CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST M	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	DAWASTX 7		DALLAS ISD
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (++		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME LAST N	MI SUFFIX	Receipt # Amount S Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 916 NOLTE OR DALLAS TV TS	•	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 471-9661	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical January 15 8th day before electrical Strain day before electrical		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) DISD BAND & TWITTER OSMICT 8	13 OFFICE SOUGHT (if known))
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 COU NAME			
14 C/OH NAME 15 Filer ID (Ethics Commission Filers)			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIA	AN SZED \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES \$ 400.94 \$ 13,962.92		\$ 400.94
			\$ 13,962.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 97.85		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		THE \$
18 AFFIDAVIT			
GINA LOPEZ Notary Public STATE OF TEXAS ID#125029888 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.			
My Comm. Exp. Jan. 15, 2023			
Signature of Cardidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said MGVEL SOUS this the			
ANIU A			
day of 3004, 2019, to certify which, witness my hand and seal of office.			
- Toma o	70012×	GINA LOPEZ	NOTARY PUBLIC
Signature of officer administering dath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	MIGUEL SOUS 00000		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,	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 FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 8,862.92
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Offloeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
1001	MIGUET SOULS	8000000
4 Date	5 Payee name MIGUEL COR NA	MOR
6 Amount (\$)	7 Payee address; City; State; Zip Code	Jak
	2215 EMKSSW W.	
00.000,24	DAMAS, TX 75 204	,
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T,
OF EXPENDITURE	CONTRUBUTION	Check if Austin, TX, officeholder living expense
EXI ENDITORE		
C Committee ONIV II dies it	Candidate / Officeholder name	Office country
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
<u> </u>	MIGHT COULS	MATOR CENOURORA
Date	Payee name	
Amount (\$)	Davida address. Other Other 7th Oads	
Amount (#)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
Date	Payee name	
4		
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY K. P.	Candidate / Officeholder name	Office cought
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officerolder name	Office sought Office held
	<u> </u>	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1 of 5	MOUEL SOUL		PADDOM B	
4 Date	5 Payee name			
1/10/19	COLTER'S BARBEDON	E		
6 Amount (\$)	7 Payee address; City; State; Zip Code 394 W. Som W.			
£106.38	DALLAS TX 75237			
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories,)	(b) Description (See required.)	instructions regarding type of information	
EXPENDITURE	LOOD EXPENSE	DISTINCT 8		
Date	Payee name			
1/31/9	LACEBOOK			
Amount (\$)	Payee address; City; State; Zip Code			
\$200.00	MENLO PANK, CA 94029			
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information	
EXPENDITURE	ADVERTISING	DISTUNCT & EVENT		
Date	Payee name			
1/17/19	Marina Ruiz			
Amount (\$)	Payee address; City; State; Zip Code			
H4,000.00	NA			
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	required.)	instructions regarding type of information	
EXPENDITURE	ADVENUE / CONFUENCE	2019-202	& COMMUNICATION	
Date	Payee name	CONSOL	Mary .	
1/10/19	NEXT GENERATION AR	no we	Thore	
Amount (\$)	Payee address; City; State; Zip Code			
700,00	GRAND PRABILE, IX 75050			
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information	
EXPENDITURE	DONATION	40H-100	consula - 12	

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2-052	MIGUEL SOLIS		8 0000000
4 Date	5 Payee name		
6 Amount (\$) \$2,556.54	7 Payee address; City; State; Zip Code 119 Count S Ave. Sixth Cook T 7 970		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions regarding type of information
Date NODE	Payee name Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF Expenditure	Category (See Instructions for examples of acceptable categories.)	Description (See in required.)	structions regarding type of information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED