

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: 12 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI MR. MIGUEL E NICKNAME LAST SUFFIX SOLIS | OFFICE USE ONLY Date Received JUN 17 AM 9:53 RECEIVED BOARD SERVICES DALLAS ISD | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2401 BENNETT AVE, 3402 DALLAS, TX 75206 | Date Hand-delivered or Date Postmarked | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 925-3722 | Receipt # Amount \$ Date Processed Date Imaged | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI MR. JOHN P. NICKNAME LAST SUFFIX LOZA | Date Hand-delivered or Date Postmarked | |
| 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 | Date Hand-delivered or Date Postmarked | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 957-8387 | Date Hand-delivered or Date Postmarked | |
| 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 / 1 / 16 1 / 16 / 17 | | |
| 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 ISD 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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

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 | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>31,395.68</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>165.03</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>5,015.26</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>43,328.24</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 17th day of January, 20 17, to certify which, witness my hand and seal of office.

Dianna Thompson Signature of officer administering oath
 Dianna Thompson 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 MIGUEL SOUS | | 20 Filer ID (Ethics Commission Filers) 00000008 |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 31,395.68 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ Ø |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 3,250.00 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ Ø |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,015.26 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ Ø |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ Ø |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ Ø |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ Ø |
| 10. | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ Ø |
| 11. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 402.98 |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ Ø |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

11/10/16

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

GARRETT BOONE

6 Contributor address; City; State; Zip Code
5949 SHERMAN LANE, SUITE 1010
DALLAS, TX 75225

7 Amount of contribution (\$)

\$10,000.00

8 Principal occupation / Job title (See Instructions)

N/A / RETIRED

9 Employer (See Instructions)

N/A

Date

11/3/16

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

RONALD STEINWALT

Contributor address; City; State; Zip Code
25 LOBLEDD DR.
DALLAS, TX 75230

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

11/15/16

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

JACK LOWE

Contributor address; City; State; Zip Code
8808 FARMWAY CIRCLE
DALLAS, TX 75209

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

N/A / RETIRED

Employer (See Instructions)

N/A

Date

11/26/16

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

JOHN WANDER

Contributor address; City; State; Zip Code
3517 NOSEDAL AVENUE
DALLAS, TX 75205

Amount of contribution (\$)

\$970.70

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

VINSON & ELKINS

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 5

2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

11/30/16

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

TERRY CONNER

7 Amount of contribution (\$)

\$96.00

6 Contributor address; City; State; Zip Code

7110 LAKEWOOD BLVD.
DALLAS, TX 75214

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

WAYNES & BOONE

Date

12/6/16

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

ALBERT DUCK, JR.

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

751 KESSLER LAKE DR.
DALLAS, TX 75208

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

ON-TARGET LOGISTICS

Date

12/6/16

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

TODD WILLIAMS

Amount of contribution (\$)

\$2,000.00

Contributor address; City; State; Zip Code

3889 MAPLE AVE., SUITE 350
DALLAS, TX 75219

Principal occupation / Job title (See Instructions)

N/A / RETIRED

Employer (See Instructions)

N/A

Date

12/7/16

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

JORDAN NEWMAN

Amount of contribution (\$)

\$0.19

Contributor address; City; State; Zip Code

805 N. DILLON ST.
LOS ANGELES, CA 90026

Principal occupation / Job title (See Instructions)

WEB DEVELOPER MANAGER

Employer (See Instructions)

LEADERSHIP FOR EDUCATIONAL EQUITY

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:

3 of 5

2 FILER NAME

MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

12/7/16

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

JORGE BALDOR

7 Amount of contribution (\$)

\$10,000.00

6 Contributor address; City; State; Zip Code

1999 MCKINNEY AVE, 1004
DALLAS, TX 75201

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

RESIDENT CHECK

Date

12/8/16

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

LEADERSHIP FOR EDUCATIONAL EQUITY

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

1805 2ND ST. NW, 6TH FLOOR
WASHINGTON, DC 20001

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

12/19/16

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

KENT PIACONTI

Amount of contribution (\$)

\$227.65

Contributor address; City; State; Zip Code

5209 MAPLE AVE.
DALLAS, TX 75235

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

VINSON + ELKINS

Date

12/9/16

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

MANUEL BERRELETZ

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

7140 BLACKWOOD DR.
DALLAS, TX 75231

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

VINSON + ELKINS

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:

4 of 5

2 FILER NAME

MICHAEL SOLIS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

12/12/16

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

MATT WESTMORELAND

6 Contributor address; City; State; Zip Code

1055 PIEDMONT AVE. NE, 312
ATLANTA, GA 30309

7 Amount of contribution (\$)

\$96.80

8 Principal occupation / Job title (See Instructions)

BOARD MEMBER

9 Employer (See Instructions)

ATLANTA PUBLIC SCHOOLS

Date

12/13/16

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

JOSH REIMNITZ

Contributor address; City; State; Zip Code

249 THOMAS AVE. S
MINNEAPOLIS, MN 55405

Amount of contribution (\$)

\$48.25

Principal occupation / Job title (See Instructions)

EDUCATION NON-PROFIT

Employer (See Instructions)

BREAK THROUGH TWIN CITIES

Date

12/14/16

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

THOMAS LEATHERSURY

Contributor address; City; State; Zip Code

4430 WOODRIN DR.
DALLAS, TX 75220

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

VINSON & ELKINS

Date

12/14/16

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

MARIA GABRIELA VEGA

Contributor address; City; State; Zip Code

1211 N. TYLER ST.
DALLAS, TX 75208

Amount of contribution (\$)

\$11.57

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

EQUAL JUSTICE CENTER

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:

5 of 5

2 FILER NAME

MIGUEL SOUS

3 Filer ID (Ethics Commission Filers)

00000008

4 Date

12/19/16

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

NEW AMERICAN PAC

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code
400 S. ZANG BLVD., SUITE 600
DALLAS, TX 75208

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

1/13/17

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

ARTHUR ROCK

Amount of contribution (\$)

\$1,443.72

Contributor address; City; State; Zip Code
SAN FRANCISCO, CA 94111

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/16/17

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

LIN BARGER GREGAN BLAIR SANDER LLP

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code
2777 N. STEMMONS FLD, SUITE 1000
DALLAS, TX 75207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
1 of 1

2 FILER NAME
MIGUEL SOLIS

3 Filer ID (Ethics Commission Filers)
000000008

4 TOTAL OF UNITEMIZED PLEDGES

\$ 3,250.00

5 Date
1/10/17

6 Full name of pledgor out-of-state PAC (ID#: _____)
MICHAEL DARDICK

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

8 Amount of Pledge \$ 250.00
9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
REAL ESTATE

11 Employer (See Instructions)
GRANITE PROPERTIES, INC.

Date
1/13/17

Full name of pledgor out-of-state PAC (ID#: _____)
ERIC JOHNSON

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

Amount of Pledge \$ 1,000.00
In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)
CONSULTANT

Employer (See Instructions)
SELF-EMPLOYED

Date
1/16/17

Full name of pledgor out-of-state PAC (ID#: _____)
ABBY WILLIAMS

Pledgor address; City; State; Zip Code
3889 MAPLE AVE. SUITE 350
DALLAS, TX 75219

Amount of Pledge \$ 2,000.00
In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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

Employer (See Instructions)
N/A

Date

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

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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 2 | 2 FILER NAME MIGUEL SOLIS | 3 Filer ID (Ethics Commission Filers) 0000008 |
| 4 Date 7/6/16 | 5 Payee name STONEWALL DEMOCRATS OF DALLAS | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 3014 THROCKMORTON ST. DALLAS, TX 75219 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTIONS MADE BY CANDIDATE OFFICEHOLDER | (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 8/15/16 | Payee name OMAR NARVAEZ CAMPAIGN |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code N/A |

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

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

| | |
|-------------------------|---|
| Date 7/30/16 | Payee name TEJANO DEMOCRATS OF DALLAS |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code N/A |

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

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 | 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 SOUZA | 3 Filer ID (Ethics Commission Filers) 00000008 |
|---|-------------------------------------|--|

| | |
|---------------------------|--|
| 4 Date 10/11/16 | 5 Payee name ADAM MEORANO CAMPAIGN |
|---------------------------|--|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,000.23 | 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 MADE BY OFFICEHOLDER | (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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 12/1/16 | Payee name LEADERSHIP TRAINING FOR EDUCATIONAL EQUITY |
|------------------------|---|

| | |
|----------------------------------|--|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 1805 7th ST. NW, 8th FLOOR WASHINGTON, D.C. 20001 |
|----------------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE | 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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------|
| Date 12/8/16 | Payee name MAIL CHIMP |
|------------------------|---------------------------------|

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

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) SOLICITATION EXPENSE (E-MAIL ACCOUNT -CAMPAIGN) | 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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule I: 1 of 1 | | 2 FILER NAME MIGUEL SOUS | | 3 Filer ID (Ethics Commission Filers) 00000008 | |
| 4 Date 9/15/16 | | 5 Payee name LA POPULAR TAMALES | | | |
| 6 Amount (\$) \$112.98 | | 7 Payee address; City; State; Zip Code 132 N PEAK ST. DALLAS, TX 75226 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE | | (b) Description (See instructions regarding type of information required.) COMMUNITY MEETING FOR DISTRICT BUSINESS | |
| Date 11/10/16 | | Payee name DALLAS CITY HALL | | | |
| Amount (\$) \$290.00 | | Payee address; City; State; Zip Code 1500 MARILLA DALLAS, TX 75201 | | | |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) EVENT EXPENSE | | Description (See instructions regarding type of information required.) DISTRICT COMMUNITY MEETING EVENT | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED