

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) 000000008 | 2 Total pages filed: 7 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MR. MIGUEL F NICKNAME LAST SUFFIX SOLIS | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2215 ERIKSSON LN. DALLAS, TX 75204 | Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (409) 540-2160 | RECEIVED BOARD SERVICES DALLAS ISO 2018 JAN 16 PM 2:00 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR. JOHN D. NICKNAME LAST SUFFIX LOZA | Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3500 OAK LAWN, SUITE 500 DALLAS, TX 75219 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 957-8387 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 7 / 2 / 17 1 / 15 / 18 | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) DALLAS ISO BOARD OF TRUSTEES DISTRICT 8 | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **MIGUEL SOLIS** 15 Filer ID (Ethics Commission Filers) **00000008**

16 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.

| | |
|---|--|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|--|

Additional Pages

| | | |
|-------------------------|---|---------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 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 | \$ 14,605.19 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 31,442.26 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 AFFIDAVIT

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **MIGUEL SOLIS**, this the **16TH** day of **JANUARY**, 20 **18**, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

GINA LOPEZ
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|--|---|
| 19 FILER NAME MIGUEL SOLIS | | 20 Filer ID (Ethics Commission Filers) 00000008 |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12,000.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,605.19 |
| 12. | <input type="checkbox"/> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 1082 | 2 FILER NAME MIGUEL SOLIS | 3 Filer ID (Ethics Commission Filers) 00000008 |
| 4 Date 9/21/17 | 5 Payee name HITTING HOME PAC | |
| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code 700 13th St, NW SUITE 600 WASHINGTON, D.C. 20005 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 11/1/17 | Payee name TOGETHER TEXAS PAC | |
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 5207 PERKINS ST. DALLAS, TX 75206 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 11/3/17 | Payee name SARA MARTINEZ CAMPAIGN | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. BOX 570212 DALLAS, TX 75357 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: SARA MARTINEZ Office sought: _____ Office held: JUSTICE IN PEACE | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: 2 of 2 | | 2 FILER NAME MIGUEL SOLIS | | 3 Filer ID (Ethics Commission Filers) 00000008 | |
| 4 Date 11/10/17 | | 5 Payee name NELLIE GOLDBEA CAMPAIGN | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address; City; State; Zip Code P.O. BOX 5893 PROVIDENCE, RI 02903 | | | |
| 8 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name NELLIE GOLDBEA | | Office sought SECRETARY OF STATE | |
| Date 12/13/17 | | Payee name CHUY GARCIA FOR CONGRESS | | | |
| Amount (\$) \$500.00 | | Payee address; City; State; Zip Code 3520 S. ALDER, SUITE 10 CHICAGO, IL 60609 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) CONTRIBUTION | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name JESUS CHUY GARCIA | | Office sought CONGRESS | |
| Date 1/3/18 | | Payee name CHRIS HAMILTON CAMPAIGN | | | |
| Amount (\$) \$1,500.00 | | Payee address; City; State; Zip Code 1408 N. WASHINGTON, #204 DALLAS, TX 75204 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) CONTRIBUTION | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name CHRIS HAMILTON | | Office sought DEM. COUNTY PARTY LEADER | |

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: 1 of 2 | 2 FILER NAME MIGUEL SOLIS | 3 Filer ID (Ethics Commission Filers) 00000008 |
| 4 Date 7/27/17 | 5 Payee name FAVOR KOZY KITCHEN | |
| 6 Amount (\$) \$304.89 | 7 Payee address; City; State; Zip Code 4433 MCKINNEY AVE. DALLAS, TX 75205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) FOOD EXPENSE | (b) Description (See instructions regarding type of information required.) LV NUN FOR POLICY INTERNS |
| Date 9/6/17 | Payee name ELADIO MARTINEZ LEARNING CENTER | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 4500 BERNAL DR. DALLAS, TX 75212 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) DONATION | Description (See instructions regarding type of information required.) T-SHIRT FUNDRAISER |
| Date 9/6/17 | Payee name IGUESIA BAPTISTA EL CALVARIO | |
| Amount (\$) \$700.00 | Payee address; City; State; Zip Code 5227 NOMAS ST. DALLAS, TX 75212 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) DONATION | Description (See instructions regarding type of information required.) TEACHER CALL-TO-SCHOOL LUNCHEON |
| Date 9/15/17 | Payee name OPPORTUNITY DALLAS | |
| Amount (\$) \$1,050.30 | Payee address; City; State; Zip Code 6401 AIRLINE RD., SUITE 201 DALLAS, TX 75205 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) DONATION | Description (See instructions regarding type of information required.) NON-PROFIT FUNDRAISER |

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) |
| 2 of 2 | MIGUEL SOLIS | 00000008 |
| 4 Date | 5 Payee name | |
| 1/8/18 | LEAGUE OF WOMEN VOTERS | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$250.00 | 2720 N. STEMMONS, #812 DALLAS, TX 75207 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| | DONATION | ANNUAL FINRAISE |

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|------|------------|
| Date | Payee name |
|------|------------|

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|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
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| Date | Payee name |
|------|------------|

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|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
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|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

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