

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:

18

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2013 OCT -7 PM 3:15

BOARD SERVICES
DALLAS ISD

RECEIVED

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

MIGUEL

E

SOLIS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4904 LIVE OAK ST., #1

DALLAS, TX 75206

☐ change of address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 984-9583

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

JOHN

P.

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

8 / 12 / 2013

THROUGH

Month

Day

Year

9 / 26 / 2013

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 5 / 2013

ELECTION TYPE

☐ Primary☐ Runoff☐ General☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DALLAS ISD
BOARD OF TRUSTEES
DISTRICT 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MIGUEL SOLIS

15 ACCOUNT # (Ethics Commission Filers)

000000008

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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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)

\$ 24,750.02

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,336.80

CONTRIBUTION
BALANCE

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

\$ 21,263.20

OUTSTANDING
LOAN TOTALS

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

\$

Ø

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 Solis, this the 5th day of October, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 6

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

8/15/13

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

GARNETT AND CECILIA BOONE

6 Contributor address; City; State; Zip Code

5149 SHERY LN., SUITE 100, DALLAS, TX 75225

7 Amount of contribution (\$)

5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/28/13

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

SEAN PLANCHARD

Contributor address; City; State; Zip Code

701 E. BLUFF ST., APT. 2411
FORT WORTH, TX 76102

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/13

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

RAFAEL ANCHIA

Contributor address; City; State; Zip Code

P.O. BOX 4468
DALLAS, TX 75208

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/13

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

CARLOS SOLIS

Contributor address; City; State; Zip Code

2810 AVE. H
NEEDERLAND, TX 77627

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/13

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

SUSIE McMINN

Contributor address; City; State; Zip Code

10421 COUNTESS DR.
DALLAS, TX 75229

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 6

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

9/8/13

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

JACQUELINE NATHAN

6 Contributor address; City; State; Zip Code

6432 TERRELL ST.
GENOAS, TX 776197 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/9/13

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

MICHAEL AND MARY FRENCH

Contributor address; City; State; Zip Code

2300 BUNSTON DR.
CARROLLTON, TX 75206Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/13

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

JOHN AND ANN COMBES

Contributor address; City; State; Zip Code

10416 BARNESS DR.
DALLAS, TX 75244Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/13

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

JAMES AND LOUISA MEYER

Contributor address; City; State; Zip Code

4635 SUGAR MILL
DALLAS, TX 75244Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/13

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

DOMINGO AND ELBA GARCIA

Contributor address; City; State; Zip Code

400 SOUTH ZANG BWD.
DALLAS, TX 75208Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

3 of 6

2 FILER NAME

MIGUEL SOUS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

9/12/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

DAKOTA RUBIN

6 Contributor address; City; State; Zip Code

4904 LIVE OAK ST., #1, DALLAS, TX 75206

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/13/13

Full name of contributor

☐ out-of-state PAC (ID#)

H. FORSHEY HOOBLER

Contributor address; City; State; Zip Code

2808 MCKINNEY AVE., APT. 127,
DALLAS, TX 75204

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL A. KOPROWSKI

Contributor address; City; State; Zip Code

6116 LICKTON PIKE, GOODLETTSVILLE, TN
37072

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

TENESA WASH

Contributor address; City; State; Zip Code

905 CEMEN CASTLE, DALLAS, TX 75232

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

SERENA CONNELLY

Contributor address; City; State; Zip Code

3156 BROOKHOLLOW DR. FRAMERS BLANCH, TX
75234

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

4 of 6

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

9/19/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

KEVIN BRYANT

6 Contributor address; City; State; Zip Code

4463 BROOKVIEW DR., DALLAS, TX 75220

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT AND ANNE RAYMOND

Contributor address; City; State; Zip Code

4111 W LAWYER DR., DALLAS, TX 75214

Amount of contribution (\$)

1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

PHILLIP AND DONELL WIGGINS

Contributor address; City; State; Zip Code

5338 DRANE DR., DALLAS, TX 75209

Amount of contribution (\$)

1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/13

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID PEREZ, JR.

Contributor address; City; State; Zip Code

2403 GILFORD ST., DALLAS, TX 75235

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/13

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT ROWLING

Contributor address; City; State; Zip Code

4001 MAPLE AVE, SUITE 600, DALLAS, TX 75219

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

5 of 6

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

9/23/13

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JOHNNY ORTA

6 Contributor address; City; State; Zip Code

4614 BRIARWOOD LN.
PORT ARTHUR, TX 77642

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/16/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

MICHAEL ANDRE, JR.

Contributor address; City; State; Zip Code

2242 MONARCH TERRACE DR.
KATY, TX 77494

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

ELIZABETH EDDINS

Contributor address; City; State; Zip Code

865 PEARSON DR.
BEAUMONT, TX 77706

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

RAMON & ANGEL SOLIS

Contributor address; City; State; Zip Code

4636 BRIARWOOD LN.
PORT ARTHUR, TX 77642

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

EDUCATE DALLAS PAC

Contributor address; City; State; Zip Code

500 N. AKARD ST., SUITE 2600
DALLAS, TX 75201

Amount of contribution (\$)

10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

6 of 6

2 FILER NAME

MIGUEL SOUS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

9/23/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

EDWIN + JESSICA FLORES

6 Contributor address; City; State; Zip Code

3881 BREA BAY DR., DALLAS, TX 75244

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/25/13

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHANIE AUGHINBAUGH

Contributor address; City; State; Zip Code

5657 AMESBURY DR., ART. 810
DALLAS, TX 75206

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/13

Full name of contributor

☒ out-of-state PAC (ID# 20-8848357)

LEADERSHIP FOR EDUCATIONAL EQUITY TEXAS

Contributor address; City; State; Zip Code

1413 K ST NW
WASHINGTON, DC 20005

Amount of contribution (\$)

150.02

In-kind contribution description (if applicable)

STAFF TIME FOR
WEBSITE
CONSULTING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME

MIGUEL SOUS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#: _____)

N/A

8 Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor 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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

MIGUEL SOUS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

N/A

6 Is lender
a financial
Institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date

Y N

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

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Y N

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

Advertising Expense	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 3		2 FILER NAME MIGUEL SOLIS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 9/9/2013		5 Payee name BEST BUY			
6 Amount (\$) \$66.14		7 Payee address; City; State; Zip Code BEST BUY # 58 9378 N. CENTRAL EXPY. DALLAS, TX 75231			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD (CAMPAIGN PHONE)		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN PHONE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/10/2013		Payee name DALLAS COUNTY ELECTIONS DEPARTMENT			
Amount (\$) \$13.96		Payee address; City; State; Zip Code 2377 N. STEMMONS FLDWY., SUITE 820, DALLAS, TX 75207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SOLICITATION		Description (If travel outside of Texas, complete Schedule T) VOTER RECORDS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/2013		Payee name SPRINGER DEMOCRATS OF DALLAS			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 4209 PARRY AVE., DALLAS, TX 75223			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLITICAL ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) FEE TO MARCH W/ CAMPAIGN SHIRT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/14/2013		Payee name MARY DAVIS			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 8717 BOUNDBROOK AVE., DALLAS, TX 75243			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PHOTOS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Advertising Expense	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 3		2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 9/14/2013		5 Payee name ROBERT ROJAS			
6 Amount (\$) \$30.00		7 Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) T-SHIRTS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/17/2013		Payee name DANWAL, INC.			
Amount (\$) \$1,862.79		Payee address; City; State; Zip Code 12404 HWY 155 SOUTH TYLER, TX 75703			
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) YARD SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/17/2013		Payee name JOE MARGOLIES MEDIA AND DESIGN			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 7711 N LINKS WAY FOX PANT, WI 53217			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) LOGO	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/18/2013		Payee name TEXAS DEMOCRATIC PARTY			
Amount (\$) \$125.00		Payee address; City; State; Zip Code 505 WEST 12TH ST., SUITE 200 AUSTIN, TX 77701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES/ SOLICITATION		Description (If travel outside of Texas, complete Schedule T) VOTER FILE ACCESS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 9/19/2013	5 Payee name NATIONBUILDER, INC.
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6 Amount (\$) \$19.00	7 Payee address; City; State; Zip Code 448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE SOLICITATION / FUNDRAISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) PA WEBSITE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/2013	Payee name JMH PRINTING
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Amount (\$) \$613.21	Payee address; City; State; Zip Code P.O. Box 530797 GRAND PRAIRIE, TX 75053
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE / SOLICITATION / PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DON HANGERS / PUSH CANS
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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 8/14/2013	Payee name BANK OF TEXAS
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 4217 SWISS AVE. DALLAS, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) CHECKS
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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 9/26/2013	Payee name PAMPAL
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Amount (\$) \$6.70	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) ACCOUNTING / BANKING 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 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:	2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">MIGUEL SOUS</div>		3 ACCOUNT # (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">00000008</div>
4 Date	5 Payee name <div style="font-size: 1.2em; font-family: cursive;">N/A</div>		
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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)

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

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 <div style="font-size: 1.2em; font-family: cursive;">MIGUEL SOUS</div>		3 ACCOUNT # (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">00000008</div>
4 Date	5 Business name <div style="font-size: 1.2em; font-family: cursive;">N/A</div>		
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 <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	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.)

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME

MIGUEL SOUS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date**5** Name of person from whom amount is received

N/A

8 Amount
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

1

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

LEADERSHIP FOR EDUCATION EQUITY - TEXAS

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

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:

- ☐ Schedule A
 ☐ Schedule B
 ☐ Schedule C
 ☐ Schedule D
 ☐ Schedule F
 ☐ Schedule G
☐ Schedule H
 ☐ Schedule N
 ☐ COH-UC
 ☐ COH-T
 ☐ PAC-C
 ☐ 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:

- ☐ Schedule A
 ☐ Schedule B
 ☐ Schedule C
 ☐ Schedule D
 ☐ Schedule F
 ☐ Schedule G
☐ Schedule H
 ☐ Schedule N
 ☐ COH-UC
 ☐ COH-T
 ☐ PAC-C
 ☐ 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)

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