CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 1
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	мі	OFFICE	USE ONLY
NAME	MR. MIGUE	LE	Date Received	
	NICKNAME LAST	SUFFIX	Data 115551704	
	SOLIS		-	
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE		
OFFICEHOLDER	2215 EDIKESON			三 星鱼
MAILING ADDRESS		204	l	
Change of Address	PACES, A 73	20-1		OU
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		ESC SEC
OFFICEHOLDER	(ta) sto-2160		Date Hand-delivered	or Date Postmarked
PHONE	1 - 12 1 1 - 12 1 1 1 1 1 1 1 1 1 1 1 1		8	2
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	LOZA	SULLY	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AP	T / SUITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	3500 OAK LA	IN SUITE SOO		
(Residence or Business)				
,	DALLAS, TX 75	27		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 957-8387	EXTENSION		
9 REPORT TYPE	January 15 30th day bef	fore election Runoff	15th day aft	er campaign pointment
		F	(Officeholder	Only)
	July 15 8th day befor	re election Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	1/16/18	TURQUOU	15/18	
		THROUGH	12 % 18	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Prim			
	Gen	Description Description		
40.055105	OFFICE MELD W	40 00000 00000 00		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If knowl	1)	
	DISTOL	অ		
	INCLEE 8			
	GO 1	TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OF KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
_		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$		\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0
	4. TOTAL POLITICAL EXPENDITURES \$ 9.941.28		\$ 9,941.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$16.656.7		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT	Gina Lorrain Notary Pa State of Te Expires: 12/0	true and correct and includes all in under Title 15, Election Code.	f perjury, that the accompanying report is information required to be reported by me indidate of Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE		
Sworn to and subso	10	by the said <u>MIGUEL SOUS</u> to certify which, witness my hand and seal of office	this the 167+
Toma d	Topez	GINA LOPEZ	NOTARY PUBLIC
Signature of officer administering oath 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 Commission Fi		mmission Filers)
	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	\$9,941,28
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 FU	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	PI. 4PO 2°
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 Glift/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)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M		ther (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME WIGVEL SOUS		Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		the state of the s
1/8/18	LEAGUE OF WOMEN	VATERS - D	SALLAS
\$250,00	7 Payee address; City; State; Zip Code 6060 N. Central Txw	1., +500	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	DENTHALI MUDE RY		e of Texas. Complete Schedule T.
EXPENDITURE	ACTION DED	CHECK II AUSTIN, 17	, oncenoider living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/29/18	TOGETHER TEXAS PAC	·	
Amount (\$)	Payee address; City; State; Zip Code		
\$4,000,00	STOP PERSONNE DE.		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTURNO (DONATION)	I 🖂 .	of Texas. Complete Schedule T.
OF EXPENDITURE	MOE BY LONGROW	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/5/18	JOEN GOTTHET MER FOR	CONCORSI	
Amount (\$)	Payee address; City; State; Zip Code		
#500.00	124FD TH, ORDHSON		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	CONTURBATION DENIATION	Check If travel outside	of Texas. Complete Schedule T.
OF EXPENDITURE	WAVE BY THEIR PROPERTY	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS NEEDED			

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

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 (Astronoment Interd Press)

Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MEVE الله موسي ورو 4 Date (a) Category (See Categories listed at the top of this schedule) (b) Description 8 SOD DEVENACE Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name 2/14/ City; State; Zip Code Amount (\$) LUO, WITE ZOI \$2.500,00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 3/10/18 Amount (\$) Description **PURPOSE** Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME CODO DODO 4 Date 6 Amount (\$) 7 Payee address; 00,00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description CONTRABOTH DONATION Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Description TON DONATION Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
of	MEUEL SOUS	6000000	
4 Date	5 Payee name		
5/31/1B	FACE BOOK		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
*94.19	MENIO DANK, LA 94025		
8 PURPOSE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	POWERS ON STREET	DISTORET 8 MASIA	
Date	Payee name		
6 28 18	AVEX W. SPENCE MIDDLE	- School	
Amount (\$)	Payee address; City; State; Zip Code		
00.00G,2#	TOOL CADITY AND.		
•	Cotogony (See Instruction to converte of wanted)	Daniel Control of the	
PURPOSE OF	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
EXPENDITURE	WOE BY OLITERSPORT	Joseph Torenament	
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.)	
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			