2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code
09/2023

APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL[1] Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE Keller ISD School Board **GENERAL ELECTION BALLOT**
(name of election)

TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)
Keller ISD Trustee Place 3

INDICATE TERM
☑ FULL ☐ UNEXPIRED

FULL NAME (First, Middle, Last)
Diana Nicole Paris

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*
Nikki Paris

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)
1309 Woodborough Ln.

PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)

CITY	STATE	ZIP
Keller	TX	76248

CITY	STATE	ZIP

PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)
nikkiparis03@aol.com

OCCUPATION (Do not leave blank)
Stay-at-home parent

DATE OF BIRTH
[redacted]

VOTER REGISTRATION VUID NUMBER[2] (Optional)

TELEPHONE CONTACT INFORMATION (Optional)
Home: Office: Cell: 817-999-6264

FELONY CONVICTION STATUS (You MUST check one)

☑ I have not been finally convicted of a felony.

☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.[3]

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN

IN THE STATE OF TEXAS	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED
16 year(s) 5 month(s)	6 year(s) 10 month(s)

*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Diana Paris, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Diana Paris, of Tarrant County, Texas, being a candidate for the office of KISD Board Place 3, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."

X Diana Paris
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 14 (day) day of February (month), 2025 (year), by Diana Nicole Paris (name of candidate).

Billy Miller
Signature of Officer Authorized to Administer Oath[4]

Notary Public
Title of Officer Authorized to Administer Oath

Billy Miller
Printed Name of Officer Authorized to Administer Oath

BILLY MILLER
Notary ID #132545227
My Commission Expires
June 30, 2028

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:
☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.

This document and $_____ filing fee or a nominating petition of _____ pages received. ☑ **Voter Registration Status Verified**

02/14/2025 Date Received
02/14/2025 Date Accepted **(See Section 1.007)**
Catherine Whitted
Signature of Filing Officer or Designee

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA
PG 1

1 CANDIDATE NAME	2 FILER ID #	3 Total pages filed:
Diana Paris		2

See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME
NEW | MS / MRS / MR: Mrs. | FIRST: Nikki | MI:
NICKNAME: | LAST: Paris | SUFFIX:

5 CANDIDATE MAILING ADDRESS
NEW | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1309 Woodborough Ln. Keller, TX 76248

6 CANDIDATE PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
(817) 999-6264

7 OFFICE HELD (if any)
NEW
Keller ISD Trustee Place 3

8 OFFICE SOUGHT (if known)
NEW

9 CAMPAIGN TREASURER NAME
NEW | MS / MRS / MR | FIRST | MI | NICKNAME | LAST | SUFFIX
Mr. Christopher Paris

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
NEW | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1309 Woodborough Ln.
Keller, TX 76248

11 CAMPAIGN TREASURER PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
(817) 689-6405

12 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Diana Paris
Signature of Candidate

2/13/2025
Date Signed

OFFICE USE ONLY

Date Received: 02/14/2025
Date Hand-delivered or Postmarked:
Receipt #:
Amount $:
Date Processed: 02/14/2025
Date Imaged: 02/14/2025

GO TO PAGE 2

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:

OFFICE USE ONLY

Date Received: 4/3/2025

Date Hand-delivered or Date Postmarked: 4/3/2025

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs | FIRST: Diana | MI: N

NICKNAME: Nikki | LAST: Paris | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1309 Woodborough Ln Keller TX 76248

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE ( ) PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr | FIRST: Christopher | MI: W

NICKNAME: Chris | LAST: Paris | SUFFIX:

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: (817) PHONE NUMBER: 689-6405 EXTENSION

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: 2 / 14 / 2025 THROUGH Month Day Year: 3 / 24 / 2025

11 ELECTION

ELECTION DATE — Month Day Year: 5 / 3 / 2025

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ Other Description: KISD SCHOOL BOARD ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Keller ISD Trustee Place 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Diana N. Paris	**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)	$ 150.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 12,930.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4879.53
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 8,050.47
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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. (street), Keller (city), TX (state), 76248 (zip code), USA (country).

Executed in Tarrant County, State of Texas, on the 3 day of April (month), 20 25 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Diana N. Paris	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 12,780
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ Ø
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ Ø
4.	☐	SCHEDULE E: LOANS	$ Ø
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4879.53
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ Ø
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ Ø
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ Ø
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ Ø
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ Ø

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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/17/25	Deborah Severson	1604 Mockingbird Ln Southlake TX 76092	$ 500.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
2/23/25	David Severson	2601 Scenic View CT Granbury TX 76048	$ 500.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/25	Francine Paris	2809 Southshore Dr. Grapevine TX 76051	$ 400.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
2/27/25	Helen Nelson	1700 Watson St. Fort Worth TX 76103	$ 200.00

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

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
3/2/25	Katja Karjalainen 603 Warrington Ln Southlake TX 76092	$500.00		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
3/6/25	Thomas Cobb 707 W. LD Lockett Rd Colleyville TX 76034	$5,000.00		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2/21/25	Aaron McKinney 1405 Jackson Rd Keller TX 76262	$250.00		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2/24	Curtis Fortinberry 6221 Bellaire S. Fort Worth TX 76132	$100.00		

Full name of contributor ☐ out-of-state PAC (ID#: _____)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/25/25	Curtis Fortinberry 6221 Bellaire S. Fort Worth TX 76132	$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/25/25	Edwin Paris 2819 Southshore Dr Grapevine TX 76051	$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/25	Christine Savas 803 Glendale Dr Keller TX 76248	$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/26/25	Courtney Savas 7704 Shadow Wood Dr N. Richland Hills TX 76182	$55.00

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

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/28/25	Kristen Mitchell 2328 Bridgewood Dr Keller TX 76262	$500.00		
2/28/25	David Pelletier Po Box 93043 Southlake TX 76092	$100.00		
2/28/25	Stephen Hendricks 1534 Lakeview Dr Keller TX 76248	$55.00		
3/1/25	Kirstin Taylor 1317 Woodborough Ln TX 76248	$35.00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/2/25	Kirstin Taylor 1317 Woodborough Ln Keller TX 76248	$100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/25	Karen Brennan 809 Bodega Bay Dr Keller TX 76248	$200.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/25	Paula Egger 708 Overland Trl Southlake TX 76092	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/6/25	Shane ODell 201 Longview CT Keller TX 76248	$500.00

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

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/7/25	Paul Bowman	1914 Spring Dr Keller TX 76262	$100.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/8/25	Vandolyn Roszell	2230 Union Church Rd Keller TX 76248	$250.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/19/25	Jennifer Kekos	985 Hancock Ave West Hollywood CA 90069	$100.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
2/16/25	Alice Ray	1200 Ox Bow CT Keller TX 76248	$100.00

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

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/16/25	Summer Crow 9741 Armour Dr Keller TX 76244	$50.00		
2/16	Kristen Warren 900 Preston Ln Keller TX 76248	$25.00		
2/16	Melissa Adair Lee 1436 Glasgow Ln Keller TX 76248	$50.00		
2/16	Brittany Whitacre 1707 Forest Bend Ln Keller TX 76248	$50.00		

☐ out-of-state PAC (ID#:_____)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/14/25	Nicole Mountjoy 324 Longview Dr Keller TX 76248	$200.00		
2/14/25	Sarah Paige 314 Crossing Court Keller TX 76248	$100.00		
2/17/25	David Mallory Miner 604 Ashwood Dr Keller TX 76248	$100.00		
2/17/25	William Bubeck 1418 Cat Mountain Trl Keller TX 76248	$100.00		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 11

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/18	Lauren Cloy 404 S. Pearson Ln Keller TX 76248	$200.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/18	Sarah Boggus 923 Talbot St. Keller TX 76248	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/18	Kyle McCaw 332 Longview Dr Keller TX 76248	$500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/18	Kirstin Taylor 1317 Woodborough Ln Keller TX 76248	$10.00

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.**

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1 Total pages Schedule A1: 11

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/18/25	Maritza Molldrem / 1221 Shadow Woods Ct. Keller TX 76262	$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/24/25	Sarah Nordin / 1629 Bradford Grove Trl Keller TX 76248	$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/27/25	Valerie Lavalley / 1201 Oakhurst Ct Southlake TX [redacted]	$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/28/25	Darren Martin / 208 Silverado Trl Keller TX 76248	$250.00

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: 11

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/28/25	Stephanie Jeffreys 1305 Woodborough Ln Keller TX 76248	$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/7/25	Chap Smith 2328 Tall Woods Trl Keller TX 76262	$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:	2 FILER ~~NAME~~	3 Filer ID (Ethics Commission Filers)
	Diana N. Paris	

Entry 1

4 Date	5 Payee name			
3/10/25	MS Marketing			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$3,125.00	310. N. Main St SteE	Keller	TX	76248

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Yard Signs 24x18

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Entry 2

Date	Payee name			
3/14/25	MS Marketing			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$201.62	310 N. Main St SteE	Keller	TX	76248

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: legal Stickers f/ 24x18 Sign

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Entry 3

Date	Payee name			
3/24/25	First Graphic Services			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$1,154.49	229 Garvon St	Garland	TX	75040

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: 48x48 Sign w/ Grommets

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Diana N. Paris	

4 Date	5 Payee name
2/24/25	GoDaddy

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$127.79	2155 E. GoDaddy Way	Tempe	AZ	85284

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Website Services

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name
3/05/25	MS Marketing

Amount ($)	Payee address;	City;	State;	Zip Code
$270.63	310 N. Main St. Ste E	Keller	TX	76248

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Push Cards

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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: Mrs | FIRST: Diana | MI: N | NICKNAME: Nikki | LAST: Paris | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 1309 Woodborough Ln | APT / SUITE #: | CITY: Keller | STATE: TX | ZIP CODE: 76248

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) | PHONE NUMBER: 999 6264 | EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr | FIRST: Christopher | MI: W | NICKNAME: Chris | LAST: Paris | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 1309 Woodborough Ln | APT / SUITE #: | CITY: Keller | STATE: TX | ZIP CODE: 76248

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) | PHONE NUMBER: 689 6405 | EXTENSION:

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: 3 / 25 / 25 THROUGH 4 / 25 / 25

11 ELECTION
ELECTION DATE: Month / Day / Year: 5 / 03 / 25
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ Other Description: KISD SCHOOL BOARD
☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Keller ISD Place 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

OFFICE USE ONLY
Date Received: 4/25/2025
Date Hand-delivered or Date Postmarked: 4/25/2025
Receipt # | Amount $
Date Processed: 4/28/2025
Date Imaged: 4/28/2025

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Diana N. Paris	**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)	$ 35.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4615.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 11807.20
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 914.75
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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 "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 (month), 20 25 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Diana N. Paris	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4615.00
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 397.50
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 11,807.20
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	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	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
3/26	Pam Lane	1008 Morrin Keller TX 76262	$100.00		
3/28	Shane O'Dell	201 Longview Ct Keller TX 76248	$100.00		
3/30	Randal Stover	7008 Bach Colleyville TX 76034	$100.00		
3/31	Gregory Will	329 Anita Ave Keller TX 76248	$100.00		

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	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/1	Stephen Hendricks	1534 Lakeview Dr. Keller TX 76248	$50.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/1	Keith Pearson	1620 Village Trl Keller TX 76248	$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4	Douglas Hinds	1500 Sage Canyon Dr Keller TX 76248	$100.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/6	Kathy May	1846 Pearson Xing Keller TX 76248	$50.00
	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 | 6

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/6	Tamira Nannarone	1905 Wellington Ct Keller TX 76248	$50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/6	Wendy Webster	6916 Bear Creek Dr Hurst TX 76054	$100.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/6	Chris Coker	1323 Briar Ridge Dr Keller TX 76248	$1000.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/6	Pam Haynes	2502 Lakewood Ct Keller TX 76248	$50.00

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: 4/6

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
4/3	William McMullin	$ 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	Full name of contributor / ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/6	Chris Zafiriou	$ 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	Full name of contributor / ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/7	Tag Green	$ 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	Full name of contributor / ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/7	Lisa Smith	$ 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

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: 5/6

2 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/7	David Washington	Po Box 4166 Keller TX 76244	$500.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/10	Armin Mizani	896 Randol Mill Keller TX 76262	$200.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/15	Dan Scherer	5113 Shelly Ray Rd Keller TX 76244	$250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/16	Jan Robinson	13201 Palancar Dr. Ft Worth TX 76244	$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.

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	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/17	Linda Metcalf	1601 Brentwood Trl Keller TX 76248	$50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/17	Jen Alvarado	221 Redwood Ct Keller TX 76248	$100.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/15	Keith Pearson	1620 Village Trl Keller TX 76248	$500.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)

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 Diana N. Paris	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
4/25	Jennifer Randklev / 1925 Spring Dr. Keller TX 76262	110.00	Food f/ Meet & Great
			☐ 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	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
4/25	Kathy May	140.00	Food f/ Meet & Great
			☐ Check if travel outside of Texas. Complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): [redacted] 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

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 FILER NAME: Diana N. Paris

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
4/24	Donna Cobb	25.00	Food f/ meet & Great

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions): N/A unemployed

11 Employer (FOR NON-JUDICIAL)(See Instructions): N/A

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	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
4/24	Jonathan Savas / 1331 Airport Freeway Euless TX 76040	122.50	T-Shirts

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions): Business Owner

Employer (FOR NON-JUDICIAL)(See Instructions): Self

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

If contributor 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
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

6 Amount ($): $433.00

7 Payee address: 310 N. Main St Ste E; City: Keller; State: TX; Zip Code: 76248

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description: Push Cards

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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

Amount ($): $11,124.20

Payee address: 1540 Keller Pkwy STE 108-402; City: Keller; State: TX; Zip Code: 76248

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Mailers & Text Ads

☐ Check if travel outside of Texas, Complete Schedule T.

☐ 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

Amount ($): 250.00

Payee address: 310 N. Main St STE E; City: Keller; State: TX; Zip Code: 76248

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Push Cards

☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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

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: 6

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: Diana | MI: N

NICKNAME: Nikki | LAST: Paris | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1309 Woodborough Ln
Keller TX 76248

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(817) 999-6264

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: Christopher | MI: W

NICKNAME | LAST: Paris | SUFFIX:

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: 4 / 25 / 25 THROUGH Month / Day / Year: 7 / 15 / 25

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 3 / 25

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ Other Description: School Board ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Trustee Place 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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 Diana N. Paris			**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)	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 277.73
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 277.73
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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 N. Paris, and my date of birth is 12/03/84.

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 14 day of July (month), 2025 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Diana N. Paris	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ Ø
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ Ø
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ Ø
4.	☐	SCHEDULE E: LOANS	$ Ø
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 277.73
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ Ø
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ Ø
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ Ø
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ Ø
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ Ø

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Diana N. Paris	

4 Date	5 Payee name
5/23/25	Stephanie O'Dell

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
277.73	201 Longview Ct.	Keller	TX	76248

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(b) Description: Food/BBQ f/ Election Night Party Close

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
Diana N. Paris	

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than $33,910 in political contributions or made more than $33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #

1. I swear or affirm that I have not accepted more than $33,910 in political contributions or made more than $33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Final report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

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 N. Paris, and my date of birth is 12/03/84.

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

Executed in Tarrant County, State of Texas, on the 14 day of July (month), 2025 (year).

_____
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER