

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: **8**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Ann	MI	OFFICE USE ONLY
	NICKNAME	LAST Zadeh	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: P.O. Box 12173	APT / SUITE #:	CITY: Fort Worth, TX	STATE: TX	ZIP CODE: 76110
<input type="checkbox"/> Change of Address					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 924-3811	EXTENSION	
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Glenn	MI	
	NICKNAME	LAST Bearden	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 6601 Eton Ct.	APT / SUITE #:	CITY: Fort Worth, TX.	STATE: TX	ZIP CODE: 76132
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8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 845-4412	EXTENSION	
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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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month 12	Day 31	Year 2021	THROUGH	Month 06	Day 30	Year 2022
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11 ELECTION	ELECTION DATE Month Day Year 12 / 31 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
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14 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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JUL 29 '22 PM1:28



**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

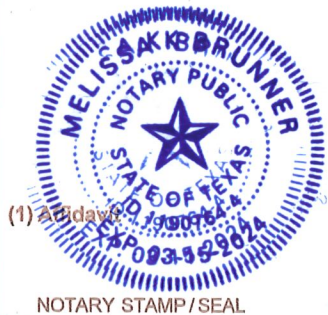
15 C/OH NAME Ann Zadeh		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 186.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,303.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,000.00

18 SIGNATURE 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

Please complete either option below:



Sworn to and subscribed before me by Ann Zadeh this the 29th day of July, 2022, to certify which, witness my hand and seal of office.

Melissa K. Brunner Melissa K. Brunner notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Ann Zadeh		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 186.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 20,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23.38
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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: 3
2 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus 6 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Payne Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109	Amount of contribution (\$) 6.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Payne Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109	Amount of contribution (\$) 6.00
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.		

MONETARY POLITICAL CONTRIBUTIONS**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: 3
2 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Payne	Amount of contribution (\$) 6.00
Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Payne	Amount of contribution (\$) 6.00
Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**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: 3
2 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 Date 05/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Payne	Amount of contribution (\$) 6.00
Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dreyfus	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX. 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Payne	Amount of contribution (\$) 6.00
Contributor address; City; State; Zip Code 2701 Benbrook Blvd Fort Worth, TX. 76109		
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.		

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Ann Zadeh		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 26,000.00
5 Date of loan 07/16/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Zadeh	9 Loan Amount (\$) 6,000.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 04/30/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Zadeh	Loan Amount (\$) 20,000.00
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Ann Zadeh	3 Filer ID (Ethics Commission Filers)
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4 Date 01/19/22-06/25/22	5 Payee name Act Blue
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6 Amount (\$) 23.38	7 Payee address; PO Box 441146	City; Somerville	State; MA	Zip Code 02144-0031
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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