

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

00000008

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
 MR. MIGUEL E  
 NICKNAME LAST SUFFIX

SOLIS

OFFICE USE ONLY

Date Received

2015 JAN 15 PM 3:11

BOARD SERVICES  
DALLAS ISD

RECEIVED

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2500 BENNETT AVE, APT. 1108  
 DALLAS, TX 75206

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(469) 571-3018

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 THROUGH Month Day Year  
 7 / 1 / 14 THROUGH 12 / 31 / 14

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  General  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 REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MIGUEL SOLIS

15 ACCOUNT # (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

COMMITTEE NAME

GENERAL

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,812.53

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 87.00

4. TOTAL POLITICAL EXPENDITURES

\$ 87.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 23,148.54

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel Solis, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

K. Gulley  
Printed name of officer administering oath

Notary Coordinator  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 1

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

12/31/15

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

URBAN LEADERS FELLOWSHIP

6 Contributor address; City; State; Zip Code

2580 17th ST, #205  
DENVER, CO 80211

7 Amount of contribution (\$)

\$431.20

8 In-kind contribution description (if applicable)

TRAVEL

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/31/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

URBAN LEADERS FELLOWSHIP

Contributor address; City; State; Zip Code

2580 17th ST, #205  
DENVER, CO 80211

Amount of contribution (\$)

\$293.76

In-kind contribution description (if applicable)

HOTEL & LOGGING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

NALED EDUCATIONAL FUND

Contributor address; City; State; Zip Code

1122 W. WASHINGTON BLVD.  
THIRD FLOOR  
LOS ANGELES, CALIFORNIA 90015

Amount of contribution (\$)

\$176.20

In-kind contribution description (if applicable)

TRAVEL

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

NALED EDUCATIONAL FUND

Contributor address; City; State; Zip Code

1122 W. WASHINGTON BLVD.  
THIRD FLOOR  
LOS ANGELES, CA 90015

Amount of contribution (\$)

\$911.37

In-kind contribution description (if applicable)

HOTEL & LOGGING

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(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.

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

1 of 1

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

URBAN LEADERS FELLOWSHIP

5 Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

6 Dates of travel

1/8/15 -

1/11/15

7 Name of person(s) traveling

MIGUEL SOLIS

8 Departure city or name of departure location

DALLAS, TX

9 Destination city or name of destination location

DENVER, CO

10 Means of transportation

AIR

11 Purpose of travel (including name of conference, seminar, or other event)

URBAN LEADERS FELLOWSHIP CONFERENCE

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

NALEO EDUCATIONAL FUND

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

Dates of travel

11/20/15 -

11/23/15

Name of person(s) traveling

MIGUEL SOLIS

Departure city or name of departure location

DALLAS, TX

Destination city or name of destination location

WASHINGTON, D.C.

Means of transportation

AIR

Purpose of travel (including name of conference, seminar, or other event)

NALEO 10th BIENNIAL NATIONAL INSTITUTE FOR NEWLY ELECTED OFFICIALS

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED