CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:18 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** W Mr. Christopher NAME Date Received NICKNAME LAST SUFFIX Chris Diem 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING . Salado TX 76571 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** or Date Postmarked **OFFICEHOLDER** 4124 (254)462-7533 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN FIRST MI **TREASURER** Chrisotpher Date Processed NAME NICKNAME LAST SUFFIX Chris Diem Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** t Salado TX 76571 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 254) 462-7533 9 REPORT TYPE x 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month Year COVERED 2024 1 3 25 2024 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Dav Year Description Special 05 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Board of Trustees, Salado ISD Board of Trustees, Salado ISD 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			AND ADDRESS OF THE PARTY OF THE	
15 C/OH NAME C	nris Diem		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$ 0	
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 226.07	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST	DAY \$ 0	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$ 0	
	swear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E		and correct and includes all information	
		Signature of Ca	ndidate or Officeholder	
	Please comp	lete either option below	7:	
(1) Affidavit				
(1) Alliauvii				
NOTARY STAMP/SEA				
	before me by	this the	, day of,	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ing oath Printed name of office	per administering oath	Title of officer administering oath	
N. S. Contract		OR		
(2) Unsworn Declaration	n			
My name is Chris Diem		, and my date of birth is 11	/05/1982	
			et Salado TX 76571	
USA,			·	
	(street)	(city) (st	tate) (zip code) (country)	
Executed in Bell	County, State of Texas	_, on the 4day of April_ (month)	, 2024 (year)	
		Signature of Candid	ate/Officeholder (Doclampt)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME Chris Diem 20 Filer ID (Ethics Commission Filer		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0
4.	SCHEDULE E: LOANS		\$0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 226.07
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	\$0	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Mernorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Transportation Equip Travel In District Travel Out Of District	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAI	ME Chris Diem			3 Filer ID (Ethics	Commission Filers)	
4 Date 3-13-24	5 Payee nam	e UZ Marketing			,		
6 Amount (\$) 226.07 Reimbursement from political contributions intended	7 Payee add	ress; e Road Houston,TX 7	77092	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (Advertising	See Categories listed at the top of this s	schedule)	(b) Description Political signs			
	(c) C	heck if travel outside of Texas. Complete Sc	hedule T.	Check if Au	stin, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held	
Date	Payee nam	е					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this	schedule)	Description			
		theck if travel outside of Texas. Complete Sc	chedule T.	Check if Au	ustin, TX, officeholder living	expense	
Candidate / Officeholder name Office sough expenditure to benefit C/OH		Office sought		Office held			
Date	Payee nam	Э					
Amount (\$) Reimbursement from political contributions intended	Payee addr	ess;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule)	Description			
		neck if travel outside of Texas. Complete Sch	hedule T.		stin, TX, officeholder living e		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:18 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST М 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** W Mr. Christopher NAME Date Received NICKNAME LAST SUFFIX Chris Diem 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE OFFICEHOLDER MAILING Salado TX 76571 **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (254) 462-7533 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Chrisotpher Date Processed NAME **NICKNAME** LAST SUFFIX Chris Diem Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** Salado TX 76571 (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 254) 462-7533 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 1 2024 3 25 2024 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Year Dav Description General Special 04 2024 05 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Board of Trustees, Salado ISD Board of Trustees, Salado ISD 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Chris D	iem	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION 1 TOTALS	. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THER THAN \$ 0				
2	. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	of Loans) \$ 0				
EXPENDITURE TOTALS	. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
4.	. TOTAL POLITICAL EXPENDITURES	\$ 420				
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 0				
OUTSTANDING 6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOW	ANS AS OF THE \$ 0				
	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.					
	Signa	ature of Candidate or Officeholder				
	Please complete either option	n below:				
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before	e me by	this the day of,				
20, to certify which	, witness my hand and seal of office.					
Signature of officer administering oat	h Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is Chris Diem	, and my date of	of birth is 11/05/1982				
My address is et Salado TX 76571						
<u>USA</u> ,	*					
	(street) (city)	(state) (zip code) (country)				
Executed in Bell	County, State of Texas, on the 25day (of April, 2024 (menth) (year)				
orms provided by Texas Ethics Co	Signature www.ethics.state.tx.us	e of Candidate/Officeholder (Declarant) Revised 1/1/2024				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Chris Diem 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4. SCHEDULE E: LOANS	\$0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	rributions \$0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 420
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$0

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Pol Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling E Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundrais Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	ment & Related Expense
4 T. I Osbadula O.	Ta = = = D NA				·	
1 Total pages Schedule G:	2 FILER NAI	ME Chris Diem			3 Filer ID (Ethics	Commission Filers)
4 Date 3-29-24	5 Payee nam	ne Salado Village Voice				
6 Amount (\$) 420	7 Payee add	iress;		City;	State;	Zip Code
Reimbursement from political contributions intended	213 Mill Creek Drive #125 Salado, TX 76571					
8 PURPOSE OF EXPENDITURE	(a) Category (Advertising	(See Categories listed at the top of this so		(b) Description Political ads		
	(c) c	Check if travel outside of Texas. Complete Scho	hedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee nam	ie				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	schedule)	Description		
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officeholder living ex	rpense
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office held			
Date	Payee name	е				NO SAPO
Amount (\$)	Payee addr	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	chedule)	Description		
1	a	theck if travel outside of Texas. Complete Sche	nedule T.	Check if Austin,	TX, officeholder living ex	pense
	Candida	ite / Officeholder name		Office sought	(Office held
Complete ONLY if direct expenditure to benefit C/OH						
	ATTAC	CH ADDITIONAL COPIES OF	F THIS SC	HEDULE AS NEEDE	:D	