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:
		D000000 B	12.
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MIGUEL	MI	OFFICE USE ONLY
NAME	h . i		Date Received 3
	NICKNAME LAST	SUFFIX	1 /
	SOLIS		DALL
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE	2 285
OFFICEHOLDER MAILING	4904 LIVE OAK ST	口,件1	07116
ADDRESS	DALLAS, TX 75206		Date Hand-delivered or Postmarked
change of address	DALLAS, IN PIECE		Receipt # Amount O
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER	(+69) S71-3018		Date Processed
PHONE	11. 17 -11 3018		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	MR. JOHN		
	NICKNAME LAST	SUFFIX	
	Loza		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	#; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	3500 OAK LAWN S	SUME 500	
(residence or business)	m	→ (1.00 m)	
	DALLAS, TX 75219		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(214) 957-8387		
9 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment
			(officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		,,,,,,	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	4 / I / I + THROUGH	4/30/	14
	. , , , , , , ,	• / • /	
44 ELECTION	ELECTION DATE ELECTION TYPE		***
11 ELECTION	Month Day Year Primary	Runoff	General Special
	5/10/14	Rulion	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	DALLAS ISD	DALLAS ISD	-
	BALD OF TEVETEES	BOMED OF T	M 250 N N N N N N N N N N N N N N N N N N N
	DISTRIUM 8	DISTRICT	3
		4050	
	GO TO PA	AGE 2	
			1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)
MIGNET	· Sou	S	000000008
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,731.83
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,563.68
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 13.863.68 DAY \$ 39.657.33
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ NA
18 AFFIDAVIT	N. Gulley Notary Public, State of Texas Ires:03-01-2018	is true and correct and includes all me under Title 15, Election Code.	of perjury, that the accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by an accompanying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by a companying report of information required to be reported by
Sworn to and subs		me, by the said Minual E Soli	this the
2 nd day Signature of officer admir	of May	1//	my hand and seal of office. All day (b) director Title of officer administering oath
	9		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	. farm	1 Total pages Sch	edule A:
1116	matruction duide explains now to complete this	5 101111.	105	2
2 FILER NAME				thics Commission Filers)
100				
1	EL SOUS		0000000	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
İ	1 P-1-11		CONTRIBUTION (\$)	description (if applicable)
. 1 . 1	JESUS BELTTIAN 6 Contributor address; City; State; Zip Code 16500 STEVENS CANYOR 95014 CA			
4/1/14	6 Contributor address; City; State; Zip Code		5.00	
1,1,1	16500 STEVENS CANYOR	1 DD.	19	$\mathbf{l}_{\scriptscriptstyle ext{T}}$
•	95014 CA			
	. === :		(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
. , .	DOMINGO CHARCIA			
4 9 14	Contributor address; City; State; Zip Code 400 S. BANG BWD, ST			
1,1,1,	HAD S. ZANG BLVD. ST	5. 600	1,000.00	
	700		, i	
	DAMAS, TX 75206			
Dein ein el en en		I = 1 /6 /		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	A1 11/05		contribution (\$)	description (if applicable)
1 1 1	ALL CAGOS		,	
4/14/14	Contributor address; City; State; Zip Code			
• • • •	IB! III MAINTENAME INTO		25.00	
	DALLAS, TX 75208			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
24.0	ROUTH AL ASSOCIATION OF MALES NO COntributor address; City; State; Zip Code 8 20 N. STEMMONS FO	AS INC.	contribution (\$)	description (if applicable)
	POLITICAL AUTION COMMITTEE N	ON-CONDONATE	3 33	
4/16/14	Contributor address; City; State; Zip Code			
111-11	8201 N. STEMMONS FI	الاسعاد.	1,000.00	
	Danas TX 75244		1	
	EAULES, IN TSCTT		(If traval autaida a	F. Taylor appealate Cabadyla T
Principal occur	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
	* * * * * * * * * * * * * * * * * * *		/	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Current Amou		contribution (\$)	description (if applicable)
11-11	Contributor address; City; State; Zip Code		l	
4/21/14	Contributor address; City; State; Zip Code		2,500.00	
•	A -1 =====		-10-31-0	
	Damas, TX 75205			
	1			f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	_
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mic	vel Solis		0000000	. 8
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/21/14	6 Contributor address; City; State; Zip Code 5480 LBJ FDLLT, STE 10	0	2,500.00	
	DALLAS, TX 75240		(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/14	Contributor address; City; State; Zip Code 3111 WELLOUPTE ST., MT DALLAS, TX 78219	. 1404	5,000.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		rickas, complete defledute 1)
Date	Full name of contributor out-of-state PAC (ID#:_ DAULE KOS FILET PA		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/14	Contributor address; City; State; Zip Code 4444 Norm Comme Down.	STE. 110	765.68	PLATING OF DOOR HANGELS
	DAMAS, TX 75205		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		
Date	Full name of contributor out-of-state PAC (ID#:	AC	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/14	Contributor address; City; State; Zip Code HHT N. CENTRAL EXPWY. DAMES TX 75205	, STE. 110	1,004.15	DOOR HANGERS
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	CONTRACTOR OF THE PARTY OF THE	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 (If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	EXPENDITURE CATEGORIES	FOR BOY 8/a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		VD-1
Accounting/Banking	Legal Services Solicitation/Fundra		t/Reimbursement
Consulting Expense	Food/Beverage Expense Travel In District		quipment & Related Expense
Event Expense			nations Made By
Fees			ficeholder/Political Committee
rees	Printing Expense Office Overhead/	u	category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 400011	NT # (Ethics Commission Filers)
		3 ACCOU	W # (Ethics Commission Filers)
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4 Date	5 Payee name		
41.1.1	1,4,1		
7/1/1-5	JUST TEINING		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
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\$613.21	1		
	GRAND PLACE TX 75050		
	(-) 2.1		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Te	xas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		omee neid
Date .	Payee name	38	
11 1 - 1 - 1	Tayoonano		
4/2/14	FACEBOOK INC.		
Amount (\$)	Payee address; City; State; Zip Code		
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-al	1 HACKED WAY		
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PURPOSE	Category (See categories listed at the top of this schedule)	—	7. 2
		Description (If travel outside of Te	vas complete Schodule T)
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Amount (\$)	Candidate / Officeholder name Payee name ZVMPANGO FLMS	Office sought	
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Amount (\$)	Candidate / Officeholder name Payee name ZVMPANGO FLMS Payee address; City; State; Zip Code	Office sought	
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 4/8/14 Amount (\$) PURPOSE OF	Payee name ZUMPANGO FLAS Payee address; City; State; Zip Code 16300 STAVENS CANYON PA Category (See categories listed at the top of this schedule)	Office sought Description (If travel outside of Te	Office held xas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Amount (\$) PURPOSE	Payee name Payee address; City; State; Zip Code 1630 Stavens CA 75014	Office sought	Office held xas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 4/8/14 Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule)	Office sought Description (If travel outside of Te	Office held xas, complete Schedule T)
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date H/8 H Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Office sought Description (If travel outside of Te	Office held xas, complete Schedule T)
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date	Candidate / Officeholder name Payee name ZVMPANGO FLAS Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Payee address; City; State; Zip Code Payee address; City; State; Zip Code Dance FASS TS 238	Office sought Description (If travel outside of Te Office sought	Office held xas, complete Schedule T) Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date	Candidate / Officeholder name Payee name ZVMPANGO Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Payee address; City; State; Zip Code Payee address; City; State; Zip Code	Office sought Description (If travel outside of Te	Office held xas, complete Schedule T) Office held cas, complete Schedule T)
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date	Candidate / Officeholder name Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name Payee name Payee address; City; State; Zip Code Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule)	Office sought Description (If travel outside of Te Office sought Description (If travel outside of Te	Office held xas, complete Schedule T) Office held xas, complete Schedule T)

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatio Candidate/Officeh	ment & Related Expense
	The Instruction Guide	explains how to	complete this fo	rm.	¥.
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
2 of 8	MIGNEL SOL	S		1000000	
4 Date 4/14 /14	5 Payee name	E, INC.	•		
6 Amount (\$)	7 Payee address; City; Sta +39 Broadway Forn Fran NEW YOLK, NY 14	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	_	(If travel outside of Texas,	20020
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough		Office held
Date 4 15 14	Payee name Reason AND EI	M Coe	AND Y	RAS.	
Amount (\$)	Payee address; City; Sta				
\$1,900.00	Danas, TX 7521	+			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	GOD BEVERAGE	EXPENSE	waren	Passer 5	Good
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	it	Office held f
Date + / 18/14	Payee name MED	eano C	ampan	ھى	
Amount (\$)	Payee address; City; Sta 2346 Dougs TX 75	te; Zip Code S AVE. S 219			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		Description	(If travel outside of Texas, o	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt .	Office held
Date 4/16/14	Payee name And Parents				
Amount (\$) \$48.17		te; Zip Code WT LD. X 7505	0		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	HOWTING EXPENSE		CAMPAG	N MAILE	P
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	t	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULEAS	NEEDED	

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees			HER (enter a category not listed above)
	The Instruction Guide explains ho	ow to complete this form.	T
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3 0 8 4 Date	5 Payee name		8000000
4/17/14	KAP ECOEN		
6 Amount (\$) \$1,244.87	7 Payee address; City; State; Zip Coo 3915 M4N ST. DAMAS TX 75226	de	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	PENMINE TRPENSE	YMRO SI	ICHE
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Pate + 117/14	Payee name MeDean	10	
Amount (\$)	Payee address; City; State; Zip Coo	de	
\$ 1,200.00	DAMAS, TX 752	79	
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	SALARIES / WACES	624WAD	SUNS CORP and whi
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/17/14	Man Town		
Amount (\$)	Payee address; City; State; Zip Cod	de	
\$ 889.53	2.4	- De.	
# 00 ·· • 1	DALLAS, TX 7824	7	
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	SOULINATION EXPONS		mo muring of
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/18/14	DAWAS COUNTY	ELECTIONS	DEPARTMENT
Amount (\$)	Payee address; City; State; Zip Cod		
#4.09	2377 N. STEMMONS !	Fr. wy # 82	_0
PURPOSE	Category (See categories listed at the top of this schedule)) Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	Society EXPENSE	- VOTED 7	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	=DED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/W Legal Services Solicitation Food/Beverage Expense Travel In E Polling Expense Travel Out	/ages/Contract Labor Loa n/Fundraising Expense Tra District Cor t Of District	an Repayment/Reimbursement unsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide explains h	15.	Tierr (office a outogoty that holds above,
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4008	MICOVEL SOLIS		0,00008
4 Date 4/21/14	5 Payee name	IN WAY OHA	ENTAL
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
#157.2S	Down S. TX 7524	tenter fo	٠٧.
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	le) (b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	TRANSPARTATION FOURM	VENT VAN REN	THE GOR DONE KNOWS
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Pate	Payee name		
4/21/14		a MAL and	EVIAL
Amount (\$)	Payee address; City; State; Zip Co		
\$157.25	8585 JOHN W. CALP	ENTER FLOY.	
711011-2	DAMAS, TX 75247	L	
PURPOSE OF	Category (See categories listed at the top of this schedul	le) Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	TRANSPORTATION EQUIPMENT	T JAN DEW	TAL FOR DOOR KNOWS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	970 100 100	
4/21/14	Cys PHARMACH	i	
Amount (\$)	Payee address; City; State; Zip Co	ode	
# 69.94	#4272		
PURPOSE	Category (See categories listed at the top of this schedul	le) Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	OFFICE OVERMEAD	PENS, THO	NE MINUTES
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	л -		
Date 4/2 114	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ode	
4	167 TURTLE CLEEK		
766.46	DALLAS, TX 75207		
PURPOSE OF	Category (See categories listed at the top of this schedule	e) Description (If tra-	vel outside of Texas, complete Schedule T)
EXPENDITURE	GOO BEVERAGE EXPENSE	VOLUNTEER	· Luncal
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
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			water the second
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F: See 8 4 Date 4 Date 4 Date 5 O .02	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/K Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Office Overhead. The Instruction Guide explains how to 2 FILER NAME	Contract Labor L. aising Expense T C strict Rental Expense O C COMPlete this form	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee ITHER (enter a category not listed above) 3 ACCOUNT # (Ethics Commission Filers)
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/	(a) Category (See categories listed at the top of this schedule) Candidate / Officeholder name	(b) Description (If	travel outside of Texas, complete Schedule T) Office held
Pate 4 14 Amount (\$)	Payee name SHELL OIL Payee address; City; State; Zip Code 923S J CARRIED DAMAS TX 75247	•	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top of this schedule) Candidate / Officeholder name OH	Description (If	travel outside of Texas, complete Schedule T) Office held
Date + / 2 / / 1 + Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Payee name NAME PULLED INC. Payee address; City; State; Zip Code HB S. HILL ST. SUME Loc Arches CA- 9001* Category (See categories listed at the top of this schedule) ASSESSING EXPRISE Candidate / Officeholder name OH	3	iravel outside of Texas, complete Schedule T) Office held
Date 4/2///4 Amount (\$) \$\pm\$ 12.\$7	Payee name S. L. Donurs Payee address; City; State; Zip Code +837 GACTON AVE. Dougs TX 78246		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule) EXPENCE Candidate / Officeholder name OH	Description (If the Vount of the Count of th	ravel outside of Texas, complete Schedule T) PO PURA V CAST Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

	EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense		laries/Wages/Co		Loan Repayment/Rei	mbursement
Accounting/Banking		licitation/Fundra	ising Expense	Transportation Equip	ment & Related Expense
Consulting Expense Event Expense	All the first of the second se	avel In District		Contributions/Donatio	
Fees		avel Out Of Dist fice Overhead/R			older/Political Committee
1 003	The Instruction Guide exp				gory not listed above)
1 Total pages Schedule F:	2 FILER NAME				(Ethics Commission Filers)
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4 Date	5 Payee name			000000	20
4/22/14	- DE MAGGO				
6 Amount (\$)		Zip Code			
1	7711 N LINKS &	٢٨٠			
\$22.00	FOX PO.M. WIT	53217			•
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE		_	comme		
	CONSULTING EXPENS	6	<u>Loco</u>	DELIC	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t	Office held
Date	Payee name				
4/22/14	VERIZON WIDEVE	ESS			
Amount (\$)	Payee address; City; State;		2737 27		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A	P.O. BOX SOZ9				
#38.59	WALL, NG CORD, CT	06497	2		
PURPOSE	Category (See categories listed at the top of thi	is schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	_		Campana	in Phone	23TUNIM
	OLLICE ENEDWENT	>			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date	Payee name				
4/24/14	1200				
Amount (S)	Payee address; City; State;	7:- 0-1-			
Amount (\$)					
\$34.00	GAK LAWN STAT	Mer			
PURPOSE	Category (See categories listed at the top of thi	s schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
OF	(o oddagonos nated activo top of the	201.03010)	_ 555.154611		emplote delibration ()
EXPENDITURE	OFFILE OVEDWEND		4mate	2	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	t	Office held
Date	Payee name				
4/00/11					
Amount (\$)	Payee address; City; State;	Zin Code	300		
λίποσητ (φ)		A BA.			
# 889.53	The state of the s	10			1
	DAMAS, TX 752	7 7			
PURPOSE	Category (See categories listed at the top of this	s schedule)	Description (If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE			POSTAGE	- MARINE	200 MANGEL
LAFENDITURE		32119			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIL	ES OF THIS S	CHEDULE AS I	NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide e	Salaries/Wages/Co Solicitation/Fundra Fravel In District Fravel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict ental Expense	Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
7 or 8	MIGNEL SOLIS	-		00000	8 00
4 Date 4 2 14 6 Amount (\$) # 17.00	5 Payee name USPS 7 Payee address; City; State DAWAS MPD S	e; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	this schedule)	_		is, complete Schedule T)
Carren S.	Candidate / Officeholder name	SE"	Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0			Onice sough	L	Office held
Date 4 28 / 14 Amount (\$) \$ 1,347.78	Payee name INFOLL CAMPAGE Payee address; City; State P.O. BD% 19726 From Worth, TX	zip Code	4		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)		721	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
Date 4/28/14 Amount (\$)	2110 KENDAGE	Zip Code			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	SALARIES WACES COM	LMIT	Done !	LNOCKINI	4
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	9-0	Office sought		Office held
Date + 129 14 Amount (\$)	Payee name THE HOME DEP Payee address; City; State	; Zip Code	\$ 89		
#81.34	/	,			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of				s, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	j`	Office sought	20875	Office held
expenditure to benefit C/	ATTACH ADDITIONAL COR	PIES OF THIS S	CHEDULE AS N	IEEDED	

	EXPENDITURE CATEGORIES		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		an Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	0 ,	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	001	entributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F The Instruction Guide explains how to		THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	00	3 ACCOUNT # (Ethics Commission Filers)
8 of 8	MICOURL SOUS	_	(Span 2 5 5 8
4 Date	5 Payee name		_ GPDet 7 C
4/29/14	7-ELEVEN	Buchana Bara and an	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$35.15	4104 GASTON AVE.		
11 50	DAMAS, TX 75246		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	TRAVEL IN DIETRICT	GAS	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		Same appears and the same appears are same appears are same appears are same appears and the same appears ar	
Date	Payee name		
11- 1.1	lu.l O		
4/50/17	- MIL ' FRINCING		
Amount (\$)	Payee address; City; State; Zip Code		
\$848.17	721 CUEST TARDANT RD	4.	
# 84 5 · · · · · · · · · · · · · · · · · ·	GRAND PLADIE, TX 7505	.0	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tre	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	PRINTING EXPENSE	MANUEL	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Office sough.	Office field
Date	Payee name		
Date	Tayornamo		
Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tre	avel outside of Texas, complete Schedule T)
OF			AND
EXPENDITURE	<u>l</u>		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
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EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	ЭН	Sitting of the second	CORTON TO CORTO CONTINUE CONTI
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	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEF	±DED