

**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 Ann FIRST MI NICKNAME Zadeh LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 12173 Fort Worth TX 76110		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 924-3811		
6 CAMPAIGN TREASURER NAME	MS / MRS / (MR) Jim (Jamshyd) M. FIRST MI NICKNAME Zadeh LAST SUFFIX		
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 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 Month Day Year 5 / 10 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
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 pages

17 CONTRIBUTION
TOTALS

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

\$ 20⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 22,963⁶¹

EXPENDITURE
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

\$ 23,959⁰⁴

OUTSTANDING
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.

Ann Zadeh

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Ann Zadeh*, this the *2nd* day of *May*, 20 *14*, to certify which, witness my hand and seal of office.

Mary Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

Cy Souter
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) COBY WOOTEN	7 Amount of contribution (\$) 500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1301 BAWINGER ST. FT. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINA SHIRLEY	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2009 SEVILLE DR. NRH TX 76182		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM SHINER	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 737 BANDIT TR. KEWER TX 76248		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH BOOTH	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2049 GLENCO TERR FT. WORTH TX 76110		(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#: _____) JAY HERD	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4455 CRESTLINE Rd FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
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	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 801 CHERRY ST. #1600 FT. WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1328 S. ADAMS FT. WORTH TX 76104		(If travel outside of Texas, complete Schedule T)	
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 RAZACK	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6940 CANYON SPRINGS FT. WORTH TX 76132		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2615 FOREST PARK BLVD FT. WORTH TX 76110		(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 <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH ZADEH	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2306 BROWN BEAR CT EVLESS TX 76039		(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 4.4.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIRTON J JIM COOPER	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6605 SABROSA CT. W. FT. WORTH TX 76133	(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 <input type="checkbox"/> out-of-state PAC (ID#: PETER O AKAJIUBA	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5514 COLD SPRINGS DR. ARLINGTON TX 76017	(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 <input type="checkbox"/> out-of-state PAC (ID#: CHARLES M. CHURE CLIVER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 201 HAZELWOOD FT. WORTH TX 76107	(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 <input type="checkbox"/> out-of-state PAC (ID#: LORRAINE DUKES	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1100 ELIZABETH BLVD. FT. WORTH TX 76110	(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 <input type="checkbox"/> out-of-state PAC (ID#: ANN SUTHERLAND	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4028 ARAGON DR FT. WORTH TX 76133	(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#) LAWYER 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 COLEYVILLE TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
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 MAIN #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 <input type="checkbox"/> out-of-state PAC (ID#: CHARLES WILLIS	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4354 CAPRA WAY BENBROOK TX 76126	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 4.26.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WENDY BLANTON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2325 W. MAGNOLIA AVE. FT. WORTH, TX 76110	(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#: Kevin Ullmann	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6513 Saucon Valley Dr. Fort Worth TX 76132	(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#: Jeff Hoover	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 800 West Weatherford St. Fort Worth TX 76102	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5.1.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raul Natera Martinez	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5812 End o' Trail Fort Worth TX 76112	(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 4.29.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luz Villasenor	7 Amount of contribution (\$) 1000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1829 Wurzburg Dr Fort Worth TX 76134		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.29.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christian Villasenor	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1829 Wurzburg Dr. Fort Worth TX 76134		(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#: Francisco Hernandez	Amount of contribution (\$) 3000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 West Weatherford St Fort Worth TX 76102		(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#: Greg Walsh	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1002 Hanover Dr. Southlake TX 76092		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.30.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DeAnn McKinley	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 790 Fort Worth TX 76101		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Ann Zadeh		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-1-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Avery McDaniel 6 Contributor address; City; State; Zip Code 1205 N. Main St Fort Worth TX 76164	7 Amount of contribution (\$) 2,500 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED CLOSUIT Contributor address; City; State; Zip Code 3343 LOCKE AVE FT. WORTH TX 76107	Amount of contribution (\$) 200. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Spangler Contributor address; City; State; Zip Code 122 S. Main St. Fort Worth TX 76104	Amount of contribution (\$) 1000 ⁰⁰	In-kind contribution description (if applicable) Public Relations Strategy 4hrs x \$250/hr.
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) The Starr Conspiracy	
Date 4-28-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry B. Thompson Contributor address; City; State; Zip Code 725 Woodland Ave Fort Worth, TX 76110	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
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#: William M. Gould Jr. Contributor address; City; State; Zip Code 1600 Texas St. Ste 21203 Fort Worth TX 76102	Amount of contribution (\$) 50 ⁰⁰	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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5.1.14	Tom Krampitz 6 Contributor address; City; State; Zip Code 749 N. Main St Fort Worth TX 76164	250 ⁰⁰	
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.1.14	Karen M. Kroh Contributor address; City; State; Zip Code 2618 Cockrell Ave Fort Worth TX 76109	50 ⁰⁰	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage 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)
----------------------------------	----------------------------------	---

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 ONLY 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 ONLY 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 ONLY 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 (\$) 2677.35	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 4.9.14	5 Payee name JOHN KEY (ACE-REIMB)
-------------------------	---

6 Amount (\$) 107.91	7 Payee address; City; State; Zip Code 2222 MISTLETOE AVE FT. WORTH, TX 76110
--------------------------------	---

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)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4.26.14	Payee name ANN ZADEH (JASON'S DEU-REIMB)
------------------------	--

Amount (\$) 145.03	Payee address; City; State; Zip Code 3408 HARWEN TER FT. WORTH TX 76109
------------------------------	---

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)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4.3.14	Payee name COCKRELL INNOVATIONS
-----------------------	---

Amount (\$) 421.76	Payee address; City; State; Zip Code P.O. BOX 1568 FT. WORTH TX 76101
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING - THANKYOUS	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4-29-14	Payee name USPS
------------------------	---------------------------

Amount (\$) 24.50	Payee address; City; State; Zip Code 8TH AVE FT. WORTH TX 76110
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 4-29-14	5 Payee name PAYPAL
-------------------	------------------------

6 Amount (\$) 120.81	7 Payee address; City; State; Zip Code 2211 NORTH FIRST ST SAN JOSE, CA 95131
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 5-1-14	Payee name STAPLES
----------------	-----------------------

Amount (\$) 66.94	Payee address; City; State; Zip Code 1600S. UNIVERSITY DR. FT. WORTH, TX 76107
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4-30-14	Payee name Travis Parmer Consulting (Reimb)
-----------------	--

Amount (\$) 3041.56	Payee address; City; State; Zip Code P.O. Box 11517 Fort 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 ONLY if direct expenditure to benefit C/OH	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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED