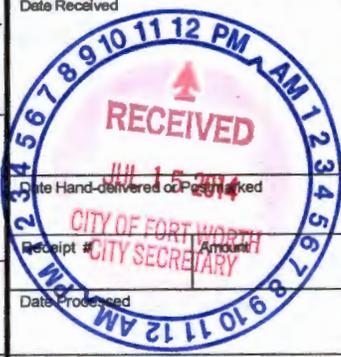


OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) / MR FIRST Ann NICKNAME Zadeh LAST SUFFIX	MI	OFFICE USE ONLY Date Received  Date Hand-Delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 12173 Fort Worth TX 76110 APT / SUITE #; CITY; STATE; ZIP CODE	change of address <input type="checkbox"/>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817) PHONE NUMBER 924-3811 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jim (Jamshyd) M. NICKNAME Zadeh LAST SUFFIX	MI	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 115 W. 2nd Street Ste 201 Fort Worth TX 76102 APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817) PHONE NUMBER 335-5100 EXTENSION		
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 checked="" type="checkbox"/> July 15 <input 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 6 Day 13 Year 14	THROUGH	Month 7 Year 14
11 ELECTION	ELECTION DATE Month 6 Day 21 Year 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City of Fort Worth City Council District 9	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ann Zadeh 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

GENERAL

SPECIFIC

additional pages

COMMITTEE TYPE

COMMITTEE NAME
Fort Worth Police Officers Association PAC

COMMITTEE ADDRESS
904 Collier
Fort Worth TX 76102

COMMITTEE CAMPAIGN TREASURER NAME
Mark Barthen

COMMITTEE CAMPAIGN TREASURER ADDRESS
904 Collier
Fort Worth TX 76102

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,279 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,572 ³²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,371 ⁵⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000 ⁰⁰

18 AFFIDAVIT

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.

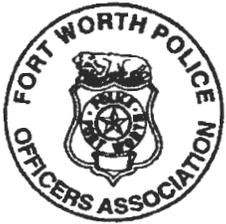
Ann Zadeh
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Zadeh, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Mary Kayser Signature of officer administering oath
MARY KAYSER City Secretary Printed name of officer administering oath
 Title of officer administering oath



FORT WORTH POLICE OFFICERS ASSOCIATION

904 COLLIER
FORT WORTH, TX 76102

PHONE: 817-870-2171
FAX: 817-870-1103

July 10, 2014

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

Dear Ann Zadeh,

The Political Actions Committee of the *Fort Worth Police Officer's Association* has made an in-kind contribution to your campaign in the amount of \$15,954.00. The contribution included campaign signage, art and postage for mailings and campaign phone calls.

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

Best regards,

A handwritten signature in black ink, appearing to read "Lloyd Cook".

Lloyd Cook
PAC Chairman



LC/ks



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.10.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRENT A SPEAR	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3536 PARK RIDGE BWD FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.16.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREATER FT. WORTH REAL ESTATE	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCE ST. #2400 FT. WORTH, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.14.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT L. SNOKE	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3826 6TH AVE. FT. WORTH, TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.14.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANN SUTHERLAND BURLINGAME	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15007 SUGAR SWEET DR. SUGARLAND, TX 77498		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.21.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FT. WORTH RETIRED FIREFIGHTERS & WIDOWS COMMITTEE FOR RESPONSIBLE GOVERNMENT	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 TIERNEY RD FT. 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: 4	
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)
6.14.14	DONALD HAYWARD 6 Contributor address; City; State; Zip Code 8513 THICKET CT. FT. WORTH, TX 76123	100.00	
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)
6.13.14	WARREN RIDDICK Contributor address; City; State; Zip Code 3413 BRYN MAWR DALLAS, TX 75225	250.00	
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)
6.20.14	MAX HOLDERBY Contributor address; City; State; Zip Code 2401 W. 7TH ST #307 FT. WORTH, TX 76107	250.00	
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)
6.18.14	BARRY HANCOCK Contributor address; City; State; Zip Code 3843 MAPLE WOOD DALLAS TX 75025	250.00	
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)
6.20.14	JASON C.N. SMITH Contributor address; City; State; Zip Code 2230 COLLEGE AVE. FT. WORTH TX 76110	100.00	
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: 4	
2 FILER NAME ANN ZADEH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.21.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CEUNA VASQUEZ	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5020 FAU RIVER FT. WORTH, TX 76103		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6.21.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FELIPE A. GUTIERREZ	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 429 COLLEGE AVE. #419 FT. WORTH TX 76104		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6.23.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM MEADOWS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3904 HAMILTON FT. WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7.4.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KENNETH BARR	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3101 AVONDALE AVE FT. WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EUS. BATES	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2711 SIMONDALE DR. FT. WORTH TX 76109		(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: 4	
2 FILER NAME Ann Zaden		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-30-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Zaden	7 Amount of contribution (\$) 2000⁰⁰	8 In-kind contribution description (if applicable) voter outreach
6 Contributor address; City; State; Zip Code 3408 Harnen Terr Fort Worth TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-10-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ft Worth Police Officers Assoc.	Amount of contribution (\$) 15,954.⁰⁰	In-kind contribution description (if applicable) signage, art, postage, mailing, phone calls
Contributor address; City; State; Zip Code 904 Collier Fort Worth TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Francisco Hernandez	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable) Sign pick up dump fee
Contributor address; City; State; Zip Code 2800 6th Ave Fort Worth TX 76110		(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 | 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)
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4 Date	5 Payee name STAPLES
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6 Amount (\$) 27.05	7 Payee address; City; State; Zip Code 1600 S. UNIVERSITY DR. FT. WORTH TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCT. SUPPLIES	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-16-14	Payee name BIG BAD WOLF CREATIVE GROUP
-----------------	---

Amount (\$) 243.56	Payee address; City; State; Zip Code 1166 COUNTRY CLUB W.#1 FT. WORTH TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-18-14	Payee name BASS PRINTING
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Amount (\$) 2903.54	Payee address; City; State; Zip Code P.O. BOX 820822 NRH TX 76182
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-17-14	Payee name TRAVIS PARNER
-----------------	-----------------------------

Amount (\$) 1750.00	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH, TX 76110
------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date 6.18.14	5 Payee name AUSTIN ANTCZAK
--------------------------	---------------------------------------

6 Amount (\$) 402.00	7 Payee address; City; State; Zip Code 1325 Fairmount Ave Fort Worth TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADV. Contract Labor	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6.19.14	Payee name BASS PRINTING
------------------------	------------------------------------

Amount (\$) 2612.55	Payee address; City; State; Zip Code P.O. BOX 820822 N.R.H. TX 76182
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (if travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6.21.14	Payee name CHARTER
------------------------	------------------------------

Amount (\$) 88.03	Payee address; City; State; Zip Code P.O. BOX 790261 ST. LOUIS MO 63179
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6.24.14	Payee name SETH BRECH
------------------------	---------------------------------

Amount (\$) 940.00	Payee address; City; State; Zip Code 5206 PINEGLENS ARUNGTION TX 76016
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date 6.24.14	5 Payee name JOSE RODRIGUEZ
--------------------------	---------------------------------------

6 Amount (\$) 646.00	7 Payee address; City; State; Zip Code 608 SOUTH OAKLAND BLVD FT. WORTH TX 76103
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(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
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Date 6.24.14	Payee name ALEX LOESCH
-----------------	---------------------------

Amount (\$) 778.00	Payee address; City; State; Zip Code 117 KINCAID DR. SANGER TX 76266
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6.24.14	Payee name KERRY RACHEL ZASTOUPIL
-----------------	--------------------------------------

Amount (\$) 646.00	Payee address; City; State; Zip Code 2608 NORTH HAVEN DR. LONGVIEW TX 75605
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-13.14	Payee name MICHAEL ZADEH
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Amount (\$) 330.00	Payee address; City; State; Zip Code 3408 HARWEN TERR. FT. WORTH TX 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date 7-3-14	5 Payee name GABRIEL BRITIAN
------------------	---------------------------------

6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 6100 TROON RD. FT. WORTH, TX 76132
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-3-14	Payee name NINO HERNANDEZ
----------------	------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code 2800 6TH AVE FT. WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-1-14	Payee name SARA H NOUAN
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Amount (\$) 70.00	Payee address; City; State; Zip Code 1300 WESTERN AVE FT. WORTH TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-3-14	Payee name JAKE BEARDEN
----------------	----------------------------

Amount (\$) 40.00	Payee address; City; State; Zip Code 6601 ETON CT FT. WORTH TX 76132
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date 6.28.14	5 Payee name MAGNOLIA CHEESE CO.
-------------------	-------------------------------------

6 Amount (\$) 42.76	7 Payee address; City; State; Zip Code 1251 W. MAGNOLIA AVE FT. WORTH TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEV	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-1-14	Payee name WISDOM J WHITE
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Amount (\$) 200.00	Payee address; City; State; Zip Code 8500 TANGLE RIDGE FT. WORTH TX 76123
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-10-14	Payee name TRAVIS PARMER
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Amount (\$) 170.56	Payee address; City; State; Zip Code P.O. BOX 11517 FT. WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV.	Description (If travel outside of Texas, complete Schedule T) (FACEBOOK)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-13-14	Payee name LEANNE BEARDEN
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Amount (\$) 493.97	Payee address; City; State; Zip Code 6601 ETOM CT FT. WORTH TX 76132
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEV.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED