

# 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) <b>00000008</b>	2 Total pages filed: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>MIGUEL</b>	MI <b>E</b>
	NICKNAME <b>SOLIS</b>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4904 LIVE OAK ST., #1 DALLAS, TX 75206</b>		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(469)</b>	PHONE NUMBER <b>571-3018</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>JOHN</b>	MI <b>P</b>
	NICKNAME <b>LOZA</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2500 OAK LAWN, SUITE 500 DALLAS, TX 75219</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>957-8387</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 1 / 14</b> <b>3 / 31 / 14</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 10 / 14</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>DALLAS ISD BOARD OF TRUSTEES DISTRICT 8</b>		13 OFFICE SOUGHT (if known) <b>DALLAS ISD BOARD OF TRUSTEES DISTRICT 8</b>
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

EDUCATE DALLAS

COMMITTEE ADDRESS

 700 N. PEARL ST. G-1200  
DALLAS, TX 75201

COMMITTEE CAMPAIGN TREASURER NAME

Jim Oberweiser

COMMITTEE CAMPAIGN TREASURER ADDRESS

 700 N. PEARL ST. G-1200  
DALLAS, TX 75201

☐ 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)

\$ 20,098.10

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,755.08

CONTRIBUTION  
BALANCE

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

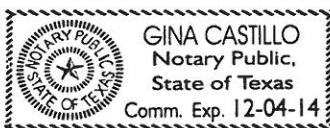
\$ 40,997.86

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT


 GINA CASTILLO  
Notary Public,  
State of Texas  
Comm. Exp. 12-04-14

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 MIGUEL SOLIS, this the 10TH day of APRIL, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

GINA CASTILLO

Printed name of officer administering oath

NOTARY PUBLIC

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: <b>1 of 2</b>	
2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Date <b>2/10/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TONY FLEO</b> 6 Contributor address; City; State; Zip Code <b>7604 LA COSA DR. DALLAS, TX 75248</b>	7 Amount of contribution (\$) <b>100.00</b>	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 <b>3/12/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KATHLEEN KEARNEY</b> Contributor address; City; State; Zip Code <b>PO BOX 192006 DALLAS, TX 75219</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/12/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDUCATE DALLAS</b> Contributor address; City; State; Zip Code <b>700 N. PEARL ST. G-1200 DALLAS, TX 75201</b>	Amount of contribution (\$) <b>10,000.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SUSAN CARLSON</b> Contributor address; City; State; Zip Code <b>500 BARTON RD. MOORESTOWN, NJ 08057</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/18/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JORGE BALDOZ</b> Contributor address; City; State; Zip Code <b>3505 TURNER CREEK BLVD., #10A DALLAS, TX 75219</b>	Amount of contribution (\$) <b>7,500.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2 of 2</b>	
2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Date <b>1/31/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDUCATE DALLAS</b> 6 Contributor address; City; State; Zip Code <b>700 N. PEARL ST. G-1200</b> <b>DALLAS, TX 75201</b>	7 Amount of contribution (\$) <b>1,390.00</b>	8 In-kind contribution description (if applicable) <b>PAYMENT OF LEGAL COSTS</b>
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <b>1/23/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDUCATE DALLAS</b> Contributor address; City; State; Zip Code <b>700 N. PEARL ST. G-1200</b> <b>DALLAS, TX 75201</b>	Amount of contribution (\$) <b>457.50</b>	In-kind contribution description (if applicable) <b>CANCELLED DEPOSITION FEES</b>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <b>3/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TEXAS DEMOCRATIC PARTY</b> Contributor address; City; State; Zip Code <b>4818 E. BEN WHITE BLVD., STE. 104</b> <b>AUSTIN, TX 78741</b>	Amount of contribution (\$) <b>450.00</b>	In-kind contribution description (if applicable) <b>VOTER FILE ALIENS</b>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>	
2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;      City; State; Zip Code  <b>N/A</b>	8 Amount of pledge (\$)	9 In-kind description (if applicable)   (If travel outside of Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)   (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)   (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)   (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)   (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:

1 of 1

**2** FILER NAME

MIGUEL SOLIS

**3** ACCOUNT # (Ethics Commission Filers)

00000008

**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?

Y N

**8** Lender address; City; State; Zip Code

N/A

**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1 of 4</b>		2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Date <b>1/21/14</b>		5 Payee name <b>NATIONBUILDER, INC.</b>			
6 Amount (\$) <b>\$19.00</b>		7 Payee address; City; State; Zip Code <b>448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1/27/14</b>		Payee name <b>AMERICAN AIRLINES, INC.</b>			
Amount (\$) <b>\$25.00</b>		Payee address; City; State; Zip Code <b>P.O. BOX 619616 DFW AIRPORT, TX 75261</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL OUT OF DISTRICT</b>		Description (If travel outside of Texas, complete Schedule T) <b>BAG FEE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1/28/14</b>		Payee name <b>AMERICAN AIRLINES, INC.</b>			
Amount (\$) <b>\$25.00</b>		Payee address; City; State; Zip Code <b>P.O. BOX 619616 DFW AIRPORT, TX 75261</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL OUT OF DISTRICT</b>		Description (If travel outside of Texas, complete Schedule T) <b>BAG FEE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/20/14</b>		Payee name <b>NATIONBUILDER, INC.</b>			
Amount (\$) <b>\$19.00</b>		Payee address; City; State; Zip Code <b>448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2054	<b>2</b> FILER NAME MICHEL SOLIS	<b>3</b> ACCOUNT # (Ethics Commission Filers) 00000008
<b>4</b> Date 2/21/14	<b>5</b> Payee name SARA MARTINEZ CAMPAIGN	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 227463 DALLAS, TX 75222	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE ...	(b) Description (If travel outside of Texas, complete Schedule T) POLITICAL CAMPAIGN DONATION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 3/12/14	<b>Payee name</b> SQUARESPACE, INC.	
<b>Amount (\$)</b> \$10.00	<b>Payee address; City; State; Zip Code</b> 459 BROADWAY FIFTH FLOOR NEW YORK, NY 10013	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) ADVERTISING FEE	<b>Description</b> (If travel outside of Texas, complete Schedule T) CAMPAIGN WEBSITE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 3/19/14	<b>Payee name</b> ZUMPANGO FILMS	
<b>Amount (\$)</b> \$2,125.00	<b>Payee address; City; State; Zip Code</b> 16300 STEVEN CANYON RD. CUPERTINO, CA 95014	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) CONSULTING EXPENSE	<b>Description</b> (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
<b>Date</b> 3/19/14	<b>Payee name</b> TEXAS DEMOCRATIC PARTY	
<b>Amount (\$)</b> \$125.00	<b>Payee address; City; State; Zip Code</b> 4818 E. BEN WHITE BLVD., STE. 104 AUSTIN, TX 78741	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) SOLICITATION EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) VAN ACCOUNT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 4</b>		2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Date <b>3/20/14</b>		5 Payee name <b>FACEBOOK, INC.</b>			
6 Amount (\$) <b>\$25.09</b>		7 Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK, CA 94025</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>PAGE ADVERTISEMENT</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/20/14</b>		Payee name <b>NATIONBUILDER, INC.</b>			
Amount (\$) <b>\$19.00</b>		Payee address; City; State; Zip Code <b>448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>WEB SITE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/24/14</b>		Payee name <b>FACEBOOK, INC.</b>			
Amount (\$) <b>\$54.72</b>		Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK, CA 94025</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>PAGE ADVERTISEMENT</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/26/14</b>		Payee name <b>LEADERSHIP FOR EDUCATIONAL EQUITY</b>			
Amount (\$) <b>\$536.99</b>		Payee address; City; State; Zip Code <b>1413 K STREET WASHINGTON, D.C. 20005</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL OUT OF DISTRICT</b>		Description (If travel outside of Texas, complete Schedule T) <b>CONFERENCE TRAVEL &amp; LODGE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4 of 4</b>	2 FILER NAME <b>MIGUEL SOLIS</b>	3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>
4 Date <b>3/31/14</b>	5 Payee name <b>K &amp; R SCREEN</b>	
6 Amount (\$) <b>\$1,244.88</b>	7 Payee address; City; State; Zip Code <b>3915 MAIN ST. DALLAS, TX 75226</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>YARD SIGNS</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>3/12/14</b>	Payee name <b>PAN PAL</b>	
Amount (\$) <b>\$3.20</b>	Payee address; City; State; Zip Code <b>2211 NORTH FIRST ST. SAN JOSE, CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>BANK TRANSFER</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>3/17/14</b>	Payee name <b>PAN PAL</b>	
Amount (\$) <b>\$3.20</b>	Payee address; City; State; Zip Code <b>2211 NORTH FIRST ST. SAN JOSE, CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>BANK TRANSFER</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1 of 1</b>		<b>2</b> FILER NAME <b>MIGUEL SOLIS</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
<b>4</b> Date		<b>5</b> Payee name <b>N/A</b>			
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		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)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		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)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		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)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		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)	

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# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>1 of 1</b>		<b>2</b> FILER NAME <b>MIGUEL SOLIS</b>		<b>3</b> ACCOUNT # (Ethics Commission Filers) <b>00000000</b>
<b>4</b> Date		<b>5</b> Business name <b>N/A</b>		
<b>6</b> Amount (\$)		<b>7</b> Business address; City; State; Zip Code		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held
Date	Business name			
Amount (\$)	Business 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	Business name			
Amount (\$)	Business 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	Business name			
Amount (\$)	Business 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	Business name			
Amount (\$)	Business 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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
1 of 1	MIGUEL SOLIS	00000008
<b>4</b> Date	<b>5</b> Payee name	
	N/A	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1051
2 FILER NAME MIGUEL SOLIS		3 ACCOUNT # (Ethics Commission Filers) 00000008
4 Date	5 Name of person from whom amount is received N/A	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

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# 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: <b>1 of 1</b>	
2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>AMERICAN AIRLINES, INC.</b>			
5 Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
6 Dates of travel  <b>1/24/14</b> - <b>1/26/14</b>		7 Name of person(s) traveling <b>MIGUEL E. SOLIS</b>	
		8 Departure city or name of departure location <b>DALLAS-FORT WORTH AIRPORT</b>	
		9 Destination city or name of destination location <b>WASHINGTON, DC</b>	
10 Means of transportation <b>AIR</b>		11 Purpose of travel (including name of conference, seminar, or other event) <b>LEADERSHIP FOR EDUCATIONAL EQUITY GOVERNING FOR IMPACT ELECTED LEADERS CONFERENCE</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>AMERICAN AIRLINES, INC.</b>			
Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel  <b>1/24/14</b> - <b>1/26/14</b>		Name of person(s) traveling <b>MIGUEL E. SOLIS</b>	
		Departure city or name of departure location <b>DALLAS-FORT WORTH AIRPORT</b>	
		Destination city or name of destination location <b>WASHINGTON, DC</b>	
Means of transportation <b>AIR</b>		Purpose of travel (including name of conference, seminar, or other event) <b>LEADERSHIP FOR EDUCATIONAL EQUITY GOVERNING FOR IMPACT ELECTED LEADERS CONFERENCE</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>LEADERSHIP FOR EDUCATIONAL EQUITY</b>			
Contribution / Expenditure reported on:			
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel  <b>1/24/14</b> - <b>1/26/14</b>		Name of person(s) traveling <b>MIGUEL E. SOLIS</b>	
		Departure city or name of departure location <b>DALLAS-FORT WORTH AIRPORT</b>	
		Destination city or name of destination location <b>WASHINGTON, DC</b>	
Means of transportation <b>AIR</b>		Purpose of travel (including name of conference, seminar, or other event) <b>LEADERSHIP FOR EDUCATIONAL EQUITY GOVERNING FOR IMPACT ELECTED LEADERS CONFERENCE</b>	

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