CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

			T
The C/OH leaders from Onick condition has described		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.	00000008	18
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	MC MIGUEL	SUFFIX	Date Received
	Sous		2
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	등 및
OFFICEHOLDER MAILING ADDRESS	4904 LIVE DAY		Date Hand-delivered or Postmarked
change of address	DAMAS, TX 752	O Ce	Receipt # Amount OT
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	2 70 2 3 3 3 3 3 3 3 3 3 3
OFFICEHOLDER PHONE	(214) 984-9583		Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	MC JOHN NICKNAME LAST	SUFFIX	
	LOZA		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	3500 DAY LAWN	SHITE SOO	
(residence or business)		•	
	Darias, TX 7	5219	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 957 - 8387	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Evandad \$500	(officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	8/12/2013 THROUGH	9/26/	7213
	87 127 23	1 / 0 /	
11 ELECTION	ELECTION DATE ELECTION TYPE		,
	Month Day Year Primary	Runoff	General Special
	11/5/2013		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		DAMAS	12D
		BOARD OF	TRUSTEES
		DISTRUCT	- 8
	GO TO PAC		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	MIGUE	I SOLIS	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	ADE BY POLITICAL COMMITTEES TO SUPPORT THE NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		D. 400 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	8	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURENADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES.	
		POLITICAL CONTRIBUTIONS 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 \$		
18 AFFIDAVIT			
	Dianna Th	ompson is true and correct and includes a	of perjury, that the accompanying report Il information required to be reported by
	Commission 01-30-	me under Title 15, Election Code.)
Signature of Candidate or Officeholder			
AFFIX NOTARY STAM Sworn to and sub:		me, by the said Mauel Solis	, this the
Sworn to and subscribed before me, by the said, this the, this the, day of October, 20, to certify which, witness my hand and seal of office.			
Suanna	tion	Dianna Thompson	Tolory
Signature of officer admi	inistering oath	Printed name of officer admini s tering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
			OF	6
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
	EVEL SOUS		00000	0008
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
,	6 Contributor address; City; State; Zip Code	YOUNE	contribution (\$)	description (if applicable)
8/15/13	6 Contributor address; City; State; Zip Code			
0/15/15			5,000.00	
' 1	5949 SHERRY LN., SUTTE 100, DALL	45,TX 75225	•	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	STAN PLANCHARD		contribution (\$)	description (if applicable)
01-1	Contributor address; City; State; Zip Code	* * * * * * * * * *		
8/28/13	Contributor address; City; State; Zip Code 701 E- BUFF ST-APT-2411		100.00	
. ,	CORT WORM, TX 76102			
	GOLD VOIGHT, THE FELTE		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of	In-kind contribution
	RAFAEL ANCHIA		contribution (\$)	description (if applicable)
9/5/13	Contributor address; City; State; Zip Code			
11-11	P.O. BOX 4468		500.00	
	DALLAS,TX 75208		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
0/ 1	Camos Sous		contribution (\$)	description (if applicable)
9/7/13	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code 2810 AVE. H		300.00	
	NEDERLAND, TX 7762		i	
Balantal				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	SUSIE MCMINN		CONTRIBUTION (Φ)	description (ii applicable)
9/7/13	Contributor address; City; State; Zip Code 10421 COUNTESS DR.		1.000	
11,112	10421 COUNTESS DR.		100.00	
	DAMAS, TX 75229		Ī	
Principal age:				f Texas, complete Schedule T)
erincipal occup	vation / Job title (See Instructions)	Employer (See Ir	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
			r 6	
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
	EL Sous		000000	800
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	1 1		contribution (\$)	description (if applicable)
alolis	6 Contributor addresses City States Zin Code			1
9/8/13	6 Contributor address; City; State; Zip Code 6432 TERREU ST.		100.00	Ī
	6-132 TELLAW SI.			ł I
	GNEVAS; TX 77619		(If travel outside	l of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
		*		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Muza	CISTUIL	contribution (\$)	description (if applicable)
01-1-	Contributor address: City States 750 Code	MONCH		
9/9/13	Contributor address; City; State; Zip Code 2300 BMSTOL OIL.		100.00	
, ,				
	CARROLLIAN, TX 75206	P		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	(Employer (occ in	noti dottorio)	
Date	Full name of contributor out-of-state PAC (ID#:	11	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
7 1	John and Hay Can	uts		
9/9/13	Contributor address; City; State; Zip Code 10416 DANONESS DR.		1	
1 1	18416 BARENESS DR.		100.00	
	Darias, TX 75244			
Dringing Lagran	St. 1. The state of the state o			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	, I	Amount of	la biad and the re-
Date	1		contribution (\$)	In-kind contribution description (if applicable)
7 7	JAMES AND LOUISA ME	TER		
9/10/13	Contributor address; City; State; Zip Code 4635 Sucan MILL			
, ,	4635 SWAN MILL		100.00	
	DALLAS, TX 75244			
Deineiral accord				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Donalds was Flan	2100-0-	contribution (\$)	description (if applicable)
9/10/13	Contributor address; City; State; Zip Code	7 Michil		
1/10/15	400 SOUTH ZANGBWD.		[,000,00	
	DAMASITX 75208		(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		- January

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME				thics Commission Filers)
MIGI	IEL Sous		0000	0008
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Day D. D.		contribution (\$)	description (if applicable)
01/12/12	DAKOTA KUBIN			
1110/13	6 Contributor address; City; State; Zip Code		0 -0 -0	1
	DAKOTA DUBIN 6 Contributor address; City; State; Zip Code 4904 LIVE OAK ST. FTI, DAG	1 ASTX 75706	200.00	
	THE CAR STATE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A CONTROL OF THE PARTY OF	
9 Principal occur	pation / Job title (See Instructions)	40 5 1 (0)		of Texas, complete Schedule T)
3 Principal occup	sation 7 300 title (See Instructions)	10 Employer (See I	nstructions)	
D .				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	H FORSHEY HODRIES	2	contribution (\$)	description (if applicable)
9/12/12	H FORSHEY HOOBLEY Contributor address; City; State; Zip Code		-	
1/12/12			150,00	
	2808 MCKINNEY AVE., APT. I	27,		
	DALLAS, TX 75204	•	(If traval outside a	f Tours associate Octobral to TV
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
8			, , , , , , , , , , , , , , , , , , , ,	
Date	Full name of contributor)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
1 1	MICHAEL A KOPROWSK	\		
9/16/13	Contributor address; City; State; Zip Code			
17.01.3	MICHAEL A KOPRONSK Contributor address; City; State; Zip Code 6116 ULLITON PILE, GOODLETTS		250.00	
	GOODLETTS	witte, IN		
		37072		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Times WACH		contribution (\$)	description (if applicable)
alialia	Contributor address; City; State; Zip Code	* * * * * * * * * * *	1	
9/19/13			100.00	
	905 GINTEN CASTUE DAMAS	TY 75237		
	The part of the pa	11 × 13612	(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In		r rexue, complete conedule 1)
444				
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
_ 1 1	SENENA CONNELLY		1	
9/19/13	Contributor address; City; State; Zip Code			
			1,000.00	
ľ	3156 BACOKHOLLOW DR. FARMERS	BRANCH, TX		
Principal coors		5234		f Texas, complete Schedule T)
- ппыраг осси р	ation / Job title (See Instructions)	Employer (See In	structions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
MIG	VEL SOUS		000	00008
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/19/13	KEVIN BRYANT 6 Contributor address; City; State; Zip Code 4463 Breckwiew DR. DALLAST		500.00	1
	19965 Breeze TR., DALLAS,	X 12550	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		ar rolado, complete da rodado 1)
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
211	ROBERT AND ANNE LAYMO Contributor address; City, State; Zip Code	DUD		
9/19/13	4111 VLAWTHER DR. DAMAS		1,500.00	
	111110111111111111111111111111111111111	7.0 (0)	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
alala	Price P AND DONEL WIGO Contributor address; City, State; Zip Code			
9/19/13	5338 DRANE DR. DALLAS, T	X 75209	1,500.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/19/13	DAVID PEREZ JR. Contributor address; City; State; Zip Code			
11111111	2403 GILFORD ST. DALLAS, T	X 75235	100.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/13	Contributor address; City; State; Zip Code			
.10010	4001 MAPLE ME, SUITE 600, DAI	48 TX 75219	1,000.00	
District				f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
MIG	VEL SOUS		0000	0008
4 Date	5 Full name of contributor out-of-state PAC (ID#:			8 In-kind contribution
, ,	JOHNNY ONTA		contribution (\$)	description (if applicable)
9/28/13	6 Contributor address; City; State; Zip Code		1.00	
11-11-5	G Contributor address; City; State; Zip Code 4614 BMANUSOO UN	1.	100.00	
	POUT AMOUR, TX 77	642	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/12	MICHAEL ANDR Contributor address; City; State; Zip Code 2242 Manuacu TER	E, J2.	(\$7	accomplian (ii applicable)
11.10	7242 Manuacy To	245 00.	50.00	
	KAM TX 77494			
Principal occur	pation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
i iliopai occup	sation 7 dob title (Gee instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Elizasena Ennais		contribution (\$)	description (if applicable)
9/11/12	Contributor address; City; State; Zip Code			
1/18/13	Contributor address; City; State; Zip Code 865 PARSEN DR.		50.00	
	BEAUMENT, TX 17706		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
T				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
, ,	Contributor address; City; State; Zip Code +636 BRIANW 200 LN	SHO	(1)	arranguan (ii appiloazio)
9/16/13	Contributor address; City; State; Zip Code		100,00	
11011	7936 BILLARUS OOD CN		100,00	
	PONT ANTHUR, TX 7760	12	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 0	EDVATE DAWAS P. Contributor address; City; State; Zip Code	AC	(+,	Coordinate (ii applicable)
9/23/13	Contributor address; City; State; Zip Code		10,000.00	
.	SOO N. AVARD ST., SVITE DAWAS, TX 75201	2600	1	
Dringin -1	DAUAS, TX 75201			f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	structions)	
	ATTACH ADDITIONAL CODIES OF	ETUIS SCUEDURE	AS NEEDED	

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME				Ethics Commission Filers)
MIC	EVEL Sous		0000	8000
4 Date	5 Full name of contributor Out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/23/13	6 Contributor address; City; State; Zip Code		500.00	
	3831 BOLABAM DR., DAL	LAS, TX 4324		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		.,
Date	Full name of contributor Out-of-state PAC (ID#_ STEPHANIE AUGHINE		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/13	STEPHANIE AUGHINT Contributor address; City; State; Zip Code SGS 7 AMESBURY DR., APT.	810	100.00	
	DALLAS TX 75206	, 6, 1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		r rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#)	mentale control communications appropriate during a service control of the	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/24/13	Contributor address; City; State; Zip Code 1413 K ST NV		150.02	WEBSITE
	WAGNINGTON, DC ZOOS		1	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	* 180 180 * * * 001 * * 001 *	(If travel autaids	f Tayon complete Cabadida Ti
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B:
2 FILER NAME	:		3 ACCOUNT # (E	thics Commission Filers)
	MIGHTL SOUS		0000	8200
4 TOT.	AL OF UNITEMIZED PLEDGES:	⇒ ⇔ ⇔	\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
40 0				of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	1	Amount of	In-kind description
	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
			(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code)	Amount of pledge (\$)	In-kind description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Principal annual destroys • Settlement of Montpossession •	,	Employer (occ in	istractions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable) f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
If co	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instru	F THIS SCHEDULE A	AS NEEDED itional reporting	requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	A 1 a		3 ACCOUNT # (Ethics Commission Filers)
1	MIGUEL SOUS		00000008
тотя	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were	deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City; S	state; Zip Code	19 Amount Guaranteed (\$)
not applicable		2.0000	
20 Principal Occupat	ion (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; Z	ip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; St	tate; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIES der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr. Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1043	MIGUEL SOLIS	8 000000
4 Date 9/9/2013	BEST BUY	
6 Amount (\$)	7 Payee address; City; State; Zip Code	a (Tatoman + XPY
\$66.14	BUST BUY # 58 DALLAS	S,TX 75231
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	(CAMPAGN PHONE)	CAMPAIGN PHONE
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0		Office field
Date, ,	Payee name	
9/10/2013		Trails DEPARTMENT
Amount (\$)	Payee address; City; State; Zip Code	Straig Delaterities
~		
\$13.96		, SUITE 820, DAWAS, TX 75207
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	SOUCHTATION	VOTER NECONDS
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/12/2013	STONEWALL DEMOCRATS	s of DAWAS
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	4209 PARRY AVE., DAMA	s,TX 75223
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	POLITICAL ADVENUTISING EXPENSE	FEE TO MARCH W/ CAMPAIGN
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
9/14/2012	MARK DAVIS	
Amount (\$)	Payee address; City; State; Zip Code	
\$400.00	8717 BOUNDBROOK AVE	, DAWS, TX 75243
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	PHOTOS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	contract Labor Loa alsing Expense Tra Co strict Rental Expense OT	an Repayment/Reimbursement unsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
4-11	The second of th		
1 Total pages Schedule F: 2 0 3	MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers)
9/14/2013	5 Payee name No BERT ROLLAS		
6 Amount (\$)			
\$30.00	3915 MAIN ST.		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	T	and entries of Tanas associate Oak at La Ta
OF	(a) Category (accedategories listed at the top of this scriedule)		avel outside of Texas, complete Schedule T)
EXPENDITURE	ADVETETISING EXPENSE	T-SH127	27
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
9/17/2013	DANWAR, INC.		
Amount (\$)	Payee address; City; State; Zip Code		
55	12404 HWY ISS SOUT	74	
\$1,862.79	TYLER, TX 75703	•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
OF	APRINTING CXOENCET		-11
EXPENDITURE	ADVENTISING FXPENSE	TAILS	SIGNS
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date,	Payee name		
9/17/2013		DUA ALCOAN	DECIEN
Amount (\$)	Payee address; City; State; Zip Code		
.2	7711 N CINKS MAY		
\$50.00	C* 0		
	tox Part, WI S3217		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	ADVENTISING EXPENSE	600	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/18/2013	TEXAL DEMISCIATIC	DANTY	
Amount (\$)	Payee address; City; State; Zip Code		
\$125.00			
11 1 2	-03 WOS! 12- 31:15	UTTE 200	
	AVSTIN TX 77701		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	C FEES/	VOTED (THE ACCETS
LAFENDITURE	Sourmanon	3	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES

SCHEDULE F

2070 8 0 0	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense		ges/Contract Labor	Loan Repayment/I	Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense Travel In Dis		Contributions/Dona	ations Made By
Event Expense	Polling Expense Travel Out C		Candidate/Offic	ceholder/Political Committee
Fees		lead/Rental Expense		ategory not listed above)
4-11	The Instruction Guide explains ho	w to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Commission Filers)
3 05 5	MIGUEL SOUS		000	00008
4 Date	5 Payee name			
9/19/2013	MASSIS	, .		
6 Amount (\$)	7 Payee address; City; State; Zip Cod			
Amount (\$)	Payee address; City; State; Zip Cod	e		
\$ 19.00	448 S. HILL ST.	SVITE 200	1	
11.00	LOS ANGENES, CA	90013		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)			as, complete Schedule T)
EXPENDITURE	1	AN TOWE	BSITE	
	SOLICITATION /FUNDILISING, FR	PENOT		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt	Office held
expenditure to benefit C/O)H			
Data	David			
Date 122	Payee name			
1/63/2013	JNH PUNDN(\$		
Amount (\$)	Payee address; City: State: Zip Cod			
# 4 : 1	P.O. BOX 530797			
\$ 613.21	>30+1+			
	CERAND PRAIRIETTX	75053		
PURPOSE	Category (See categories listed at the top of this schedule)		(If traval outside of Tava	s, çomplete Schedule T)
OF	ADVENTISING EXPENSE!		1 WGERS	
EXPENDITURE	SOULTAND /PLINTING DX		200A)	/
Complete ONLY if direct	Candidate / Officeholder name	Office sough	- CT - S	Office held
expenditure to benefit C/O		Office sough	T.	Office field
Date	Payee name			
8/14/2013	BANK OF TEXAS			
Amount (5)			-	
Amount (\$)	Payee address; City; State; Zip Code	9		
\$50.00	9217 SWILL AVE.			
11 30.00	DAMAS, TX 75204			1
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	BANKING	CWECK	2-5	
EXPENDITORE				
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t	Office held
expenditure to benefit C/OI	H			
Date	Payer name			
Date Glas In 12	Payee name			1
9/26/2013	tapac			
Amount (\$)	Payee address; City; State; Zip Code	9		
4. 1	2211 Navan FLUT ST.			
\$6.70		2 1		
1. 0	SAN JOSE, GA 951	5		
PURPOSE	Category (See categories listed at the top of this schedule)	-	(If travel outside of Texas	complete Schodula TV
OF	ACCOUNTING /BANKING	5200		o, complete scriedule ()
EXPENDITURE	FFFS	CNOI	T GARD	TEET
Complete ONLY if direct	Candidate / Officeholder name	Office sough		Office hold
expenditure to benefit C/O		Omde sough	•	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains how to	(the state of the
1 Total pages Schedule G:	2 FILER NAME MIGNEL SOUS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from	7 Payee address; City; State; Zip Code	
political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising 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 Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 0000000 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code **PURPOSE** (a) Category (See categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	w to complete this form.
1 Total pages Schedule I		3 ACCOUNT # (Ethics Commission Filers)
	MIGUEL Sous	8000000
4 Date	MIGNEL SOUS 5 Payee name NA	
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 S	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 Sche	edule K:
2 FILER NAME		2 ACCOUNT # (Ft	hics Commission Filers)
	MIGUEL SOUS	~) CDO も
4 Date	5 Name of person from whom amount is received		8 Amount
	1.		(\$)
	NA		
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		<u> </u>
	a i dipose foi willon 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		
	, addition of person from whom amount is received, City, State, Zip Code		
	Purpose for which amount is received		
Data			
Date	Name of person from whom amount is received		Amount (\$)
			(4)
	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	1000 1000 1000 100 100 100 100 100 100	
	, , , , , , , , , , , , , , , , , , , ,		
-			
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS			
The Instruction Guide	explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME NIGUEL SE	ous	3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation o	r Labor Organization / Pledgor / Payee		
CEADERSUIP	FOR EDVIATION EQUITY -	14/47	
5 Contribution / Expenditure reported of	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	n 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	i.		
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 per	rson(s) traveling		
Departure cit	ty or name of departure location		
Destination of	ity or name of destination location		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or L	abor Organization / Pledgor / Payee		
Contribution / Expenditure reported on	:		
Schedule A	Schedule B Schedule C Schedule I	Schedule F Schedule G	
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E	
Dates of travel Name of pers	son(s) traveling		
Departure city	y or name of departure location		
Destination ci	ty or name of destination location		
Means of transportation	Purpose of travel (including name of conference, semir	nar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			