CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MICOUT L NICKNAME LAST	MI	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /				OARD SERVICE DALLAS ISE
OFFICEHOLDER PHONE	(469) 325-3746	EXTENSION	Date Hand-delivered	or Date Postmarker
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR JOHN NICKNAME LAST	MI 	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S TO NOUTE DIL DALLAS TX 75 20 8	SUITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) サイト 9661	EXTENSION		
9 REPORT TYPE	July 15 30th day before ele		treasurer ap (Officeholder	
10 PERIOD COVERED	Month Day Year 7 /16 /18	Month THROUGH	Day Year / 18	
11 ELECTION	ELECTION DATE Month Day Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) DAMAS ISD BOANLO OF TRUSTITS	13 OFFICE SOUGHT (if known)		
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME M いんじ ご	- Sou	5	15 Filer ID (Ethics Commission Filers) ලෙටු රටපට පි
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DITICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE IN INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TO JRES.	DITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	***
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 96.80
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES \$ 1,116.48		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 14,361.71		
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	THE \$	
18 AFFIDAVIT			
· · · · · · · · · · · · · · · · · · ·			perjury, that the accompanying report is formation required to be reported by me
₩y!	K. GULLEY Notary ID # 7804753 opires May 1, 2022	Signature of Car	ndidate or Officeholder
A STATE OF THE STA			
AFFIX NOTARY STAME	-/ SEALABOVE		-41
Swormto and subscr	ibed before me, b	y the said Miguel Selis	, this the
day of January	, 20_19, 1	o certify which, witness my hand and seal of office	
K. Gull	en	K. Gulley	Notary
Signature of officer	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAM	ME	20 Filer ID (Ethics Co	mmission Filers)
	MICE	wa sous	Ø20000 w	8
21		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	√	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 96.80
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	\$ 1,116,48
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 FUN	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	NTRIBUTIONS	\$ 1,275.40
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
MIGUEL SOUS	8 000000				
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)				
6 CONTRIBUTE A LUSON 6 Contributor address; City; State; Zip Code 4340 VENSAUES AVE. DALLAS TX 75205	\$96.80				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)				
PRESIDENT D MAGAZINI	2 marks				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lions)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)				

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

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)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	•	Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out of District Other (enter a category not listed above)
4 7		now to complete this form.	6 Ell 15 (Ell 10 mil 1 Ell 1)
1 Total pages Schedule F1:	1		3 Filer ID (Ethics Commission Filers)
	MIGUEL SOUS		00000000000000000000000000000000000000
4 Date	5 Payee name		
9/14/18	JESSKA COONZALE		3
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
\$200.00	400 S. ZANGO SUITE 1022		
H 200.5	DALLAS, TX 75208		
	_	thedule) (b) Description	
8	(a) Category (See Categories listed at the top of this so		della d'Essa Caralla Calada I
PURPOSE OF	CAMPINEN		utside of Texas. Complete Schedule T.
EXPENDITURE	CAMPINGH	Check if Allstii	n, TX, officeholder living expense
	C47(12/80 (12-		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	JESS KA CONZAUED	TEXAS STATE (LEIME	LEMIALINE II
Date	Payee name		
12/10/18	COMBALDON ANT		
Amount (\$)	Payee address; City; State; Zi	p Code	= -
#216.50			
	Category (See Categories listed at the top of this so	1 [
PURPOSE	ADVERTISING	Check if travel ou	itside of Texas. Complete Schedule T.
OF EXPENDITURE	EXPENSE	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	T dyce hame		
12/24/18	+ KLEBOOK		
Amount (\$)	Payee address; City; State; Zi	o Code	
\$500.00	•	_	
G- 0.	MENLO PML, CA 9402	\$	
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE			rtside of Texas. Complete Schedule T.
OF	AD VENDISING		, TX, officeholder living expense
EXPENDITURE	EXPENSE	Ollock ii Austri	,, sdonoidel name expense
	0	055	6.5
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B	y Gift/Awar	rerage Expense ds/Mernorials Expense	Poffing Exper Printing Expe	ise .	Travel In District Travel Out Of District	nerit a neiated Expense
Candidate/Officeholder/Politica Credit Card Payment			_	es/Contract Labor	Other (enter a catego	ry not listed above)
		struction Guide explai	ns how to con	nplete this form.		
1 Total pages Schedule F1: 2 oc 2_	2 FILER NAME MGUEL	SOLIS			3 Filer ID (Ethics	Commission Filers) こち
4 Date 12/31/19	5 Payee name	DOX-				
6 Amount (\$)	7 Payee address;	City; State; Z				
#199.98	IHACKER	WAY 940				
8		gories listed at the top of this	schedule) ((b) Description		
PURPOSE OF	ACKINGACA.	Ke	1		tside of Texas. Complete So	
EXPENDITURE	PADENZE.			Check if Austin,	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offic	ceholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address;	City; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this	schedule)	<u></u>	side of Texas. Complete Sci TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offic	eholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address;	City; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Cate	pories listed at the top of this :	schedule)		side of Texas. Complete Sci TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	ceholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	-pro-control (with
1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers
105	MIGUEL SOUS	ि यव्यव ७००
4 Date	5 Payee name	
10/25/18	Then MUNOZ	
6 Amount (\$) #5 60.00	7 Payee address; City; State; Zip Code 2750 BACMAN OL. DAUAS, TX 75220	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) EVENT EXPENSE	(b) Description (See instructions regarding type of information required.) PARES MD CAMPANTY EVENT
Date		MANNEY CAMMONING BOOK
12/12/18	Payee name TEXAS OLCANIZING PN	DIECT
Amount (\$)	Payee address; City; State; Zip Code 400 S. ZNG BUD. # 1025	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description / EVENT	Description (See instructions regarding type of information required.) PONS OF THE WHAT
Date 12/19 18	Payee name TICE'S THERETS	
Amount (\$) \$275.40	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) ELDIO MATCHET TEACHER. HOUSE HOUSE H
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED