

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Diana N. Paris</u>		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)	\$ <u>150.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,930.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,879.53</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,050.47</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Diana Nicole Paris, and my date of birth is 12/03/1984

My address is 1309 Woodborough Ln., Keller, TX, 76248, USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 3 day of April, 2025
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Diana N. Paris</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,780</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>48,795.33</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 11
2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Severson	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 1604 Mockingbird Ln Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Severson	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2601 Scenic View CT Granbury TX 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francine Paris	Amount of contribution (\$) \$ 400.00
Contributor address; City; State; Zip Code 2849 Southshore Dr. Grapevine TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Nelson	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1700 Watson St. Fort Worth TX 76103		
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Diana N. Paris</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/2/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Katja Karjalainen</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>
6 Contributor address; City; State; Zip Code <u>603 Warrington Ln Southlake TX 76092</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/6/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas Cobb</u>	Amount of contribution (\$) <u>\$ 5,000.00</u>
Contributor address; City; State; Zip Code <u>707 W. LD Lockett Rd Colleyville TX 76034</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/21/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aaron McKinney</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code <u>1405 Jackson Rd Keller TX 76262</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Curtis Fortinberry</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>6221 Bellaire S. FortWorth TX 76132</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME <u>Diana N. Paris</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/25/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Curtis Fertinberry</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>6221 Bellaire S. Fort Worth TX 76132</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/25/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edwin Paris</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>2819 Southshore Dr Grapevine TX 76051</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/26/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Christine Savas</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>803 Glendale Dr Keller TX 76248</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/26/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Courtney Savas</u>	Amount of contribution (\$) <u>\$155.00</u>
Contributor address; City; State; Zip Code <u>7704 Shadow Wood Dr N. Richland Hills TX 76182</u>		
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Mitchell	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2328 Bridgewood Dr Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Pelletier	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Po Box 93043 Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Hendricks	Amount of contribution (\$) \$55.00
Contributor address; City; State; Zip Code 1534 Lakeview Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirstin Taylor	Amount of contribution (\$) \$35.00
Contributor address; City; State; Zip Code 1317 Woodborough Ln TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirstin Taylor	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1317 Woodborough Ln Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Brennan	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 809 Bodega Bay Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Egger	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 708 Overland Trl Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane ODell	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 201 Longview Ct Keller TX 76248		
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Bowman	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1914 Spring Dr Keller TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandolyn Roszell	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2230 Union Church Rd Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Kekas	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 985 Hancock Ave West Hollywood CA 90069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Ray	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1200 Ox Bow Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summer Crow	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 9741 Armour Dr Keller TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristen Warren	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 900 Preston Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Adair Lee	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1436 Glasgow Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Whitacre	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1707 Forest Bend Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Mountjoy	7 Amount of contribution (\$) \$ 200.00
	6 Contributor address; City; State; Zip Code 324 Longview Dr Keller TX 76248	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Paige	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 314 Crossing Court Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Mallory Miner	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 604 Ashwood Dr Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bubeck	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 1418 Cat Mountain Trl Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Diana N. Paris		3 Filer ID (Ethics Commission Filers)
4 Date 2/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Cloy	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 404 S. Pearson Ln Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Boggus	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 923 Talbot St. Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle McCaw	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 332 Longview Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirstin Taylor	Amount of contribution (\$) \$ 10.00
Contributor address; City; State; Zip Code 1317 Woodborough Ln Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 2/18/25 Maritza Mollidrem	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1221 Shadow Woods Ct. Keller TX 76262	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 2/24/25 Sarah Nordin	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1629 Bradford Grove Trl Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 2/27/25 Valerie Lavallee	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1201 Oakhurst Ct Southlake TX 76092 76092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 2/28/25 Darren Martin	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 208 Silverado Trl Keller TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>11</u>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephanie Jeffreys</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>1305 Woodborough Ln Keller TX 76248</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>3/7/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chap Smith</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>2328 Tall Woods Trl Keller TX 76262</u>		
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 (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <u>2</u>	2 FILER NAME <u>Diana N. Paris</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/10/25</u>	5 Payee name <u>MS Marketing</u>	
6 Amount (\$) <u>\$3,125.00</u>	7 Payee address; <u>310. N. Main St Ste E</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>Yard Signs 24x18</u>
	(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
Date <u>3/14/25</u>	Payee name <u>MS Marketing</u>	
Amount (\$) <u>\$201.62</u>	Payee address; <u>310 N. Main St Ste E</u>	City: <u>Keller</u> State: <u>TX</u> Zip Code: <u>76248</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>legal stickers w/ 24x18 signs</u>
	<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
Date <u>3/24/25</u>	Payee name <u>First Graphic Services</u>	
Amount (\$) <u>\$1,154.49</u>	Payee address; <u>229 Garvon St</u>	City: <u>Garland</u> State: <u>TX</u> Zip Code: <u>75040</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>48x48 Sign w/ Corners</u>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Diana N. Paris	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/25	5 Payee name GoDaddy	
6 Amount (\$) \$127.79	7 Payee address: 2155 E. GoDaddy Way Tempe	City; State; Zip Code AZ 85284
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Services
	(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
Date 3/05/25	Payee name MS Marketing	
Amount (\$) \$270.63	Payee address: 310 N. Main St. Ste E Keller	City; State; Zip Code TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards
	<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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED