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:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDEF NAME	Me. MIGUEL NICKNAME LAST	SUFFIX	Date Received 2014	
	SOLIS		AR DAR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (+69) 571 - 3018	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MQ. JOHN NICKNAME LAST	MI P SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; 2500 OAK LAWN, SY DAWN 5, TX 75219	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 957-8387	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 Bth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Altach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 3 / 3 / .		
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any) DALLAS ISD BOARD OF TRUSTEES DISTRICT 8	13 OFFICE SOUGHT (if known) DALLAS ISE BOARD OF TH DISTRICT 8	LUSTEES	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	-3K °		15 ACC	OUNT # (Ethics Commission Filers)
MIGUEL	SOLIS		000	8000
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	ANDIDATE'S O	R OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME EDUCATE DALLAS		
	∀ GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	700 N. PEARL ST. G-120	90	
		DAMAS, TX 75201		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		Jim OBERLUETTER		
		COMMITTEE CAMPAIGN TREASURER ADDRESS 700 N. FRALL ST. 6-12-00	·	
		Dauas, TX 75201	•	
17 CONTRIBUTION	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN	•
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI		\$ \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 20,098.10
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 4,735.08			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 40,997.86			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE	\$ \$
18 AFFIDAVIT	3133373 1334 3111 -			
No.	IA CASTILLO beary Public,	I swear, or affirm, under penalty is true and correct and includes a me under Title 15, Election Code	all informa	
	te of Texas Exp. 12-04-14	Maril		
***********		Signature of Ca	andidate or	Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE			
Sworn to and subs	scribed before	me, by the said <u>MIGUEL SOLI</u>	5	, this the
10TH day	of APRIL	, 20 L , to certify which, witness	my han	d and seal of office.
Mila Ca	astill a	GINA CASTILLO A	JONAI	24 PUBLIC
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title	e of officer administering oath

www.ethics.state.tx.us

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1
			3 ACCOUNT # (Ethics Commission Filers)	
2 FILER NAME				
MIGUE	EL SOUS		000000	08
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/10/14	Tony free 6 Contributor address; City; State; Zip Code 7604 LA COSA DP.		100.00	
	Damas, TX 75248		(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 uut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Variation Variation		contribution (\$)	description (if applicable)
-1 1 1	Contributor address; City; State; Zip Code		1	
3/12/14	Po Box 192006		100.00	
	Damas, TX 75219			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
			A	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	EDUCATE DAMAS			
3/12/14	Contributor address; City; State; Zip Code		10,000.00	
	Danas, TX 75201		,	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		or reside, complete conceded 17
	¹⁰	32 HAN 188		Vocable Control
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	SUSAN CARLSON		contribution (\$)	description (if applicable)
21.21.1	Contributor address; City; State; Zip Code	* * * * * * * * * *		
3/17/14	SOO BASTRAM RD.		100.00	
	45080 LH, MW012300M			
			100 CT 10	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	JOSE BALOOR		contribution (\$)	description (if applicable)
3/18/14	Contributor address; City; State; Zip Code			
-1.01.4	3505 THERE CLEEK BUD.	# 104	7,500.00	
	Danas, TX 75219			
				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Principal occup	eation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)

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

P.O. Box 12070

SCHEDULE A

	100 200		
The	Instruction Guide explains how to complete this form.	1 Total pages Sch 2 of 2	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
MIGUE	L Sous	8000000	В
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of	8 In-kind contribution
	En D.	contribution (\$)	description (if applicable)
1/31/14	EDVENTE DALLAS		- PAY WENT
1/31/14	6 Contributor address; City; State; Zip Code	1,390.60	COSTS
	Darias, TX 75201		
	Carocas, 1 x 45 co.	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employ	yer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor) Amount of	In-kind contribution
	E	contribution (\$)	description (if applicable)
	EDUCATE DALLAS		CANCELLED
1/28/14	Contributor address; City; State; Zip Code	457.50	DEPOSITION .
	700 N. PEARL ST. G. 1200	734.00	eres.
	DALLAS, 44 75201	//f troval autaida	of Toyon complete Sahadula Ti
Principal occur	pation / Job title (See Instructions) Employ	/er (See Instructions)	of Texas, complete Schedule T)
	(
Date	Full name of contributor) Amount of	In-kind contribution
	T. 0	contribution (\$)	description (if applicable)
	TEXAS LEMOCRATIC PARTY	E	
2112111			VOLED
3/17/14	Contributor address; City; State; Zip Code	450.00	FILE
3/17/14	Contributor address; City; State; Zip Code 4818 E. BEN WHITE BUNG, STE. 184	450.00	FILE VOICE
3/17/14	Contributor address; City; State; Zip Code		KLEES
	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB., STE. 184 AVETIN, TX 78741		FILE Schedule T)
	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB., STE. 184 AVETIN, TX 78741	(If travel outside	KLEES
	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB., STE. 184 AVETIN, TX 78741	(If travel outside	KLES
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUND., STE. 184 AVETTIN, TX 78741 pation / Job title (See Instructions) Employ	(If travel outside	of Texas, complete Schedule T)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUND., STE. 184 AVETTIN, TX 38341 Pation / Job title (See Instructions) Employ Full name of contributor out-of-state PAC (ID#:	(If travel outside ver (See Instructions) Amount of	of Texas, complete Schedule T)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUND., STE. 184 AVETTIN, TX 78741 pation / Job title (See Instructions) Employ	(If travel outside ver (See Instructions) Amount of	of Texas, complete Schedule T)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUND., STE. 184 AVETTIN, TX 38341 Pation / Job title (See Instructions) Employ Full name of contributor out-of-state PAC (ID#:	(If travel outside ver (See Instructions) Amount of	of Texas, complete Schedule T)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUND., STE. 184 AVETTIN, TX 38341 Pation / Job title (See Instructions) Employ Full name of contributor out-of-state PAC (ID#:	/er (See Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUS. STE. 164 AVCTIN, TX 28241 Pation / Job title (See Instructions) Full name of contributor	/er (See Instructions) Amount of contribution (\$)	of Texas, complete Schedule T)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUS. STE. 164 AVCTINITY 38341 Dation / Job title (See Instructions) Full name of contributor	(If travel outside ver (See Instructions) Amount of contribution (\$) (If travel outside	In-kind contribution description (if applicable)
Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUS. STE. 164 AVCTINITY 38341 Dation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution
Principal occup Date Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB. STE. 164 AVETTINITY 38341 Dation / Job title (See Instructions) Full name of contributor	(If travel outside ver (See Instructions) Amount of contribution (\$) (If travel outside ver (See Instructions)	In-kind contribution description (if applicable)
Principal occup Date Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB. STE. 164 AVETTINITY 38341 Pation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution
Principal occup Date Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB. STE. 164 AVETTINITY 38341 Dation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution
Principal occup Date Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB. STE. 164 AVETTINITY 38341 Pation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution
Principal occup Date Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUB. STE. 164 AVETTINITY 38341 Pation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable) In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Principal occup Principal occup Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUS. STE. 164 AVETINITY 38341 Pation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution
Principal occup Principal occup Principal occup	Contributor address; City; State; Zip Code 4818 E. BEN WATTE BUS. STE. 164 AVETINITY 38341 Pation / Job title (See Instructions) Full name of contributor	(If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (See Instructions) Amount of contribution (\$) (If travel outside yer (\$)	In-kind contribution description (if applicable) In-kind contribution description (if applicable) In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedu	ule B:
2 FILER NAME	NACCO CONTRACTOR CONTR		3 ACCOUNT # (Ethic	cs Commission Filers)
MIGVEL	Sous		0000000	<u> </u>
4 TOTA	AL OF UNITEMIZED PLEDGES: ⇔		\Rightarrow \Rightarrow	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
	•			Texas, complete Schedule T)
10 Principal occup	pation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		I I	
			(If travel outside of T	「exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		onds, complete temperature,
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See In		exas, complete Schedule T)
T Tillopal occup		Employer (dec ii		
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of T	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
If co	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			quirements.

P.O. Box 12070

LOANS			sc	HEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Sched	lule E:
2 FILER NAME				cs Commission Filers)
M	Sous		00000	- 9
4	2002		77000	9 0
TOTA	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	\$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:) 9 Loar	Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Inte	rest rate
Y N			11 Mate	urity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	1	
14 Description of Col	ateral	15 Check if personal funds were	deposited into polit	cal account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amou	unt Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	on (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan	Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interes	est rate
Y N			Matu	rity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	leposited into politic	cal account
none				
GUARANTOR INFORMATION	Name of guarantor		Amou	unt Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEED uction guide for additional repo		ts.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

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

Fees	The Instruction Guide explains how to		enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME MIGUET SOLAS	3 A	CCOUNT # (Ethics Commission Filers)
4 Date 1/21/14 6 Amount (\$)	5 Payee name NATIONBYLDEP, INC. 7 Payee address; City; State; Zip Code 448 S. HILL ST., SWITE 22		
\$19.00	Los ANCOLES, CA 90013	20	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outs	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 1/27/14 Amount (\$)	Payee name AMERICAN AIRLINES, INC. Payee address; City; State; Zip Code P.O. BOX 619616 DFW 4185047, TX 75261	••	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) There we District Candidate / Officeholder name	Description (If travel outs	oide of Texas, complete Schedule T) Office held
Date 24 14 Amount (\$)	Payee name ANELICAN ATRUNES INC Payee address; City; State; Zip Code P.o. Box 619 616 DFW ANDORT, TX 75261	••	
PURPOSE OF	Category (See categories listed at the top of this schedule)		side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2- 20 14 Amount (\$)	Payee name NATIONBULLET, INC. Payee address; City; State; Zip Code HB S HILL ST., SUITE 200 Los ANGELES, CA 90018	•	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Polling Expense Event Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) 2084 MICHEL SOUS 00000000 4 Date 5 Payee name 2/21/14 6 Amount (\$) 7 Payee address; P. D. BOY 227463 \$500.00 DAMAS TX 75222 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** POLITICAL CAMPAICAL DOMATION OF **EXPENDITURE** --- STADIONAL Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 3/12/14 SCRUBRESPACE, INC. Amount (\$) Payee address; City; State; Zip Code 459 Brownay FIFTH FLOOR \$ 10.00 NEW YOLY, NY 10013 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** ADVERTISING FEE CAMPAIGN WEBSITE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name		
3/19/14	ZYMPANGO FILMS		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,125.00	CUPERTINO, CA 95014		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	CONSULTING EXPENSE	WEBSITE CONSTRU	HOTON
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held

Date 3 19 14	Payee name TEXAS DEMOCRATIC PAGE	-74	
Amount (\$)	Payee address; City; State; Zip Code 4818 E. BEN WHITE BLVO. AUSTIN, TX 78741		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	SOLI CATHAN ON EXPENSE	VAN ACCOUNT	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C	to the second se	n Banaymant/Baimhuraamant
Accounting/Banking	Legal Services Solicitation/Fundra		n Repayment/Reimbursement nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F		HER (enter a category not listed above)
1. 16.000	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3 4 4	MIGVEL SOLIS		0000000
4 Date	5 Payee name		
3/20/14	TRUEBOK, INC.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$25.09	MENLO PARK, CA 941025		
877		T	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	evel outside of Texas, complete Schedule T)
EXPENDITURE	LOVEDHISING EXPENSE	PAGE ADV	THIN THE TERM
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/20/14	MATIONBUILDER, IK.		
Amount (\$)	Payee address; City; State; Zip Code		
\$19.00	148 S. MILL ST., SUITE 700		
	COS ANGREES, CA 90013		٠
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	ADVERALSING EXPENSE	CUEBSINE	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
Date	Payee name		
3/24/4	FACEBOOK, INC.		
Amount (\$)	Payee address; City; State; Zip Code	10000	
4 -1	1 HARRED WAY		
\$ S472	MENO PARK, CA 94025		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	LOVER-LING EXPENCE	D1 10-15	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		ē
Date	Payee name		
3/24/14	LEADEREMAN FOR FOURTHON	M FOURT	.
Amount (\$)	Payee address; City; State; Zip Code		
# 536.99	1413 K STORET		
-d- 926.77	WASHINGTON, D.C. 2005		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	TRAVEL OUT OF DISTRACT	Confessor	ICE TRAVEL & LODGE
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	ОН	5 7	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/f	aising Expense trict Rental Expense	Contributions/Don Candidate/Offi OTHER (enter a c	uipment & Related Expen	ttee
1 Total pages Schedule F:	The Instruction Guide 6	explains now to	complete this for		T # /F4: C	11
4 of 4	MIGUEL SOUS			3 ACCOUN	T # (Ethics Commission Fi	ilers)
4 Date 3/31/14	5 Payee name					
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	11/22			
# 1,244.88	DALLAS, TX 75226					
8 PURPOSE	(a) Category (See categories listed at the top of	f this schedule)	(b) Description	(If travel outside of Tex	ras, complete Schedule T)	
OF EXPENDITURE	PLINTING EXPENSE	-	YARD S	IGNS		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held	o
Date 3 / 12 / 14	Payee name PAN PAL					
Amount (\$)	2211 11	e; Zip Code				
\$3.20	SAN JORE, CAT 9001	3				
PURPOSE OF	Category (See categories listed at the top of	fthis schedule)	2.2		as, complete Schedule T)	
EXPENDITURE	FEES		BANK 7	NANCE ER	-	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held	
Date	Payee name		yen.			
3/17/14	PAT PAL					
Amount (\$)	Payee address; City; State	; Zip Code				
\$ 5.20	SAN JOSE, CA 90019					
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Tex	as, complete Schedule T) .	
OF EXPENDITURE	FEES		BANK TO	LANCTER		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address; City; State	; Zip Code		- 11 11		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texa	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sought		Office held	
	ATTACH ADDITIONAL COI	PIES OF THIS	SCHEDULE AS N	IEEDED		

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

P.O. Box 12070

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 for

	The instruction Guide explains now to	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1 00 1	MIGHEL Sous	0000000
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	THE PARTY OF THE P
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	ervices Solicitation/Fundraisin verage Expense Travel In District xpense Travel Out Of District		Loan Repayment/Reimbor Transportation Equipmen Contributions/Donations Candidate/Officeholde	t & Related Expense Made By er/Political Committee		
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a categor	y not listed above)		
1 Total pages Schedule H:	2 FILER NAME	de explains how to c	omplete this for				
	. A			3 ACCOUNT # (Et	hics Commission Filers)		
4 Date	MIGVEL SOLIS 5 Business name			2000006			
- Date	N/A			200			
6 Amount (\$)	7 Business address; City; S	State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Texas, com	olete Schedule T)		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	e	Office sough	t	Office held		
Date	Business name	4.00					
Amount (\$)	Business address; City; S	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texas, comp	lete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	е	Office sought	t	Office held		
Date	Business name						
Amount (\$)	Business address; City; S	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description ((If travel outside of Texas, comp	lete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	е	Office sought		Office held		
Date	Business name		<u> </u>				
Amount (\$)	Business address; City; S	tate; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If travel outside of Texas, comp	lete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Э	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)				
1001	MIGNEL SOLIS	0000008				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 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.)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:						
2 FILER NAME		3 ACCOUNT # (Ethic	s Commission Filers)					
Mica	EL Sous	200 000 0						
		8000000						
4 Date	5 Name of person from whom amount is received	8	3 Amount (\$)					
			(4)					
	N/A							
	6 Address of person from whom amount is received; City; State; Zip Code							
	7 Purpose for which amount is received							
5.								
Date	Name of person from whom amount is received		Amount (\$)					

	Address of person from whom amount is received; City; State; Zip Code							
	B							
	Purpose for which amount is received							
Date	Name of person from whom amount is received		Amount					
	Name of person from whom amount is received		(\$)					
	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							
	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2							
			0.35					
	Purpose for which amount is received							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED						

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 1 08 1 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) MIGYEL SOUS 8 0000000 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee AMERICAN AIRCONES, INC. 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC COH-T PAC-C PAC-E 7 Name of person(s) traveling 6 Dates of travel MIGUEL E. SOUS 8 Departure city or name of departure location ALLES - FORT WAREN 9 Destination city or name of destination location DC NOTONIASAW 11 Purpose of travel (including name of conference, seminar, or other event) LEADERS WIP COL FOURTIONAL FOURTH GOVERNING FOR IMPACT ELECTED LEADERS CONFEDENCE 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee AMERICAN AIRLANES, INC. Contribution / Expenditure reported on: Schedule A Schedule B Schedule F Schedule C Schedule D Schedule G Schedule H Schedule N PAC-E COH-UC COH-T PAC-C Name of person(s) traveling Dates of travel MIGUEL E. SOLIS 1/24/14 Departure city or name of departure location AS. FORT WORTH Destination city or name of destination location WASHINGTON, DC Purpose of travel (including name of conference, seminar, or other event) Means of transportation CONSOLVING FOR IMPACT EVE CITY LEADERS CONFEDENCE ALR Name of Contributor / Corporation or Labor Organization / Pledgor / Payee LEADERSHIP FOR EDUCATIONAL ECOUNTY Contribution / Expenditure reported on: Schedule A Schedule B Schedule F Schedule C Schedule D Schedule G Schedule H Schedule N COH-UC PAC-E COH-T Name of person(s) traveling Dates of travel MIGHEL E. COUS Departure city or name of departure location DAMES - FORT WORTH Destination city or name of destination location WASHINGTON, DC Purpose of travel (including name of conference, seminar, or other event) Means of transportation CODYELLING IMPACE EVECTED UPADERS ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED