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)	2 Total pages filed	d:
3 CANDIDATE /	MS / MRS / MR FIRST	8 000000		
OFFICEHOLDER	3		OFFICE	USE ONLY
NAME	MR. MIGUEL	E	Date Received	置 四
	NICKNAME LAST	SUFFIX		. 0
	5 . 5			声 星鱼品
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #: CITY			
OFFICEHOLDER	A CONTRACT TO SERVICE AND A SE	STATE; ZIP CODE		SHINE O
MAILING	2500 BENNETT AVE.	Art. 1108	Date Hand-delivered or	Postmarked 0
ADDRESS	DALLAS, TX 75206			00
change of address			Receipt #	Angount (7)
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		7
OFFICEHOLDER PHONE	(469) 571-3018		Date Processed	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER		IVII	Date imaged	
NAME	NICKNAME LAST			
	NICKNAWE LAST	SUFFIX		
	LOZA			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER		Description .		
ADDRESS (residence or business)	3500 OAK LAWN, SU	LLE 200		
(**************************************	DALLAS, TX 75219			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	(214) 957-8387			
PHONE				
9 REPORT TYPE				
3 KEPOKI IIPE	January 15 30th day before election	Runoff	15th day after ca	
			(officeholder only)	anone
	July 15 8th day before election	Exceeded \$500 [Final report (Attact	h C/OH - FR)
		illine		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	5/1/14 THROUGH	6/30/		
	3/1/14	6/50/	14	
POLICE BUILDING BARDONING TOWNS AND THE STATE OF THE STAT	200000000000000000000000000000000000000			
11 ELECTION	Month Day Year ELECTION TYPE			
	Primary	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
.= 011102	DALLAS 12D	OFFICE SOUGHT (II KIIGWII)		
	BOARD OF TRUSTEES			
	DISTRICT 8			
	WISHELLT 0			
	GO TO PAG	E2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)			
MIGNE	- Sou	2	3 00000000			
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM POLITICAL 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	KIDS FIRST PAC				
	SPECIFIC	COMMITTEE ADDRESS 4447 NORTH CERTAIN EXPUT				
		SUTTE 110 DALLAS TX 78205				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		HEMBN 4761				
		COMMITTEE CAMPAIGN TREASURER ADDRESS (6324)				
		DAMAS TX 75214				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1409.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$ 17,144.11					
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	PAY \$ 23, 682.54			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
Dianna Thompson Commission Expires 01-30-2016 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. Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said, this the						
day of July , 20 4 , to certify which, witness my hand and seal of office.						
Dunnash	Danna Thompson Notara					
Signature of officer administering oath Printed name of officer administering oath 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:		
		ot		
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Mich	UEL SOUS		0000000	8
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
١,	MANTINA ROCALA		contribution (\$)	description (if applicable)
5/5/14	6 Contributor address: City: State: Zin Code			
	6 Contributor address; City; State; Zip Code 2804 LEISURE LN.		75.00	
	CARROLLTON, TX 75006			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
	MICHAEL LUGO		contribution (\$)	description (if applicable)
5/7/14	Contributor address; City; State; Zip Code S434 BELMONT AVE.			
• -			100.00	
	DALLAS, TX 75206			
Principal occu	pation / Job title (See Instructions)			of Texas, complete Schedule T)
i illopai occu	pation / 300 title (See instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	1 2		contribution (\$)	description (if applicable)
-1-11	Contributor address; City; State; Zip Code P.B. Box 17428	on LLB		
>12/14	P.D. Box 17428		500.00	
	ODISE XT, WIENA			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
	TEMAS INSTRUMENTS INCORPORATED POLITICAL	m Acrow Cumina	contribution (#)	description (if applicable)
5/12/14	Contributor address; City; State; Zip Code P. D. ROX 742496			
-,,.	DALLAS, TX 75374		500.00	
	DALLAS, IX 12-11		8*	
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
	,	Employer (occ II	istructions)	
Date	Full name of contributor out-of-state PAC (ID#:	V.	Amount of	In-kind contribution
T A CONTRACTOR OF THE CONTRACT	D. C. V. S. C. S.	200	contribution (\$)	description (if applicable)
	Contributor address: City State: 71: Code		. 4	J. CM13.175
5/8/14	Contributor address; City; State; Zip Code	rug	234.00	DOLLARALE
y z	SVITE 110		Amount David and State 42 th	140 210N7
	DAMAS, TX 75205		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		3,150,000,000,000,000,000,000,000,000,000

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	
Accounting/Banking	Legal Services Solicitation/Fund	The portation Equipment a Heliated Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contributions/Donations Made By
Fees	Polling Expense Travel Out Of D Printing Expense Office Overhead	
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1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name	00000000
5/5/14	PARTY CITY #65	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
129.64	305 MEDALLION SMOPPL	T could
121,07	DAMAS TX 75214	
o puppoer	(a) Category (See categories listed at the top of this schedule)	A) D
8 PURPOSE OF	(a) Category (see categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADVENTISING EXPENSE	BACK TO PLACE FLACES
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	DH	
Date	Payee name	
1 . 1		
5/6/14	ROBERT ROJAS	
Amount (\$)	Payee address; City; State; Zip Code	
792.80	3915 Nan 8T.	
*	Drugs, TX 75220	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	PMUTING EXPENSE	T-SNILTS
	Candidate / Officeholder name	
Complete ONLY if direct expenditure to benefit C/O	8. 14 10. 12 10. 14 10. 14 10 10. 10 10 10 10 10 10 10 10 10 10 10 10 10	Office sought Office held
Date	Payee name	
5/6/14	JMH POINTING	
Amount (\$)	Payee address; City; State; Zip Code	
01-17	721 WEST TARRANT RA.	
848.17	CRINO PRABLE, TX 78050	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Do	
	PONTING EXPENCE	CAMPAICN MAIL
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
D-t-		
Date	Payee name	
> 16 14	MAIL TODAY	
Amount (\$)	Payee address; City; State; Zip Code	
240 53	9171 KNG ARMUN DR.	
889.53	DAMAS, TX 75247	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	2712217	CANADA
	Source Array EXDENSE Candidate / Officeholder name	CAMPAIGN MAIL
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE CATE	POKIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries	Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Solicitat	Transportation Equipment & Related Expense	
Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Contributions/Donations Made By		
Fees	Deleties Francisco		
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4 Date	5 Payee name		8000000
5/12/14	DALLAS VOICE		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
	4145 TRAVIS ST.	nous from.	_
830.00	DALLAS, TX 752	رط	
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8 PURPOSE	(a) Category (See categories listed at the top of this sche	edule) (b) Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	ADVERTISING EXPENSE	CAMP.	arcon 40
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	
expenditure to benefit C/C	DH .		
Date	Payee name		
	500 State - Control of		
3/12/14	# SUNS 2'MAS	8248	
Amount (\$)	Payee address; City; State; Zip	Code	
	9461 WEBB CHAFEL	RD.	
381.50	DALLAS, TX 75220		
PURPOSE	Category (See categories listed at the top of this sche		00.
OF			(If travel outside of Texas, complete Schedule T)
EXPENDITURE	EVENT EXPENSE (6.0. D	EVENCE CAN	MEN WATER PARTY
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expenditure to benefit C/O	Н		
5.4		B	
Date	Payee name		
5/12/14	1	158	
3/12/17	JASAN I WESAL	000	
Amount (\$)	Payee address; City; State; Zip	Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Payee address; City; State; Zip	Code	
	Payee address; City; State; Zip	Code	
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	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense		s/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense			Transportation Equipment & Related Expense
Event Expense	Polling Expense Travel Out Of	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhea	ad/Rental Expense	OTHER (enter a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3006	MIGVEL SOLIS		800000
4 Date	5 Payee name		
5/12/14	PANERA BREAD HIZ	25	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1	3826 Lemman A	IVE.	
57.40	DALLAS, TX 75219		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD / BENEVICE EXPENSE		unter Breakfast
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/14	SNELL OIL #57545	274	
Amount (\$)	Payee address; City; State; Zip Code		
29.75	NHY		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	TRAVER IN DISTANT	Cots for	- CON DLIVING
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/15/11			
Amount (\$)	Payee address; City; State; Zip Code	6.1.	
Amount (4)	3025 WESD CAPEL		
26.83	Drugs, TX 75220	•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	TO MELLIN DIEMANT	CAS fo	2 GOTH DRIVING
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
D. t.			
Date	Payee name		
5/12/14	J QUALESPACE INC.	110000111	
Amount (\$)	Payee address; City; State; Zip Code		
10.00	459 Bro ADVAT		
10.00	NEW SALK 'NA 10013		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVENTSING FEE	Chan	7-24-4
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Jinoc sought	Onice riela
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Frees Printing Expense Office Overhead/Rental Expense OTHER (enter a catagory not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 4 of C		Contributions Made By			
The Instruction Guide explains how to complete this form. 1 Total pages Schoolule F: 2 FILER NAME 3 ACCOUNT # (Elibic Commission Filers) 4 Date 5 Payce andreas: City: State: Zip Code 6 Anount (8) 7 Payce addreas: City: State: Zip Code 7 Cardidate / Officeholder name 7 Candidate / Officeholder name 8 PURPOSE 8 PURPOSE 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce addreas: City: State: Zip Code 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce addreas: City: State: Zip Code 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 1 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 1 Payce name 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce name 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 2 Cardidate / Officeholder name 9 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce addreas; City: State; Zip Code 2 Payce addreas; City: State; Zip Code 3 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce addreas; City: State; Zip Code 3 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce addreas; City: State; Zip Code 3 Complete ORLY # direct expenditure to benefit C/OH Date 1 Payce addreas; City: State; Zip					
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8 PURPOSE (a) Category (See categories listed at the top of this schedule) 9 Complete QNLY if direct expenditure to benefit C/OH Payee name 10 Cardidate / Officeholder name	6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE (a) Category (See categories listed at the top of this schedule) Candidate / Office hold Payee name Candidate / Office hold Purpose Category (See categories listed at the top of this schedule) Candidate / Office hold Payee name Candidate / Office hold		Cololl munket AVE	#214		
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Candidate / Officeholder name Office sought Office held			(b) Description ((If travel outside of Texas, complete Sc	hedule T)
9 Complete ONLY if direct expenditure to benefit C/OH Date			Nelsa		
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	EXPENDITURE CATEGORIES	EOD BOY (/a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/C Solicitation/Fundi Travel In District Travel Out Of Di Office Overhead/	Contract Labor raising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
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19.00	LOS ANGENES, CA 900	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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6/2/14	FECTEROR INC.	
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SCHEDULE F

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Consulting Expense	Food/Beverage Expense Travel In District		2 (Control of Control	Transportation Equipment & Related Expense Contributions/Donations Made By	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED