

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:
12

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received
2014 MAY -2 11 30
RECEIVED
BOARD SERVICES
DALLAS ISD

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
**4904 LIVE OAK ST. #1
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
4 / 1 / 14 **4 / 30 / 14**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
5 / 10 / 14

12 OFFICE

OFFICE HELD (if any)
**DALLAS ISD
BOARD OF TRUSTEES
DISTRICT 8**

13 OFFICE SOUGHT (if known)
**DALLAS ISD
BOARD OF TRUSTEES
DISTRICT 8**

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

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

\$ *0*

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

\$ *13,731.83*

EXPENDITURE
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *13,563.68*

CONTRIBUTION
BALANCE

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

\$ *39,657.33*

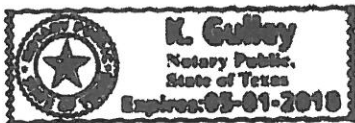
OUTSTANDING
LOAN TOTALS

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

\$ *N/A*

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 E. Solis*, this the *2nd* day of *May*, 20 *14*, 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 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 2

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

4/1/14

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

JESUS BELTRAN

6 Contributor address; City; State; Zip Code

16500 STEVENS CANYON RD.
95014 CA

7 Amount of contribution (\$)

5.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/9/14

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

DOMINGO GARCIA

Contributor address; City; State; Zip Code

400 S. ZANG BLVD, STE. 600
DALLAS, TX 75206

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/14

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

AL LAGOS

Contributor address; City; State; Zip Code

131 N. MONTELAIR AVE.
DALLAS, TX 75208

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/14

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

METROTEX ASSOCIATION OF REALTORS, INC.
POLITICAL ACTION COMMITTEE NON-CORPORATE

Contributor address; City; State; Zip Code

8201 N. STEMMONS FWY.
DALLAS, TX 75244

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/14

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

WILLIAM ADDY

Contributor address; City; State; Zip Code

3005 NORMANOV AVE.
DALLAS, TX 75205

Amount of contribution (\$)

2,500.00

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
2 of 2

2 FILER NAME **MIGUEL SOLIS** 3 ACCOUNT # (Ethics Commission Filers)
000000008

4 Date 4/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE REAL ESTATE COUNCIL COMMUNITY LEADERSHIP COMMITTEE	7 Amount of contribution (\$) 2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5430 LES FLOWY, STE 100 DALLAS, TX 75240		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 4/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLETT BOONE	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3111 WELBOURNE ST., APT. 1404 DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS KIOSFIRST PAC	Amount of contribution (\$) 705.68	In-kind contribution description (if applicable) PRINTING OF DOOR HANGERS
Contributor address; City; State; Zip Code 4447 NORTH CENTRAL EXPWY., STE. 110 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS KIOSFIRST PAC	Amount of contribution (\$) 1,004.15	In-kind contribution description (if applicable) DISTRIBUTION OF DOOR HANGERS
Contributor address; City; State; Zip Code 4447 N. CENTRAL EXPWY., STE. 110 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 OF 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 000000008
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4 Date 4/1/14	5 Payee name JMH PRINTING
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6 Amount (\$) \$ 613.21	7 Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) DOOR HANGERS / VISA CARDS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/2/14	Payee name FACEBOOK, INC.
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Amount (\$) \$ 120.00	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 (If travel outside of Texas, complete Schedule T) CAMPAIGN AD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/8/14	Payee name ZUMPANGO FILMS
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Amount (\$) \$ 2,125.00	Payee address; City; State; Zip Code 16300 STEVENS CANYON RD. CUPERTINO, CA 95014
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE CONSTRUCTION
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/14	Payee name CITY OF DALLAS PARK AND RECREATION
------------------------	---

Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 8100 DORAN CIRCLE DALLAS, TX 75238
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WATCH PARTY LOCATION
------------------------	--	---

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000000
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4 Date 4/14/14	5 Payee name SQUARESPACE, INC.
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 439 BROADWAY FROM FLOOR NEW YORK, NY 10013
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING FEE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WEBSITE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/14	Payee name PEARL AND ELM COCINA Y BAR
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Amount (\$) \$1,900.00	Payee address; City; State; Zip Code 5004 COLUMBIA DALLAS, TX 75214
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) WATER PARTY FOOD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/14	Payee name PAULINE MEDRANO CAMPAIGN
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 2346 DOUGLAS AVE. DALLAS, TX 75219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION MADE BY OFFICEHOLDER	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN DONATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/16/14	Payee name JUST PRINTING
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Amount (\$) \$848.17	Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MAILER
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 4/17/14	5 Payee name K & P SCREEN
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6 Amount (\$) \$1,244.87	7 Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) YARD SIGNS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/14	Payee name ROBERT MEDRANO
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2346 DOUGLAS DALLAS, TX 75219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES/WAGES/ CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CANVASSING AND YARD SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/14	Payee name MAIL TEAM
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Amount (\$) \$889.53	Payee address; City; State; Zip Code 9171 KING ARTHUR DR. DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE AND MAILING OF MAILERS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/14	Payee name DALLAS COUNTY ELECTIONS DEPARTMENT
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Amount (\$) \$4.09	Payee address; City; State; Zip Code 2377 N. STEMMONS BLVD #820 DALLAS, TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) VOTER DATA
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 4/21/14	5 Payee name CAPP'S TRUCK AND VAN RENTAL
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6 Amount (\$) \$157.25	7 Payee address; City; State; Zip Code 8555 JOHN W. CARPENTER Fwy. DALLAS, TX 75247
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT	(b) Description (If travel outside of Texas, complete Schedule T) VAN RENTAL FOR Door Knocks
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/14	Payee name CAPP'S TRUCK AND VAN RENTAL
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Amount (\$) \$157.25	Payee address; City; State; Zip Code 8555 JOHN W. CARPENTER Fwy. DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT	Description (If travel outside of Texas, complete Schedule T) VAN RENTAL FOR Door Knocks
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/14	Payee name CVS PHARMACY
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Amount (\$) \$69.94	Payee address; City; State; Zip Code #4272
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) PENS, PHONE MINUTES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/14	Payee name BOWLounge
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Amount (\$) \$66.46	Payee address; City; State; Zip Code 167 TURTLE CREEK BLD., #103 DALLAS, TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER LUNCH
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 8	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 4/21/14	5 Payee name SHELL OIL
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6 Amount (\$) \$50.02	7 Payee address; City; State; Zip Code 9235 J W CARPENTER DALLAS, TX 75247
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description (If travel outside of Texas, complete Schedule T) GAS
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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 4/21/14	Payee name SHELL OIL
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Amount (\$) \$29.76	Payee address; City; State; Zip Code 9235 J W CARPENTER DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description (If travel outside of Texas, complete Schedule T) GAS
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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 4/21/14	Payee name NATIONBUILDER, INC.
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Amount (\$) \$19.00	Payee address; City; State; Zip Code 448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE
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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 4/21/14	Payee name SK DONUTS
------------------------	--------------------------------

Amount (\$) \$12.57	Payee address; City; State; Zip Code 4887 GACON AVE. DALLAS, TX 75246
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER BREAKFAST
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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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 4/22/14	5 Payee name JOE MARGOLIES
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6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 7711 N LINKS WAY FOX POINT, WI 53217
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN LOGO DESIGN
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/14	Payee name VERIZON WIRELESS
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Amount (\$) \$38.59	Payee address; City; State; Zip Code P.O. BOX 5029 WALLINGFORD, CT 06492
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN PHONE MINUTES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/14	Payee name USPS
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Amount (\$) \$34.00	Payee address; City; State; Zip Code 6AK LAWN STATION
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) STAMPS
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/14	Payee name MAIL TODAY
-----------------	--------------------------

Amount (\$) \$889.53	Payee address; City; State; Zip Code 9171 KING AVENUE DR. DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE & ADDRESS OF MAILERS
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 4/25/14	5 Payee name USPS
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6 Amount (\$) \$17.00	7 Payee address; City; State; Zip Code DALLAS MPO STORE A
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	OVERHEAD EXPENSE	STAMPS

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/28/14	Payee name INFOPUL CAMPAIGN, LLC
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Amount (\$) \$1,347.78	Payee address; City; State; Zip Code P.O. BOX 10726 FORT WORTH, TX 76114
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	SOLICITATION EXPENSE	CAMPAIGN PHONE CALLS

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/28/14	Payee name JOE CARREON
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 3150 KENDALE DR. DALLAS, TX 75220
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	SALARIES/WAGES/CONTRACT LABOR	DOOR KNOCKING / VOLUNTEER SHUTTLING

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/14	Payee name THE HOME DEPOT #589
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Amount (\$) \$81.34	Payee address; City; State; Zip Code 6110 LOMMON AVE DALLAS, TX 75209
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	OFFICE OVERHEAD	SIGN POSTS

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 8	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 120000008
4 Date 4/29/14	5 Payee name 7-ELEVEN	
6 Amount (\$) \$35.15	7 Payee address; City; State; Zip Code 4104 GASTON AVE. DALLAS, TX 75246	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	(b) Description (If travel outside of Texas, complete Schedule T) GAS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/30/14	Payee name JMT PRINTING	
Amount (\$) \$848.17	Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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