address; City; State; Zip Code 3149 Bigham Blvd Fort Worth, TX. 76116

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

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2021 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) H. William Schneider 6 Contributor address; City; State; Zip Code 3912 Wren Ave. Fort Worth, TX. 76133 spation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 200.00
Date 04/13/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 3915 W 5th Street Fort Worth, TX. 76107	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 04/13/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 04/14/2021	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
		.:

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SCHEDULE A1

The	e Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 5/
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (III Jennifer O'Connell 6 Contributor address; City; 274 Ryan Place Dr Fort Worth, T	State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	upation / Job title (See Instructions) 9	9 Employer (See Instructi	ons)
Date 04/14/2021	Tyler Grant	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 2306 6th Avenue Fort Worth, TX. 76		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/14/2021	Full name of contributor	lD#:)	Amount of contribution (\$)
		State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
04/14/2021	Contributor address; City; 7812 Meadowlark Dr Fort Worth, T	State; Zip Code	5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 5
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	Stephen Maxwell	C (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; 3904 Driskell Blvd Fort Worth,	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/14/2021	Contributor address; City; 4005 W 6th Street Fort Worth, TX.	State; Zip Code	100.00
Principal occu	 pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/14/2021	MK Rule	C (ID#:)	Amount of contribution (\$)
0 17 1 17 20 22 1	Contributor address; City; 408 College Ave Fort Worth, TX. 7	State; Zip Code	100.00
Principal occuj	l pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
4/14/2021	Contributor address; City; 1440 Gambrell St Fort Worth, TX	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor out-of-state PAC (ID#:) Gus Guthrie 6 Contributor address; City; State; Zip Code 3755 Stoney Creek Ct. Fort Worth, TX. 76116	7 Amount of contribution (\$) 5.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 04/14/2021	Full name of contributorout-of-state PAC (ID#:) Reed Bliz	Amount of contribution (\$)
OTI I II A O A I	Contributor address; City; State; Zip Code 6130 Haley Lane Fort Worth, TX. 76132	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 04/14/2021	Full name of contributor	Amount of contribution (\$)
Principal occur	712 May St. Fort Worth, TX. 76104 Dotation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/14/2021	Full name of contributor	Amount of contribution (\$)
U-17 1-17232 1	Contributor address; City; State; Zip Code 3930 W 7th Street Fort Worth, TX. 76107	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
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SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5/
² FILER NAME Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021 5 Full name of contributor out-of-state PAC (ID#:) Barry Shlachter 6 Contributor address; City; State; Zip Code 2209 Park Place Ave. Fort Worth, TX. 76110	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	uons)
Date Full name of contributor out-of-state PAC (ID#:) Teresa Turner	Amount of contribution (\$)
04/14/2021 Contributor address; City; State; Zip Code 258 Jefferson Pkwy Fort Worth, TX. 76107	25.00
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date 04/14/2021 Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributorout-of-state PAC (ID#:) Emily Gabehart-Weuste Contributor address; City; State; Zip Code 1709 S Adams St. Fort Worth, TX. 76110	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
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SCHEDULE A1

Contributor address; City; State; Zip Code 1100 Elizabeth Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions)	If the reques	sted information is not applicable, DO NOT include this page in the	report.
Ann Zadeh 4 Date 04/14/2021 5 Full name of contributor	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Linda Clyma	2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date O4/14/2021 Full name of contributor		Linda Clyma 6 Contributor address; City; State; Zip Code	
Marc Belhumeur Contributor address; City; State; Zip Code 413 Scrub Oak Ct Fort Worth, TX. 76108 Principal occupation / Job title (See Instructions) Date 04/14/2021 Full name of contributor Contributor address; City; State; Zip Code 1710 Fairmount Ave. Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 100.00 Full name of contributor Contributor address; City; State; Zip Code 1710 Fairmount Ave. Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Date Contributor address; City: State; Zip Code 1100 Elizabeth Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) 500.00	8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Contributor address; City: State: Zip Code 250.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Odd-of-state PAC (ID# 100.00 Odd/14/2021 Contributor address; City: State: Zip Code 1710 Fairmount Ave. Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Date Full name of contributor Odd-of-state PAC (ID# 100.00 Principal occupation / Job title (See Instructions) Date Contributor address: City: State: Zip Code 1710 Fairmount Ave. Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Date Contributor address: City: State: Zip Code 1710 Fairmount of Contribution (\$) Contributor address: City: State: Zip Code 1710 Employer (See Instructions) Employer (See Instructions) Date Contributor address: City: State: Zip Code 1710 Employer (See Instructions)		Marc Belhumeur	Amount of contribution (\$)
Date 04/14/2021 Michael Mcdermott	04/14/2021	Contributor address; City; State; Zip Code	250.00
Michael Mcdermott Contributor address; City; State; Zip Code 1710 Fairmount Ave. Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lorraine Dukes Contributor address; City; State; Zip Code 1100 Elizabeth Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ilons)
Date O4/14/2021 Full name of contributor		Michael Mcdermott Contributor address; City; State; Zip Code	
D4/14/2021 Lorraine Dukes Contributor address; City; State; Zip Code 1100 Elizabeth Blvd Fort Worth, TX. 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
		Lorraine Dukes Contributor address; City; State; Zip Code	
	Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	Teporti
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2021	5 Full name of contributor	7 Amount of contribution (\$)
	4612 S. Ridge Ter. Fort Worth, TX. 76133	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
04/14/2021	Contributor address; City; State; Zip Code 1701 Lee Ave Fort Worth, TX. 76164	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 04/14/2021	Full name of contributor	Amount of contribution (\$)
Principal occul	pation / Job title (See Instructions) Employer (See Instructions)	stions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#:) Maureen Meyers Contributor address; City; State; Zip Code 6158 N. Mattox Road Kansas City, MO. 64151	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

Ann Zadeh Ann Zadeh	The	Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A1:
Esther Sevier 100.00	2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers
6 Contributor address; City; State; Zip Code 5113 Meridian Lane Fort Worth, TX. 76244 8 Principal occupation / Job title (See Instructions) Date O4/15/2021 Full name of contributor Contributor address; City; State; Zip Code 4817 Overton Hollow St Fort Worth, TX. 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Date Full name of contributor Margaret Miller Contributor address; City; State; Zip Code 721 Edgefield Rd Fort Worth, TX. 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Carol Klocek Carol Klocek Contributor address; City; State; Zip Code 3713 Echo Trail true Fort Worth, TX. 76109		Esther Sevier	· ·
Date 04/15/2021 Full name of contributor		G Continuation against 1	State; Zip Code
Jacquelyn McCrary Contributor address; City; State; Zip Code 4817 Overton Hollow St Fort Worth, TX. 76109 Principal occupation / Job title (See Instructions) Date 04/15/2021 Full name of contributor	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Contributor address; City; State; Zip Code 4817 Overton Hollow St Fort Worth, TX. 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Margaret Miller Contributor address; City; State; Zip Code 721 Edgefield Rd Fort Worth, TX. 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Carol Klocek Contributor address; City; State; Zip Code 3713 Echo Trail true Fort Worth, TX. 76109		havest	Amount of contribution (\$)
Date O4/15/2021 Full name of contributor	04/15/2021	Contributor address; City; S	state, Zip Gode
Margaret Miller Contributor address; City; State; Zip Code 721 Edgefield Rd Fort Worth, TX. 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date O4/15/2021 Full name of contributor out-of-state PAC (ID#:	Principal occup	ration / Job title (See Instructions)	Employer (See Instructions)
Contributor address; City; State; Zip Code 721 Edgefield Rd Fort Worth, TX. 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Carol Klocek Contributor address; City; State; Zip Code 3713 Echo Trail true Fort Worth, TX. 76109		Margaret Miller	
Date 4/15/2021 Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) Carol Klocek Contributor address; City; State; Zip Code 3713 Echo Trail true Fort Worth, TX. 76109	5 11 1 G 7 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Contributor address; City; S	State; Zip Code
Carol Klocek Contributor address; City; State; Zip Code 3713 Echo Trail true Fort Worth, TX. 76109	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Contributor address; City; State; Zip Code 3713 Echo Trail true Fort Worth, TX. 76109			*** The state of t
Principal occupation / Job title (See Instructions) Employer (See Instructions)	-41 1312021	Commoditi dadicate,	State; Zip Code
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT Incl	lude this page in the i	report.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2021	5 Full name of contributorout-of-state PAC (ID#:) Leslie Ford 6 Contributor address; City; State; Zip Code 400 Canyon Creek Trail Fort Worth, TX. 76112		7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/15/2021	Contributor address; City; 304 Crestwood Drive Fort Worth, T	State; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/15/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/15/2021	Full name of contributor out-of-state PAC (Doreen Geiger Contributor address; City; 6413 Chauncery Place Fort Worth,	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDUI F AS N	EEDED

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii the reques	ated information is not applicable, 20 NOT include this page in	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor	
04/16/2021	Contributor address; City; State; Zip Code 2917 Morton St. Fort Worth, TX. 76107	100.00
Principal occup	eation / Job title (See Instructions) Employer (See I	nstructions)
Date 04/16/2021	Full name of contributor	Amount of contribution (\$) 5.00
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date 04/16/2021	Full name of contributor) Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

ir the reques	ted information is not applicable, DO NOT inclu	and bage in me.	
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 5/
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor ☐ out-of-state PAC (ID# Larry Anfin 6 Contributor address; City; S 7020 Castle Creek Court Fort Wort	state; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
04/16/2021	Contributor address; City; S 3121 Libscomb St Fort Worth, TX	State; Zip Code 76110	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/16/2021	Kevin Khorrami Contributor address; City; 5	State; Zip Code	Amount of contribution (\$)
Principal occu	7860 Skylake Dr Fort Worth, TX. 761 Docation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/16/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH APPITIONAL CODIES OF		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

if the reques	sted information is not applicable, bo NoT inc	oiddo tillo bago ili tilo i	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2021	5 Full name of contributor ☐ out-of-state PAC Ruth Karbach	C (ID#:)	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; 3058 Ryan Place Dr Fort Worth,	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor □ out-of-state PAC Penny Armstrong	C (ID#:)	Amount of contribution (\$)
04/17/2021	Contributor address; City; 5440 Sierra Ridge Rd Fort Worth,	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/17/2021	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Company of the I	Contributor address; City; 3431 Bristol Rd Fort Worth, TX. 76	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/17/2021	Suzi Shepard	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; 3313 Worth Hills Fort Worth, TX.	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NI	EEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A1:
? FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers
Date 04/17/2021	5 Full name of contributor ☐ out-of-state PAC (ID#: Gretchen Stoeltje	
		ate; Zip Code
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/17/2021	Contributor address; City; S 1504 Whittenburg Dr Fort Worth, TX.	zate; Zip Code 25.00 76134
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#:		
14/00/2021	Contributor address; City; s 100 E. 15th Street #600 Fort Worth, T	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
7/10/2021	Contributor address; City; S 2865 Manorwood Trail Fort Worth, T	tate; Zip Code
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2021	5 Full name of contributor □ out-of-state PAC LeAnne Bearden 6 Contributor address; City; 6601 Eton Ct Fort Worth, TX. 7	(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Emily Baxter	(ID#:)	Amount of contribution (\$)
04/17/2021	1 Contributor address; City; State; Zip Code 6157 Whitman Ave Fort Worth, TX. 76133		15.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/18/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/16/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	DE THIS SCHEDULE AS N	FEDED

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

SCHEDULE A1

Ann Zadeh Full name of contributor	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
	_) 7 Amount of contribution (\$)
Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110 on / Job title (See Instructions) 9 Employer (See Inst	ructions)
Full name of contributor	Amount of contribution (\$) 250.00
on / Job title (See Instructions) Employer (See Inst	ructions)
Larry and Jeannie Coggins Contributor address; City; State; Zip Code	
on / Job title (See Instructions) Employer (See Inst	ructions)
Full name of contributor	_) Amount of contribution (\$) 250.00
on / Job title (See Instructions) Employer (See Inst	ructions)
	Full name of contributor

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		4 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)
Date 04/20/2021 Principal occu	5 Full name of contributor	7 Amount of contribution (\$) 100.00
Date 04/20/2021	Full name of contributor	Amount of contribution (\$)
Principal occuţ	3804 Glenwood Dr Fort Worth, TX. 76109 Deation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/20/2021	Full name of contributor	Amount of contribution (\$)
0-11/2012021	Contributor address; City; State; Zip Code 2325 Mistletoe Dr Fort Worth, TX. 76110	,
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 14/20/2021	Full name of contributor	Amount of contribution (\$)
	Contributor address: City; State; Zip Code 4929 Birchman Ave Fort Worth, TX. 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Ann Zadeh	3 Filer ID (Ethics Commission Filers)		
4 Date 04/21/2021	5 Full name of contributor out-of-state PAC (ID#:) Martha Williams 6 Contributor address; City; State; Zip Code 8105 Mount Shasta Cir Fort Worth, TX. 76137	7 Amount of contribution (\$) 25.00		
8 Principal occup	oation / Job title (See Instructions) 9 Employer (See Instructions)	uons)		
Date 04/21/2021	Full name of contributor out-of-state PAC (ID#:) EDWN KEWIN DILKS Contributor address; City; State; Zip Code	Amount of contribution (\$)		
	7113 STONE VILLA CIR NOWY ROYLAMON HILLS 76128			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 04/21/2021	Full name of contributor out-of-state PAC (ID#:) Tom : AUCE VANDERZYL Contributor address; City; State; Zip Code 3642 Scom A DR F7. Wary X 76115	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 04/21/2021	Full name of contributor out-of-state PAC (ID#:) DAN LOWRANCE Contributor address; City; State; Zip Code 2008 FOUR DAKS LANE FT WARTY TX 76/107	Amount of contribution (\$) 2,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
,				

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/21/2021	5 Full name of contributor out-of-state PAC (STEVEN (OSHK 6 Contributor address; City; 3635 POTOMAC AVE FT.	State; Zip Code	7 Amount of contribution (\$) 500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)	
	Community address,			
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
,		n		
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Event Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Ann Zadeh 4 Date 5 Payee name Compete Digital LLC 03/23/2021 Zip Code State: City; 7 Payee address; 6 Amount (\$) 1317 Potomac Ave Washington DC 20003 25,000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Consulting Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date ActBlue 03/08/2021 City; State: Zip Code Payee address; Amount (\$) PO Box 441146 | Somerville, MA 02144-0031 116.88 🛫 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Fees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/23/2021 **Constant Contact** Zip Code State; City; Payee address; Amount (\$) 1601 Trapelo Road Ste 329 Waltham, MA. 02451 74.62 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
⁴ Date 03/24/2021	5 Payee name United States Postal Serv	rice	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
110.00	2600 8th Avenue Fort Worth, TX	. 76110	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/02/2021	Juan DJ Magic		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	1109 Prelude Dr Fort Worth,	TX. 76134	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expenses		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/02/2021	SmatWebDesign		
Amount (\$)	Payee address;	City;	State; Zip Code
900.00	5925 Lovell Ave Ste B Fort \	Worth, TX. 76	3107
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out Of District Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Other (enter a category not listed above)

T-t-l seesa Cabadula E1:	2 FILED NAME		3 Filer ID (Ethics Commission Filers	
Total pages Schedule F1: ${\cal E}$	Ann Zadeh			
Date 04/06/2021	⁵ Payee name Elkhorn Union			
Amount (\$)	7 Payee address;	City;	State; Zip Code	
850.00	300 College Ave, Fort Worth, TX 76104			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name -I	Office sought	Office held	
Date	Payee name			
04/07/2021	Breinn Richter			
Amount (\$)	Payee address;	City;	State; Zip Code	
3,000.00	1801 6th Avenue Fort Worth,	TX. 76110		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expenses			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date '	Payee name			
04/06/2021	Jasmine Connor			
Amount (\$)	Payee address;	City;	State; Zip Code	
640.50	1000 Henderson Street #311	Fort Worth, TX	76102	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas, Complete Schedule T,	Check if Aust	in, TX, officeholder living expense	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/vi The Instruction Guide explains how to d	Vages/Contract Labor	Offici (enter a satisfie	ry not listed above;
Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics	Commission Filers)
Date 04/08/2021	⁵ Payee name Danny Ramos			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,300.00	1817 Harrington Ave, Fort Worth,	TX 76164		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/09/2021	ActBlue			
Amount (\$)	Payee address;	City;	State;	Zip Code
566.49	PO Box 441146 Somerville, MA	02144-0031		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			and the second s
04/06/2021	Metro Mailer			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,445.14	5719 E. Rosedale #809 Fort	Worth, TX. 76	112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Advertising Expense			
OF	Advertising Expense Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	ı expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
β Date 04/15/2021	5 Payee name Tractor Supply		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
84.21	9249 Benbrook Blvd Benbrook,	TX. 76126	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		And the state of t
04/09/2021	MRM Strategies		
Amount (\$)	Payee address;	City;	State; Zip Code
3,000.00	5503 Mercedes Ave Dallas, TX	(. 75206	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/10/2021	Compete Digital LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
15,000.00	1317 Potomac Ave Washingt	ton DC 20003	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in Disi Travel Out O Contract Labor Other (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to d	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2021	5 Payee name Harland Clarke		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
106.51	4533 Bellaire Dr S Fort Worth,	TX. 76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name 1	Office sought	Office held
Date	Payee name		
04/19/2021	Tractor Supply		
Amount (\$)	Payee address;	City;	State; Zip Code
199.72	9249 Benbrook Blvd Benbrook,	TX. 76126	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Evappe		
EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ł	Office sought	Office held
Date	Payee name		
04/20/2021	The Strategy Group, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
80,439.43	730 N Franklin #404 Chicag	o IL. 60654	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)	
4 Date 04/21/2021	5 Payee name PayPal			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1.03	2211 N. First St San Jose, CA. 95131			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/21/2021	ActBlue			
Amount (\$)	Payee address;	City;	State; Zip Code	
405.40	PO Box 441146 Somerville, MA	02144-0031		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/05/2021	Google LLC			
Amount (\$)	Payee address;	City;	State; Zip Code	
19.19	G Suite 650 CA. 600 Am	APHITHEATEE PAR	KWAM, MOUNTAIN VIEW OX1043	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Э.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Payee name Pack N Mail		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
68.19	3000 S Hulen #124 Fort Worth,	TX. 76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED