

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

12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs

Diana

N

NICKNAME

LAST

SUFFIX

Nikki

Paris

OFFICER USE ONLY

Date Received

4/25/2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1309 Woodborough Ln Keller TX 76248

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

999

6264

Date Hand-delivered or Date Postmarked

4/25/2025

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Christopher

W

NICKNAME

LAST

SUFFIX

Chris

Paris

Date Processed

4/28/2025

Date Imaged

4/28/2025

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1309 Woodborough Ln Keller TX 76248

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

689

6405

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

3 / 25 / 25

THROUGH

4 / 25 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 03 / 25

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

KISD SCHOOL BOARD

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Keller ISD Pce 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

Additional Pages

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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>35⁰⁰</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>4615.⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ <u>Ø</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>11,807.20</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>914.75</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>Ø</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.

M. Paris
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 "Nikki" Diana Paris, and my date of birth is 12/03/1984

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

Executed in Tarrant County, State of TX, on the 25 day of April, 20 25.
(month) (year)

M. Paris
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Diana N. Paris

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|------------------------------------------------------------------------------------|--------------------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4615 ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 397. ⁵⁰ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 11,807. ²⁰ |
| 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 6 |
| 2 FILER NAME Diana N. Paris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/26 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Lane | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 1008 Morrin Keller TX 76262 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/28 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane O'Dell | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 201 Longview Ct Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/30 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal Stover | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 7008 Bach Colleyville TX 76034 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/31 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Will | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 329 Anita Ave Keller TX 76248 | | |
| 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: 2/6 |
| 2 FILER NAME Diana N. Paris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/1 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Hendricks | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address: City: State: Zip Code 1534 Lakeview Dr. Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date 4/1 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson | Amount of contribution (\$) \$500.00 |
| Contributor address: City: State: Zip Code 1620 Village Trl Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date 4/4 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Hinds | Amount of contribution (\$) \$100.00 |
| Contributor address: City: State: Zip Code 1500 Sage Canyon Dr Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------|
| Date 4/6 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy May | Amount of contribution (\$) \$50.00 |
| Contributor address: City: State: Zip Code 1846 Pearson Xing Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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|--|--|--|
| | | |
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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: 3/6 |
| 2 FILER NAME Diana N. Paris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/6 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamire Nannarone | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code 1905 Wellington Ct Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date 4/6 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Webster | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 6916 Bear Creek Dr Hurst TX 76054 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Date 4/6 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Coker | Amount of contribution (\$) \$1000.00 |
| Contributor address; City; State; Zip Code 1323 Briar Ridge Dr Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date 4/6 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Haynes | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 2502 Lakewood Ct Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4/6 |
| 2 FILER NAME Diana N. Paris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/13 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William McMullin | 7 Amount of contribution (\$) \$ 250.00 |
| 6 Contributor address; City; State; Zip Code 305 Woodland Trl Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Zafirion | Amount of contribution (\$) \$ 55.00 |
| Contributor address; City; State; Zip Code 9732 Sam Bass Trl Ft Worth TX 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/7 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tag Green | Amount of contribution (\$) \$ 260.00 |
| Contributor address; City; State; Zip Code 2123 Pine Ridge Ct. Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/7 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Smith | Amount of contribution (\$) \$ 50.00 |
| Contributor address; City; State; Zip Code 1436 Chase Oak Dr. Keller TX 76248 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 3/6 |
| 2 FILER NAME Diana N. Paris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Washington | 7 Amount of contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code PO Box 4666 Keller TX 76244 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date 4/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armin Mizani | Amount of contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code 896 Randol Mill Keller TX 76262 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date 4/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Scherer | Amount of contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 5113 Skelly Ray Rd Keller TX 76244 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date 4/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Robinson | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 13201 Palancar Dr. Ft Worth TX 76244 | |
| 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: 6/6 |
| 2 FILER NAME Diana N. Paris | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Metcalf | 7 Amount of contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code 1601 Brentwood Trl Keller TX 76248 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen Alvarado | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 221 Redwood Ct Keller TX 76248 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Pearson | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 1620 Village 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#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2 | |
| 2 FILER NAME Dana N. Paris | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 4/25 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Pandklev | 8 Amount of Contribution \$ 110.00 | 9 In-kind contribution description Food & Meet & Great |
| 7 Contributor address; City; State; Zip Code 1925 Spring Dr. Keller TX 76262 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) Self | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Date 4/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy May | Amount of Contribution \$ 140.00 | In-kind contribution description Food & Meet & Great |
| Contributor address; City; State; Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) STAY AT HOME MOM STAY AT HOME MOM | | Employer (FOR NON-JUDICIAL)(See Instructions) N/A | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME <i>Dana N. Paris</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>4/24</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Cobb</i> | 8 Amount of Contribution \$ <i>25.00</i> | 9 In-kind contribution description <i>Food f / meet & greet</i> |
| 7 Contributor address; City; State; Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A unemployed</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------|
| Date <i>4/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Savas</i> | Amount of Contribution \$ <i>122.50</i> | In-kind contribution description <i>T-Shirts</i> |
| Contributor address; City; State; Zip Code <i>1331 Airport Freeway Euless TX 76040</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Owner</i> | | Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i> | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Diana N. Paris | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/22 | 5 Payee name MS Marketing | City: State: Zip Code |
| 6 Amount (\$) \$433.00 | 7 Payee address: 310 N. Main St Ste E Keller TX 76248 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Push Cards |
| | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date 4/22 | Payee name Edgerton Strategies | City: State: Zip Code |
| Amount (\$) \$11,124.20 | Payee address: 1540 Keller Pkwy STE 108-402 Keller TX 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Mailers & Text Ads |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date 4/07 | Payee name MS Marketing | City: State: Zip Code |
| Amount (\$) 250.00 | Payee address: 310 N. Main St STE Keller TX 76248 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED