

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)

00000008

2 Total pages filed:

39

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR. MIGUEL E.

NICKNAME

LAST

SUFFIX

SOLIS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2401 BENNETT AVE., 3402
DALLAS, TX 75206

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 540-2160

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR. JOHN P.

NICKNAME

LAST

SUFFIX

LOZA

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

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

1 / 16 / 17

THROUGH

Month

Day

Year

7 / 1 / 17

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

DALLAS ISD
BOARD OF TRUSTEES
DISTRICT 8

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

RECEIVED
BOARD SERVICES
DALLAS ISD
2017 AUG 10 AM 11:15

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MIGUEL SOLIS 15 Filer ID (Ethics Commission Filers) 000000000

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,496.08</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>20,831.76</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>45,742.56</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



Miguel Solis
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel Solis, this the 10th day of Aug, 20 17, to certify which, witness my hand and seal of office.

K. Gulley Signature of officer administering oath
K. Gulley Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MICHAEL SOU S		20 Filer ID (Ethics Commission Filers) 0000008
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,496.08	
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	\$ 29326.87	
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	\$ 504.89	
12. <input type="checkbox"/> 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:

1 of 23

2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

1/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)

ERIC JOHNSON

7 Amount of contribution (\$)

\$970.70

6 Contributor address; City; State; Zip Code
3525 TURTLE CREEK BLVD., #11A
DALLAS, TX 75219

8 Principal occupation / Job title (See Instructions)

TEACHER

9 Employer (See Instructions)

DISD

Date

1/16/17

Full name of contributor out-of-state PAC (ID#: _____)

MICHAEL DARDICK

Amount of contribution (\$)

\$242.75

Contributor address; City; State; Zip Code
5212 CREEKPOINT DR.
PLANO, TX 75093

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

GRANITE PROPERTIES, INC.

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

KEVIN BOYANT

Amount of contribution (\$)

\$485.20

Contributor address; City; State; Zip Code
4463 BROOKVIEW DR.
DALLAS, TX 75220

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

CROW HOLDINGS

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

STEPHEN BIRCH

Amount of contribution (\$)

\$96.80

Contributor address; City; State; Zip Code
P.O. BOX 52451
DALLAS, TX 75354

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 23

2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

1/18/17

5 Full name of contributor out-of-state PAC (ID#: _____)

EDWARD LOPEZ

7 Amount of contribution (\$)

\$242.45

6 Contributor address; City; State; Zip Code

10 EXECUTE POINT DR,
WAXAHACHIE, TX 75165

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

N/A

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

ANNE THOMAS

Amount of contribution (\$)

\$48.25

Contributor address; City; State; Zip Code

1214 CASA GRANDE PLACE
DUNCANVILLE, TX 75116

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

ANALYST

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

JOSUA BUEBERG

Amount of contribution (\$)

\$48.25

Contributor address; City; State; Zip Code

2237 BLAIR BLVD, APT. B
NASHVILLE, TN 37212

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

N/A

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

KATHLEEN KEARNEY

Amount of contribution (\$)

\$96.80

Contributor address; City; State; Zip Code

P.O. BOX 192006
DALLAS, TX 75219

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

0000000000

4 Date

1/18/17

5 Full name of contributor out-of-state PAC (ID#: _____)

JASON BROUSSARD

6 Contributor address; City; State; Zip Code
1033 WOODLAWN AVE.
DALLAS, TX 75208

7 Amount of contribution (\$)

\$23.97

8 Principal occupation / Job title (See Instructions)

RESEARCH

9 Employer (See Instructions)

DISD

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

JOHNNY ORTA

Contributor address; City; State; Zip Code
4614 BRIARWOOD LN.
IRVING, TX 77642

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/18/17

Full name of contributor out-of-state PAC (ID#: _____)

JIM FALK

Contributor address; City; State; Zip Code
4611 WEST AMHERST AVE.
DALLAS, TX 75209

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

NOLID AFFAIRS COUNCIL

Date

Full name of contributor out-of-state PAC (ID#: _____)

WILLIE KORNBERGER

Contributor address; City; State; Zip Code
3020 PURDUE AVE.
DALLAS, TX 75225

Amount of contribution (\$)

\$970.70

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

JACKSON WALKER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

1/18/17

5 Full name of contributor out-of-state PAC (ID#: _____)

ARMINE SANTA-MARIA

Contributor address; City; State; Zip Code
1200 MAIN ST., APT. 1211
DALLAS, TX 75202

7 Amount of contribution (\$)

\$48.25

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

1/19/17

Full name of contributor out-of-state PAC (ID#: _____)

CORA CARDONA-MORST

Contributor address; City; State; Zip Code
222 SOUTH MONTCLAIR AVE.
DALLAS, TX 75208

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/19/17

Full name of contributor out-of-state PAC (ID#: _____)

ALAN CONEN

Contributor address; City; State; Zip Code
2900 1ST AVE., #207
SEATTLE, WA 98121

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/20/17

Full name of contributor out-of-state PAC (ID#: _____)

SERENA CONNOLLY

Contributor address; City; State; Zip Code
3156 BROOKHOLLOW DR.
FARMERS BRANCH, TX 75234

Amount of contribution (\$)

\$970.70

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)
00000008

4 Date: 1/24/17
5 Full name of contributor: CATHERINE ROSE
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
4608 MEADOWOOD RD.
DALLAS, TX 75220

7 Amount of contribution (\$)
\$156.20

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date: 1/24/17
Full name of contributor: ERIC LOWAN
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
821 N. WINDOMERE AVE.
DALLAS, TX 75208

Amount of contribution (\$)
\$96.80

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date: 1/24/17
Full name of contributor: WICK ALLISON
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
750 N. ST. PAUL ST.
DALLAS, TX 75201

Amount of contribution (\$)
\$485.20

Principal occupation / Job title (See Instructions)
EXECUTIVE

Employer (See Instructions)
D MAGAZINE

Date: 1/24/17
Full name of contributor: MARK MELTON
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
5519 BEIGER AVE
DALLAS, TX 75214

Amount of contribution (\$)
\$242.45

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
MINT + NUNN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

0000000000

4 Date

1/25/17

5 Full name of contributor out-of-state PAC (ID#: _____)

CHARLES COLONER

6 Contributor address; City; State; Zip Code

10021 GATEWAY LN.
DALLAS, TX 75218

7 Amount of contribution (\$)

\$169.62

8 Principal occupation / Job title (See Instructions)

EXECUTIVE

9 Employer (See Instructions)

MEADOWS FOUNDATION

Date

1/25/17

Full name of contributor out-of-state PAC (ID#: _____)

JIMMY WASHEM

Contributor address; City; State; Zip Code

6928 INVERNESS LANE
DALLAS, TX 75214

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/26/17

Full name of contributor out-of-state PAC (ID#: _____)

EVAN MAULIN

Contributor address; City; State; Zip Code

3409 OSCEOLA ST.
DENVER, CO 80212

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/26/17

Full name of contributor out-of-state PAC (ID#: _____)

BYRON SANDERS

Contributor address; City; State; Zip Code

14265 WATERVIEW CIRCLE
ADDISON, TX 75001

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

U.S. TRUST

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MICHAEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

1/27/17

5 Full name of contributor

JEFF TILLOTSON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2,427.20

6 Contributor address; City; State; Zip Code

5110 SOUTHBROOK
DALLAS, TX 75209

8 Principal occupation / Job title (See Instructions)

N/A N/A

9 Employer (See Instructions)

Date

1/29/17

Full name of contributor

CHRISTIAN ZLOUNSKI

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 48.25

Contributor address; City; State; Zip Code

2307 WOODSONG TRAIL
ARLINGTON, TX 76016

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

UT ARLINGTON

Date

2/3/17

Full name of contributor

PETE DALE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 495.20

Contributor address; City; State; Zip Code

5542 VANDERBILT AVE.
DALLAS, TX 75206

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/3/17

Full name of contributor

CHRIS ALLEN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 23.97

Contributor address; City; State; Zip Code

1630 DUFFWOOD DR.
DALLAS, TX 75224

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MIGUEL SOU S

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/3/17

5 Full name of contributor out-of-state PAC (ID#: _____)

JONTE BOUCHER

6 Contributor address; City; State; Zip Code

1014 WALTON ST.
GRAND PRAIRIE, TX 75051

7 Amount of contribution (\$)

\$23.97

8 Principal occupation / Job title (See Instructions)

TEACHER

9 Employer (See Instructions)

DISD

Date

2/4/17

Full name of contributor out-of-state PAC (ID#: _____)

JORDAN PEREZ

Contributor address; City; State; Zip Code

2939 MARCO DR.
GRAND PRAIRIE, TX 75052

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/5/17

Full name of contributor out-of-state PAC (ID#: _____)

MICHAEL VEALE

Contributor address; City; State; Zip Code

1717 ARTS PLAZA, SUITE 2207
DALLAS, TX 75201

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/6/17

Full name of contributor out-of-state PAC (ID#: _____)

NATHAN CORTER

Contributor address; City; State; Zip Code

6410 LAKEWOOD BLVD.
DALLAS, TX 75214

Amount of contribution (\$)

\$193.90

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

SMU

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/7/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

CONSUELO COUTERMET

6 Contributor address; City; State; Zip Code

302 S. BEALON ST.
DALLAS, TX 75214

7 Amount of contribution (\$)

\$48.25

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2/8/17

Full name of contributor

out-of-state PAC (ID#: _____)

BRENDA MAULS

Contributor address; City; State; Zip Code

3925 GILBERT AVE., UNIT E
DALLAS, TX 75219

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/8/17

Full name of contributor

out-of-state PAC (ID#: _____)

GUSTAVO MINOJOSA

Contributor address; City; State; Zip Code

2220 CANTON ST., APT. 402
DALLAS, TX 75201

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/13/17

Full name of contributor

out-of-state PAC (ID#: _____)

BOBBY ABTAHI

Contributor address; City; State; Zip Code

1210 N. CANTON AVE.
DALLAS, TX 75208

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

CANTON

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)

ELIZABETH KASTIEL

Contributor address; City; State; Zip Code

1001 BELLEVUE ST., 104
DALLAS, TX 75215

7 Amount of contribution (\$)

\$48.25

8 Principal occupation / Job title (See Instructions)

EXECUTIVE

9 Employer (See Instructions)

Dallas TEACHER ASSOCIATION

Date

2/13/17

Full name of contributor out-of-state PAC (ID#: _____)

ANITA SCHROEDER

Contributor address; City; State; Zip Code

2711 HADD ST., UNIT F
DALLAS, TX 75249

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/14/17

Full name of contributor out-of-state PAC (ID#: _____)

ANTHONY PAGE

Contributor address; City; State; Zip Code

3210 CARLISLE ST., UNIT 1
DALLAS, TX 75204

Amount of contribution (\$)

\$485.20

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/14/17

Full name of contributor out-of-state PAC (ID#: _____)

PATRICK BLAHOES

Contributor address; City; State; Zip Code

8922 FOREST WILDS
DALLAS, TX 75218

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/14/17

5 Full name of contributor out-of-state PAC (ID#: _____)

LANCE CURRIE

6 Contributor address; City; State; Zip Code

4932 HARVEST HILL RD.
DALLAS, TX 75244

7 Amount of contribution (\$)

\$23.97

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2/15/17

Full name of contributor out-of-state PAC (ID#: _____)

CHRISTINE SCHNARZ

Contributor address; City; State; Zip Code

2323 NOSS AVE., SUITE 600
DALLAS, TX 75201

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/15/17

Full name of contributor out-of-state PAC (ID#: _____)

KOIS ALBORTZ

Contributor address; City; State; Zip Code

4100 BREANNA WAY
PLANO, TX 75024

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor out-of-state PAC (ID#: _____)

ALICIA REYES-BARMENTE

Contributor address; City; State; Zip Code

5600 SMU BLD. RT. 3302
DALLAS, TX 75206

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

SMU

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/16/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

MIGUEL ESPARZA

6 Contributor address; City; State; Zip Code

7114 SMOOK AVE.
DALLAS, TX 75214

7 Amount of contribution (\$)

\$23.97

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

AARON WHITE

Contributor address; City; State; Zip Code

9833 CHAMPA DR.
DALLAS, TX 75218

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

ALEX ENRIQUETA

Contributor address; City; State; Zip Code

711 SKILLMAN ST.
DALLAS, TX 75214

Amount of contribution (\$)

\$96.00

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

CITY YEAR

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

ISAAC FAZ

Contributor address; City; State; Zip Code

829 N. MONTECLAIR
DALLAS, TX 75208

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

COVT. AFFAIRS

Employer (See Instructions)

Dallas County Community Connections

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 23

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/16/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

PATRICIO GUTIERREZ

6 Contributor address; City; State; Zip Code
2525 CARLISLE ST., APT. 613
DALLAS, TX 75201

7 Amount of contribution (\$)

\$23.97

8 Principal occupation / Job title (See Instructions)

STUDENT

9 Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

TAYLOR DANIEL

Contributor address; City; State; Zip Code
6733 BLESSING DR.
DALLAS, TX 75214

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

JOURNALIST

Employer (See Instructions)

DANIEL DANIEL

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

KIM RODRIGUEZ-POLK

Contributor address; City; State; Zip Code
14514 SHOREDALE LN.
FARMERS BRANCH, TX 75234

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

TEXTUAL

Employer (See Instructions)

DISD

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

JAIIME RAMON

Contributor address; City; State; Zip Code
4 CAPE COURT
DALLAS, TX 75230

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

DIKEMA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14 of 23

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/16/17

5 Full name of contributor out-of-state PAC (ID#: _____)

CLAUDIA SANDOVAL

6 Contributor address; City; State; Zip Code

4464 W. CLARENDON DR.
DALLAS, TX 75211

7 Amount of contribution (\$)

\$96.00

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor out-of-state PAC (ID#: _____)

JOSE SANCHEZ

Contributor address; City; State; Zip Code

507 N. CORBIN ST.
LONGVIEW, TX 75601

Amount of contribution (\$)

\$242.45

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor out-of-state PAC (ID#: _____)

KENNETH CARTER

Contributor address; City; State; Zip Code

7310 WATERBURY DR.
ROWLETT, TX 75089

Amount of contribution (\$)

\$96.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor out-of-state PAC (ID#: _____)

ELIZABETH KASTIEL

Contributor address; City; State; Zip Code

1601 BELLEVUE ST., 104
DALLAS, TX 75215

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

DALLAS TEACHER RESISTANCE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

15 of 23

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/16/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

CUSTON MULLER

6 Contributor address; City; State; Zip Code

1412 MAIN ST., SUITE 1000
DALLAS, TX 75202

7 Amount of contribution (\$)

\$96.80

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

JORGE JOHNSON

Contributor address; City; State; Zip Code

15889 DRESTON RD., 2017
DALLAS, TX 75248

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/16/17

Full name of contributor

out-of-state PAC (ID#: _____)

EUGENIA CASTANEDA

Contributor address; City; State; Zip Code

3786 HIGH VISTA DR., 8623
DALLAS, TX 75244

Amount of contribution (\$)

\$19.12

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

N/A

Date

2/17/17

Full name of contributor

out-of-state PAC (ID#: _____)

RUSSELL LANGLEY

Contributor address; City; State; Zip Code

4848 LEMMON AVE., 918
DALLAS, TX 75219

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

POLITICAL CONSULTANT

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 23

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

2/17/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

CONSUELO GUTIERREZ

6 Contributor address; City; State; Zip Code

302 SOUTH BEAZER ST.
DALLAS, TX 75214

7 Amount of contribution (\$)

\$48.25

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2/17/17

Full name of contributor

out-of-state PAC (ID#: _____)

JOSE DE LA CRUZ

Contributor address; City; State; Zip Code

2630 SANTA CRUZ DR.
DALLAS, TX 75227

Amount of contribution (\$)

\$23.97

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/17/17

Full name of contributor

out-of-state PAC (ID#: _____)

CHASE COOPER

Contributor address; City; State; Zip Code

5207 MAPLE SPRINGS BLVD.
DALLAS, TX 75235

Amount of contribution (\$)

\$242.45

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/17/17

Full name of contributor

out-of-state PAC (ID#: _____)

PETER AGUIRRE

Contributor address; City; State; Zip Code

10620 N. CENTRAL EXPY., 10th Floor
DALLAS, TX 75231

Amount of contribution (\$)

\$96.80

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 23

2 FILER NAME
MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)
00000008

4 Date
2/17/17

5 Full name of contributor out-of-state PAC (ID#: _____)
LARRY BANDA
6 Contributor address; City; State; Zip Code
5215 BELMONT AVE., 5115
DALLAS, TX 75206

7 Amount of contribution (\$)
\$48.25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
ARMUE SANTA MARIA
Contributor address; City; State; Zip Code
1200 MAIN ST., 1211
DALLAS, TX 75202

Amount of contribution (\$)

2/17/17

\$23.97

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)
GILES DAVIDSON
Contributor address; City; State; Zip Code
1111 N. MONTGOMERY AVE,
DALLAS, TX 75208

Amount of contribution (\$)

2/17/17

\$242.45

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)
PHILIP MENDONSON
Contributor address; City; State; Zip Code
3151 MAPLE AVE., RT. 603
DALLAS, TX 75201

Amount of contribution (\$)

2/17/17

\$96.80

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 23

2 FILER NAME
MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)
0000000008

4 Date
3/3/17

5 Full name of contributor out-of-state PAC (ID#: _____)
SABINE CRISTY
6 Contributor address; City; State; Zip Code
560 W. 144th ST., 61
NEW YORK, NY 10031

7 Amount of contribution (\$)
\$0.67

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
3/3/17

Full name of contributor out-of-state PAC (ID#: _____)
LUIS ELIZABDO MAMON
Contributor address; City; State; Zip Code
4501 MCKINNEY ST.
HOUSTON, TX 77023

Amount of contribution (\$)
\$242.45

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/12/17

Full name of contributor out-of-state PAC (ID#: _____)
KYLE TALKINGTON
Contributor address; City; State; Zip Code
3883 TURTLE CREEK BLVD., 1605
DALLAS, TX 75219

Amount of contribution (\$)
\$96.80

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/30/17

Full name of contributor out-of-state PAC (ID#: _____)
STEPHANIE ROBINSON
Contributor address; City; State; Zip Code
1500 MCKEE ST.
DALLAS, TX 75215

Amount of contribution (\$)
\$23.97

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19 of 23

2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

000000008

4 Date

4/26/17

5 Full name of contributor out-of-state PAC (ID#: _____)

CHRISTOPHER HAMILTON

6 Contributor address; City; State; Zip Code

5521 SWISS AVE.
DALLAS, TX 75214

7 Amount of contribution (\$)

\$242.45

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

STANLEY HAMILTON

Date

5/4/17

Full name of contributor out-of-state PAC (ID#: _____)

ELISABETH RUTLEDGE

Contributor address; City; State; Zip Code

7179 DANWOOD LN.
DALLAS, TX 75214

Amount of contribution (\$)

\$96.90

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/17/17

Full name of contributor out-of-state PAC (ID#: _____)

ADDY WILLIAMS

Contributor address; City; State; Zip Code

3889 MAPLE AVE., SUITE 350
DALLAS, TX 75219

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/23/17

Full name of contributor out-of-state PAC (ID#: _____)

ANDREWS + KURTZ TEXAS PAC

Contributor address; City; State; Zip Code

600 TRAVIS, SUITE 4200
HOUSTON, TX 77002

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)
000000008

4 Date: 1/23/17
5 Full name of contributor: ROSARIO VERPE
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
1118 BAUM MOTE DR.
DALLAS, TX 75248

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date: 1/24/17
Full name of contributor: STEPHANIE AUGWINBAUGH
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
SLOAN ANAPAMO MT. 25
DALLAS, TX 75248

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date: 2/17/17
Full name of contributor: AUGUSTINE JALOMO
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
607 W. CANTY ST.
DALLAS, TX 75218

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date: 2/17/17
Full name of contributor: CATHY DONNELL
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
9816 WALNUT WIND RD.
DALLAS, TX 75240

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21 of 23

2 FILER NAME
MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)
00000008

4 Date: 2/17/17
5 Full name of contributor: out-of-state PAC (ID#: _____)
BRIQUET MORENO LOPEZ
6 Contributor address; City; State; Zip Code
6258 VELASCO AVE
DALLAS, TX 75214

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)
LINEBACKER GORGINS

Date: 2/17/17
Full name of contributor: out-of-state PAC (ID#: _____)
DAVE PETROSKEY
Contributor address; City; State; Zip Code
6416 CORWIN HAVEN LN., APT. 826
DALLAS, TX 75225

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
DALLAS REGIONAL CHAMBER

Date: 2/17/17
Full name of contributor: out-of-state PAC (ID#: _____)
CLARA MINOJOSA
Contributor address; City; State; Zip Code
728 SANDALWOOD AVE.
RICHMOND, TX 75080

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date: 2/17/17
Full name of contributor: out-of-state PAC (ID#: _____)
SUZANNE SMITH
Contributor address; City; State; Zip Code
3921 HAWTHORNE AVE.
DALLAS, TX 75219

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

22 of 23

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

000000008

4 Date

2/17/17

5 Full name of contributor out-of-state PAC (ID#: _____)

KATE NAWNEY

6 Contributor address; City; State; Zip Code

5050 CAPITAL AVE., #440
DALLAS, TX 75206

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2/17/17

Full name of contributor out-of-state PAC (ID#: _____)

JARED APPLE

Contributor address; City; State; Zip Code

4708 MCKINNEY AVE., #03
DALLAS, TX 75205

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/23/17

Full name of contributor out-of-state PAC (ID#: 00068703)

LEADERSHIP FOR EDUCATIONAL EQUITY

Contributor address; City; State; Zip Code

1805 7th ST. NW, 8th Floor
WASHINGTON, D.C. 20001

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/17/17

Full name of contributor out-of-state PAC (ID#: _____)

JORGE GALBA

Contributor address; City; State; Zip Code

2231 WINDO AVE.
DALLAS, TX 76219

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
23 of 23

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

000000008

4 Date

4/17/17

5 Full name of contributor out-of-state PAC (ID#: _____)

GEORGETTE GARZA

6 Contributor address; City; State; Zip Code

2231 MONROE AVE.
DALLAS, TX 75219

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/17/17

Full name of contributor out-of-state PAC (ID#: _____)

JOANNA CATTANACH

Contributor address; City; State; Zip Code

4800 COLE AVE., APT. 131
DALLAS, TX 75205

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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	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: 1 OF 12	2 FILER NAME MIGUEL SOUS	3 Filer ID (Ethics Commission Filers) 00000008
---------------------------------------	-----------------------------	---

4 Date 1/8/17	5 Payee name MAIL CHIMP
------------------	----------------------------

6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE., NE SUITE 5000 ATLANTA, GA 30308
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-MAIL PLATFORM
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/1/17	Payee name FACEBOOK
----------------	------------------------

Amount (\$) \$185.07	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/18/17	Payee name MAIL CHIMP
-----------------	--------------------------

Amount (\$) \$30.00	Payee address; City; State; Zip Code 675 PONCE DE LEON AVE., NE SUITE 5000 ATLANTA, GA 30308
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-MAIL PLATFORM
-------------------------------	--	--

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	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: 2 of 12	2 FILER NAME MIGUEL SOULS	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	--

4 Date 2/15/17	5 Payee name FACEBOOK
--------------------------	---------------------------------

6 Amount (\$) \$250.10	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
---	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/21/17	Payee name ARMANDO CARRIZO
-----------------	-------------------------------

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2427 KNIGHT DALLAS, TX 75219
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DISTRIBUTION OF CAMPAIGN SIGNS ACROSS DISTRICT
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/17	Payee name CAFE MADRID
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Amount (\$) \$2,545.57	Payee address; City; State; Zip Code 1501 TRAVIS ST. DALLAS, TX 75205
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CATERING FOR FUNDRAISER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 3 of 12	2 FILER NAME MIGUEL SOUZA	3 Filer ID (Ethics Commission Filers)
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4 Date 2/21/17	5 Payee name LOVE STAR PARKING
--------------------------	--

6 Amount (\$) \$430.72	7 Payee address; City; State; Zip Code N/A
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VALET PARKING FOR CAMPAIGN FUNDRAISER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/17	Payee name FACEBOOK
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Amount (\$) \$215.13	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/17	Payee name MAIL CHIMP
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 675 PACE DELEON AVE. NE SUITE 5000 ATLANTA, GA 30308
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL PLATFORM
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 4 of 12	2 FILER NAME MIGUEL SOULS	3 Filer ID (Ethics Commission Filers)
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4 Date 3/16/17	5 Payee name FACEBOOK
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6 Amount (\$) \$250.43	7 Payee address; City; State; Zip Code 1 MAULER WAY MENLO PARK, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/17	Payee name JONTE BOUCHER CAMPAIGN
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Amount (\$) \$14.80	Payee address; City; State; Zip Code n/a
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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 CAMPAIGN DONATION RE SCHOLARSHIP CAMPAIGN
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/17	Payee name WIRE TRANSFER FEE BANK OF TEXAS
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Amount (\$) \$10.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION WIRE TRANSFER FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 5 of 12	2 FILER NAME MIGUEL SOUS	3 Filer ID (Ethics Commission Filers)		
4 Date 3/23/17	5 Payee name PHILIP KINGSTON CAMPAIGN			
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code N/A			
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 CAMPAIGN CONTRIBUTION FOR COUNCIL CAMPAIGN		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 3/24/17	Payee name K&L SCREEN CORP			
Amount (\$) \$1,715.76	Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 3/30/17	Payee name MIKE JOHNSON CAMPAIGN			
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code N/A			
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 CAMPAIGN CONTRIBUTION FOR GOVERNOR CAMPAIGN		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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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: 6 of 12		2 FILER NAME MICHAEL SOULS		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/17		5 Payee name FACEBOOK			
6 Amount (\$) \$75.38		7 Payee address; City; State; Zip Code 1 HALLER WAY MENLO PARK, CA 94025			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/6/17		Payee name ROBERT ROJAS			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN T-SHIRTS		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/11/17		Payee name US POSTAL SERVICE			
Amount (\$) \$7.15		Payee address; City; State; Zip Code N/A			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILING EXPENSE FOR PRIORITY MAIL OF CHECK		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: 7 of 12	2 FILER NAME MIGUEL SOUS	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/17	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) \$595.00	7 Payee address; City; State; Zip Code PO BOX 116 AUSTIN, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACCESS TO VOTER ACCESS NETWORK
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/19/17	Payee name WIRE TRANSFER FEE BANK OF TEXAS	
Amount (\$) \$10.00	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSFER FEE FOR DONATION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/19/17	Payee name BILLY POOR	
Amount (\$) \$1,550.00	Payee address; City; State; Zip Code 415 PATRICIA LN. WICKLAND VILLAGE, TX 75077	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FIELD ORGANIZER
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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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: 8 of 12		2 FILER NAME MIGUEL SOUZA		3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/17		5 Payee name LOWE'S #193			
6 Amount (\$) \$140.62		7 Payee address; City; State; Zip Code 1255 S. LOOP 208 DENTON, TX 76205			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGN YARD POSTS		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

Date 4/26/17		Payee name EAGLE POSTAL CENTER			
Amount (\$) \$11.95		Payee address; City; State; Zip Code 2807 ALLEN ST. DALLAS, TX 75204			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NEXT DAY MAIL FOR ADVERTISEMENT		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

Date 4/26/17		Payee name L & L ENTERPRISE			
Amount (\$) \$1,250.00 4/26/17		Payee address; City; State; Zip Code N/A			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING & EVENT SOLICITATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MAIL DECK		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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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: **9 of 12** 2 FILER NAME: **MIGUEL SOUS** 3 Filer ID (Ethics Commission Filers)

4 Date: **4/26/17** 5 Payee name: **HOME DEPOT #05**

6 Amount (\$): **\$10.79** 7 Payee address; City; State; Zip Code: **N/A**

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PENS FOR CANVASSING
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9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **5/1/17** Payee name: **FACEBOOK**

Amount (\$): **\$30.00** Payee address; City; State; Zip Code: **1 HACKER WAY MENLO PARK, CA 94025**

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN AD
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **5/2/17** Payee name: **EMMA NIENALD**

Amount (\$): **\$180.00** Payee address; City; State; Zip Code: **N/A**

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR KNOCKING
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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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: 10 of 12	2 FILER NAME MIGUEL SOULS	3 Filer ID (Ethics Commission Filers)
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4 Date 5/2/17	5 Payee name BILLY POER
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6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 415 ANTRICIA LN. MANLAND VILLAGE, TX 75077
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FIELD ORGANIZING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/8/17	Payee name RENE ROSSER
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Amount (\$) \$45.00	Payee address; City; State; Zip Code N/A
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR KNOCKING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/9/17	Payee name WILDFIRE CONTACT
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Amount (\$) \$4,092.89	Payee address; City; State; Zip Code 400 E CAMP AVE, STE 108 DES MOINES, IA 50309
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING & SOLICITATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MAIL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 11 of 12	2 FILER NAME MIGUEL SOUS	3 Filer ID (Ethics Commission Filers)
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4 Date 5/15/17	5 Payee name BILLY POOR
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6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 415 PATRICIA LN. WICHMAN VILLAGE, TX 75077
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUND ORGANIZING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/17	Payee name GO DADDY
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Amount (\$) \$45.51	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE RENEWAL FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/17	Payee name EMMA NIEMELA
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Amount (\$) \$90.00	Payee address; City; State; Zip Code N/A
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR KNOCKING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 12 of 12	2 FILER NAME MICHAEL SOUS	3 Filer ID (Ethics Commission Filers)
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4 Date 5/15/17	5 Payee name RENE ROSSER
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6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code N/A
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR KNOCKING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/26/17	Payee name WEST DALLAS SENIOR ASSOCIATION
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Amount (\$) \$100.00	Payee address; City; State; Zip Code N/A
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR CENTER FUNDRAISER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/20/17	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 1	2 FILER NAME MIGUEL SOLIS	3 Filer ID (Ethics Commission Filers) 00000008
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4 Date 2/8/17	5 Payee name CROSSROADS UNIT
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code N/A
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.) PARLIAMENTARY PROCEDURE WORKSHOP FOR NON-PROFIT
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Date 4/4/17	Payee name FRIENDS OF THE DALLAS PUBLIC LIBRARY
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Amount (\$) \$250.00	Payee address; City; State; Zip Code N/A
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) LOVE FIELD WEST MOVIE NIGHT SPONSORSHIP
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Date 7/27/17	Payee name FAVOR KOBY KITCHEN
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Amount (\$) \$304.89	Payee address; City; State; Zip Code N/A
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXPENSE	Description (See instructions regarding type of information required.) POLICE INTERNSHIP FINAL MEETING LUNCH
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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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