

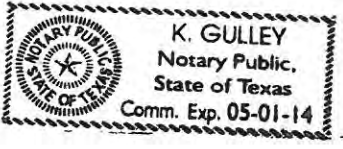
FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 00000008		2 Total pages filed: 2		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	2013 OCT 29 AM 9:15		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	8	12	13	9	26	13

6 EXPLANATION OF CORRECTION
 DUE TO A MISCALCULATION OF EXPENDITURES AS NOTED IN THE PREVIOUS TWO AMENDMENTS, THE FINAL NUMBERS WERE CALCULATED FOR POLITICAL CONTRIBUTIONS, POLITICAL EXPENDITURES AND CONTRIBUTIONS MAINTAINED HAVE BEEN CHANGED TO REFLECT THE PREVIOUS TWO AMENDMENTS

7 AFFIDAVIT
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE
 Sworn to and subscribed before me, by the said Miguel E. Solis, this the 29th day of October, 2013, to certify which, witness my hand and seal of office.
 Signature of officer administering oath: *[Signature]*
 Printed name of officer administering oath: K. Gulley
 Title of officer administering oath: Notary / Coordinator

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

RECEIVED
 BOARD SERVICES
 DALLAS ISD

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

RECEIVED
BOARD SERVICES
DALLAS ISD
2013 OCT 29 AM 9:15

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 24,800.02

EXPENDITURE
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 3,305.75

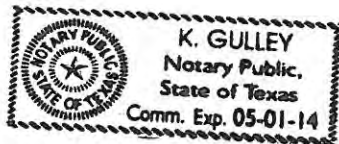
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 21,344.25

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel E. Solis, this the 29th day of October, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

K. Gulley
Printed name of officer administering oath

Notary Coordinator
Title of officer administering oath

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 000000008		2 Total pages filed: 4		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MIGUEL	MI E	Date Received 2013 OCT 28 PM 4:15	
	NICKNAME	LAST SOLIS	SUFFIX	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Receipt # Amount	
	8 / 12 / 13		9 / 26 / 13	Date Processed Date Imaged	

RECEIVED BOARD SERVICES DALLAS ISD

6 EXPLANATION OF CORRECTION

THERE WAS AN EXPENSE OF \$18.95 TO BANK OF TEXAS TO ORDER CHECKS, NOT \$50.00. WHILE CHECKING RECORDS DURING THE 8 DAY REPORT I NOTICED THAT THE \$50.00 EXPENDITURE WAS A PERSONAL EXPENDITURE ATTRIBUTED TO SETTING UP THE BANK OF TEXAS ACCOUNT.

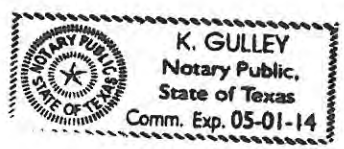
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel E. Solis, this the 28th day of October, 2013, to certify which, witness my hand and seal of office.

Signature of officer administering oath: K. Gulley
Printed name of officer administering oath: K. Gulley
Title of officer administering oath: Notary/Coordinator

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 10/28/13	5 Payee name BANK OF TEXAS
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6 Amount (\$) 18.95	7 Payee address; City; State; Zip Code 4217 SWISS AVE. DALLAS, TX 75204
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description (If travel outside of Texas, complete Schedule T) CHECKS
---------------------------------	---	--

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT # <u>00000008</u>		2 Total pages filed: <u>4</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u>	FIRST <u>MIGUEL</u>		
		NICKNAME	LAST <u>SOLIS</u>	SUFFIX	Date Received <u>2013 OCT 28 PM 4:15</u>
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>8 / 12 / 13</u> <u>9 / 26 / 13</u>		Receipt # Amount	
				Date Processed <u>15</u>	
				Date Imaged	

RECEIVED
 BOARD SERVICES
 DALLAS ISD

6 EXPLANATION OF CORRECTION
 I MADE A PERSONAL EXPENDITURE OF \$50.00 TO THE CAMPAIGN IN ORDER TO SET UP THE CAMPAIGN BANK ACCOUNT. A \$50.00 PAYMENT WAS REQUIRED BY BANK OF TEXAS TO ESTABLISH THE ACCOUNT. THIS MISTAKE WAS IDENTIFIED DURING THE CREATION OF THE 8TH DAY REPORT.

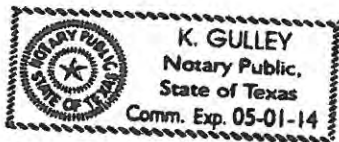
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel E. Solis, this the 28th day of October, 2013, to certify which, witness my hand and seal of office.

[Signature] K. Gulley Notary/Coordinator
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 0000008
---------------------------------------	------------------------------------	--

4 Date 10/28/13	5 Payee name MIGUEL SOUS CAMPAIGN
---------------------------	---

6 Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4904 LIVE OAK ST. #1 DALLAS, TX 75206
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description (If travel outside of Texas, complete Schedule T) INITIAL BANK ACCOUNT DEPOSIT
---------------------------------	---	--

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)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
00000008

2 Total pages filed:
27

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MR - MIGUEL E
NICKNAME LAST SUFFIX
Sous

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4904 LIVE OAK ST., #1
DALLAS, TX 75206

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 984-9583

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR JOHN P
NICKNAME LAST SUFFIX
LOZA

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3500 OAK LAWN, SUITE 500
DALLAS, TX 75219

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 957-8387

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
9 / 27 / 2013 THROUGH 10 / 26 / 2013

11 ELECTION

Month ELECTION DATE Day Year ELECTION TYPE
11 / 5 / 2013 Primary Runoff General Special

12 OFFICE

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

OFFICE USE ONLY

Date Received: 2013 OCT 28 PM 4:55
Date Hand-delivered or Postmarked: 10/28/13
Receipt #: 5
Amount: 5
Date Processed:
Date Imaged:

RECEIVED BOARD SERVICES DALLAS ISD

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

Dallas Kids First

COMMITTEE ADDRESS

4447 North Central Expressway, Ste. 110, Dallas TX 75205

COMMITTEE CAMPAIGN TREASURER NAME

NELSON HSO

COMMITTEE CAMPAIGN TREASURER ADDRESS

6324 McCOMMAS AVE
DALLAS, TX 75214

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)

\$ 66,212.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,788.16

CONTRIBUTION
BALANCE

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

\$ 40,944.09

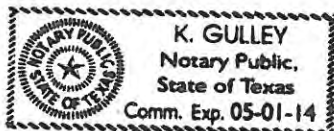
OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel E. Solis, this the 28th day of October, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

K. Gulley
Printed name of officer administering oath

Notary/Coordinator
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME MIGUEL SOLIS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 9/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL AND NOSIE SHARKEY	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12306 HUNTINGWICK DR. HOUSTON, TX 77024		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSHUA BUEBERG	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 716 716 C ST. NE, APT A WASHINGTON, DC 20002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. TRAMMELL CROW	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4500 PRESTON RD. DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARLAN CROW	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3819 MAPLE AVE DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY CARLSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4904 LIVE OAK ST., #1 DALLAS, TX 75206		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="font-size: 1.2em;">MIGUEL SOLIS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="font-size: 1.2em;">00000008</p>	
4 Date <p style="font-size: 1.2em;">10/2/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">MARIA TORRES</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">500.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">331 N 5th ST, #1305 GARLAND, TX 75040</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/2/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">WILLIAM BAILEY</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2717 HOWELL ST, APT. 2210 DALLAS, TX 75204</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/2/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">ZACHARY TRAHAN</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1801 DAINSON ST. HOUSTON, TX 77019</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/2/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">DUSTIN MARSHALL</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">2,500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6464 MIMOSA LN. DALLAS, TX 75230</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/2/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">MADELEINE JOHNSON</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">CENTRUM TOWER 1501 3111 WELBORN ST. DALLAS, TX 75219</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="font-size: 1.2em;">MIGUEL SOUS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="font-size: 1.2em;">00000008</p>	
4 Date <p style="font-size: 1.2em;">10/2/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">CHRIS BHATTI</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">5101 EDGEWATER CT. PLANO, TX 75094</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/7/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">LAWRENCE DALE</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2100 ROSS AVENUE SUITE 1870 DALLAS, TX 75201</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/7/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">LUIS AVILA</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1342 E. ROOSEVELT ST. PHOENIX, AZ 85003</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/7/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">CHARLES GLOVER</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">400 N. ERVAY ST., #400 DALLAS, TX 75201</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/7/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">CARMEN BREAUX</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">11030 CHARLTON WOOD BEAUMONT, TX 77705</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <p style="text-align: center;">MIGUEL SOUS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="text-align: center;">00000008</p>	
4 Date <p style="text-align: center;">10/10/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">HECTOR NAVA</p>	7 Amount of contribution (\$) <p style="text-align: center;">1,000.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. Box 3872 ENGUEWOOD, CO 80155</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">10/10/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">WILLIAM PARSONS</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5624 SAUBERT COURT DALLAS, TX 75252</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/10/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">CHARLES BUTT</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">335 KING WILLIAM SAN ANTONIO, TX 78204</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/14/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JEANNINE SCHWARTZ</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3111 WELBORN ST., APT. 1401 DALLAS, TX 75219</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/14/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JORGE BALDOR</p>	Amount of contribution (\$) <p style="text-align: center;">5,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3505 TURTLE CREEK BLVD, #10A DALLAS, TX 75219</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <p style="text-align: center;">MIGUEL SOLIS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="text-align: center;">00000008</p>	
4 Date <p style="text-align: center;">10/18/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">TONY FUED</p>	7 Amount of contribution (\$) <p style="text-align: center;">100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">7604 LA COSA DR. DALLAS, TX 75248</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">10/19/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">RICHARD WAGNER DR.</p>	Amount of contribution (\$) <p style="text-align: center;">1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3901 TURTLE CREEK, #11 DALLAS, TX 75219</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/18/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">S.J. HURLEY IV</p>	Amount of contribution (\$) <p style="text-align: center;">250.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">8350 N. CENTRAL EXPWAY SUITE 1275 DALLAS, TX 75206</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">BENJAMIN ESPINO</p>	Amount of contribution (\$) <p style="text-align: center;">50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3225 TURTLE CREEK BLVD, #134 DALLAS, TX 75219</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/21/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="text-align: center;">MATTHEW BARNEBY</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">8553 SOUTHWESTERN BLVD, #2204 DALLAS, TX 75206</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="text-align: center;">MIGUEL SOUS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="text-align: center;">00000008</p>	
4 Date <p style="text-align: center;">10/22/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">BUDGET MORAENO LOPEZ</p>	7 Amount of contribution (\$) <p style="text-align: center;">150.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">5909 HUDSON ST. DALLAS, TX 75206</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">ROY LOPEZ</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5909 HUDSON ST. DALLAS, TX 75206</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">ELIZABETH PONCE</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2636 GUADALUPE DR. MESQUITE, TX 75181</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JESSE AND NELLIE TAFALLA</p>	Amount of contribution (\$) <p style="text-align: center;">50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">4603 ASHBROOK RD. DALLAS, TX 75227</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">FERNANDO RUBIO JR.</p>	Amount of contribution (\$) <p style="text-align: center;">50.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3130 HAMMERLY DR. DALLAS, TX 75212</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="text-align: center;">MIGUEL SOLIS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="text-align: center;">00000008</p>	
4 Date <p style="text-align: center;">10/22/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">VERONICA TORRES HAZLEY</p>	7 Amount of contribution (\$) <p style="text-align: center;">100.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">1409 N. ZANG BLVD., APT. 1517 DALLAS, TX 75203</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">MINERVA RODRIGUEZ</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1036 OPAL DR. DESOTO, TX 75115</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/23/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">TEXAS INSTRUMENTS INCORPORATED. POLITICAL ACTION COMMITTEE</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. BOX 742496 DALLAS, TX 75374</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/23/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">METROTEX ASSOCIATION OF REALTORS, INC. POLITICAL ACTION COMMITTEE NON CORPORATE</p>	Amount of contribution (\$) <p style="text-align: center;">1,000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">8201 N. STEMMONS FRWY. DALLAS, TX 75247</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/22/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">LINEBARGER COGGAN BLAIR & SAMPSON LLP</p>	Amount of contribution (\$) <p style="text-align: center;">500.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. BOX 17428 AUSTIN, TX 78760</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 10/24/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON M. GUENDENNING	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2200 ROSS AVE, STE. 2200 DALLAS, TX 75201		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IAN PADLEY	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 509 JAVINLEY AVE LYNDHURST, NJ 07071		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBBY McCABE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9346 HATHAWAY ST. DALLAS, TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN AND KAITLIN HOSKINSON	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8024 CAMILLE AVE NW ALBUQUERQUE, NM 87120		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN MORGAN	Amount of contribution (\$) 3.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1615 Q ST NW APT. 602 WASHINGTON, D.C. 20009		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 10/14/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JULIE BLEICHER	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6940 WILDGLEN DR. DALLAS, TX 75230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARRON TAFRET	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2221 W DALLAS ST, APT. 368 HOUSTON, TX 77019		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHERINE ROSE	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4608 MEADOWOOD RD. DALLAS, TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDREW KELLER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 66 MANSFIELD ST. UNIT 2 PROVIDENCE, RI 02908		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXAS DEMOCRATIC PARTY	Amount of contribution (\$) 450.00	In-kind contribution description (if applicable) VOTER FILE ACCESS
Contributor address; City; State; Zip Code 4818 E BEN WHITE, SUITE 104 AUSTIN, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 10/1/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNETT AND CELIA BOONE	7 Amount of contribution (\$) 2,419.39	8 In-kind contribution description (if applicable) PARKING & CATERING FOR FUNDRAISER
6 Contributor address; City; State; Zip Code 5449 SWEET LN, SUITE 100 DALLAS, TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/13	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 20-8848357) LEADERSHIP FOR EDUCATIONAL EQUITY-TEXAS	Amount of contribution (\$) 184.64	In-kind contribution description (if applicable) STAFF TIME FOR GENERAL CONSULTING / WEBSITE
Contributor address; City; State; Zip Code 1413 K ST NW WASHINGTON, DC 20005		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS KIDS FIRST	Amount of contribution (\$) 2,524.03	In-kind contribution description (if applicable) DIRECT MAIL EARLY VOTE
Contributor address; City; State; Zip Code 4447 NORTH CENTRAL EXPRESSWAY, STE. 110 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS KIDS FIRST	Amount of contribution (\$) 6,750.00	In-kind contribution description (if applicable) PAID CANVASSING
Contributor address; City; State; Zip Code 4447 NORTH CENTRAL EXPRESSWAY, STE. 110 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS KIDS FIRST	Amount of contribution (\$) 565.94	In-kind contribution description (if applicable) CANDIDATE PUSH CARD DIRECT EXPENDITURE W/O KNOWLEDGE
Contributor address; City; State; Zip Code 4447 NORTH CENTRAL EXPRESSWAY, STE. 110 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <p style="text-align: center; font-size: 1.2em;">MIGUEL SOLIS</p>		3 ACCOUNT # (Ethics Commission Filers) <p style="text-align: center; font-size: 1.2em;">000000008</p>	
4 Date <p style="font-size: 1.2em;">10/26/13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">VINSON & ELLIANS L.L.P.</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">15,880.00</p>	8 In-kind contribution description (if applicable) <p style="font-size: 1.2em;">LEGAL WORK</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2001 MOSS AVE, SUITE 3700 DALLAS, TX 75201</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">10/26/13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 1.2em;">VALDEZ WASHINGTON L.L.P.</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">7,050.00</p>	In-kind contribution description (if applicable) <p style="font-size: 1.2em;">LEGAL WORK</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4514 COLE AVENUE, SUITE 600 DALLAS, TX 75205</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:
1

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

4 TOTAL OF UNITEMIZED PLEDGES: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ 1,000.00

5 Date 10/22/13	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) HISPANIC PAC	8 Amount of pledge (\$) 1,000.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 1026 BEAVER CREEK DR. DUNCANVILLE, TX 75137		(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)

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
2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan	7 Name of lender N/A <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 7	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 9/27/13	5 Payee name LA POPULAR INC.
--------------------------	--

6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 5004 COLUMBIA DALLAS, TX 75214
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FOOD FOR FUNDRAISER
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/13	Payee name JMH PRINTING
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Amount (\$) 735.68	Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAILER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/13	Payee name MAIL TODAY, INC.
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Amount (\$) 690.06	Payee address; City; State; Zip Code 9171 KING ARTHUR DR. DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE AND MAILING OF MAILERS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/4/13	Payee name ROBERT MEDRANO
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Amount (\$) 1,500.00	Payee address; City; State; Zip Code 2346 DOUGLAS DALLAS, TX 75219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES/WAGES / CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CANVASSING AND YARD SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 7	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 10/9/13	5 Payee name JMH PRINTING
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6 Amount (\$) 1,348.89	7 Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) HANDOUTS, DOOR HANKERS, MAILER
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/13	Payee name MAIL TODAY, INC.
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Amount (\$) 682.10	Payee address; City; State; Zip Code 9171 KING ARTHUR DR. DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE AND MAILING OF MAILERS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/13	Payee name ELEMENT STRATEGIES
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Amount (\$) 750.00	Payee address; City; State; Zip Code 125 WOODLAND DR. IRVING, TX 75060
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN FUNDRAISING
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/13	Payee name VERACITY MEDIA, LLC
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Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. BOX 233 SOUTH ORANGE, NJ 07079
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE HELP
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 7		2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 10/10/13		5 Payee name CVS/PHARMACY			
6 Amount (\$) 16.24		7 Payee address; City; State; Zip Code 4202 ROSS AVE. DALLAS, TX 75204			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description (If travel outside of Texas, complete Schedule T) STATIONERY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/13		Payee name LAKEWOOD LOCATION / U.S. POSTAL OFFICE			
Amount (\$) 23.00		Payee address; City; State; Zip Code 6120 SWISS AVE. DALLAS, TX 75214			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) STAMPS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/12/13		Payee name BEST BUY # 88			
Amount (\$) 66.15		Payee address; City; State; Zip Code 9378 N. CENTRAL EXPY. DALLAS, TX 75231			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN PHONE MINUTES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/12/13		Payee name DOMINOS PIZZA LLC # 6924			
Amount (\$) 45.68		Payee address; City; State; Zip Code 5480 DENTON DR. DALLAS, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) VOLUNTEER LUNCH	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 7	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 10/18/13	5 Payee name JMH PRINTING
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6 Amount (\$) 735.68	7 Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MAILER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18/13	Payee name MAIL TODAY, INC.
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Amount (\$) 682.10	Payee address; City; State; Zip Code 9171 KING ARTHUR DR. DALLAS, TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE AND MAILING OF MAILERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/13	Payee name ROBERT MEDRANO
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 2346 DOUGLAS DALLAS, TX 75219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES/WAGES/ CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) CANVASSING AND YARD SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/13	Payee name ROBERT NOJAS
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Amount (\$) 232.19	Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE/ ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 7	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
4 Date 10/26/13	5 Payee name INFOWS CAMPAIGNS, LLC	
6 Amount (\$) 1,334.71	7 Payee address; City; State; Zip Code P.O. BOX 10726 FORT WORTH, TX 76114	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) PHONE CALLS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/28/13	Payee name WALGREENS	
Amount (\$) 4.31 4.31	Payee address; City; State; Zip Code 5001 ROSS AVE. DALLAS, TX 75206	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) PENS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/28/13	Payee name LA POPULAR INC.	
Amount (\$) 56.71	Payee address; City; State; Zip Code 132 N PEAK DALLAS, TX 75226	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) VOLUNTEER LUNCH
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/7/13	Payee name U.S. POSTAL OFFICE / LAKEWOOD LOCATION	
Amount (\$) 46.00	Payee address; City; State; Zip Code 6120 SWISS AVE. DALLAS, TX 75214	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) STAMPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 7	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 0000000 8
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4 Date 10/14/13	5 Payee name CVS/PHARMACY
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6 Amount (\$) 8.12	7 Payee address; City; State; Zip Code 4202 NOSS AVE. DALLAS, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) STATIONERY
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/13	Payee name U.S. POSTAL OFFICE / OAKLAWN LOCATION
-------------------------	--

Amount (\$) 46.00	Payee address; City; State; Zip Code 2825 OAKLAWN AVE. DALLAS, TX 75219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) STAMPS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/13	Payee name NATIONBUILDER, INC.
-------------------------	--

Amount (\$) 19.00	Payee address; City; State; Zip Code 448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/13	Payee name PAYPAL
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Amount (\$) 54.26 54.26	Payee address; City; State; Zip Code 2211 NORTH FIRST ST. SAN JOSE, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 7	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 10/20/13	5 Payee name CARMENS MEXICAN CAFE
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6 Amount (\$) 61.28	7 Payee address; City; State; Zip Code 4717 SINGLETON BLVD. DALLAS, TX 75212
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) VOLUNTEER LUNCH
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date	5 Business name N/A
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6 Amount (\$)	7 Business address; City; 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, complete Schedule T)
---------------------------------	--	---

9 Complete ONLY 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
---	--	---

4 Date	5 Payee name N/A
---------------	--------------------------------

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:

1

2 FILER NAME

MIGUEL SOUS

3 ACCOUNT # (Ethics Commission Filers)

000000008

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

N/A

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1
2 FILER NAME <i>Miguel Sousa</i>		3 ACCOUNT # (Ethics Commission Filers) 00000008
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N/A</i>		
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 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	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
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 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	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
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 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	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		