# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/DH Instruction Guide explains how to complete this form.  1 Fier ID (PENES Convention Filled)  2 Total pages filed  OFFICE USE ONLY  OFFICE USE ONLY  OFFICE USE ONLY  NAME  NOTE: SOULS  4 CANDIDATE / OFFICE HOLDER MAILING ADDRESS / PRO SOX. AFT / SUITE & CITY, STATE 2P COCC  OFFICE HOLDER MAILING ADDRESS / PRO SOX. AFT / SUITE & CITY, STATE 2P COCC  TOTAL ANTONIO 1 TX 782.09  CAMPAIGN TREASURER NAME  OFFICE USE ONLY  OFFICE USE ONLY  Date Received  JAN 1 6 2024  JAN 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	The Circle Instruction Guide explains how to complete this form.  3 CANDIDATE / OFFICE HOLDER NAME							
OFFICE HOLDER NAME  NICHAME  SOUS  4 CANDIDATE / OFFICE HOLDER NAME  SOUS  4 CANDIDATE / OFFICE HOLDER OFFICE HOLD	OFFICEHOLDER NAME  NICHAMS  LAST SOLIS  CANDIDATE TO IN KIM ST ADDRESS CANDIDATE TO ANATONIO ITX 782.09  CANDIDATE TO 3 328-8297  CAMPAIGN TEASURER NAME  NICHAMS  SUPEX SOLIS  APP CODE TO BUT NAME  LAST TO SAN ANTONIO ITX 782.09  Date Hand-defivered or Date Postmarked OFFICEHOLDER PHONE  AND MASS ANT TO SAN ANTONIO ITX 782.09  Date Hand-defivered or Date Postmarked OFFICEHOLDER TO CAMPAIGN TREASURER NAME  NOCIONA  SUPEX SOLIS  CAMPAIGN TREASURER NAME  SUPEX SOLIS  SUPEX SOLIS  CAMPAIGN TREASURER TO SOLIS  SUPEX SOLIS  CAMPAIGN TREASURER TO SOLIS  SUPEX SOLIS  SUPEX SOLIS  SUPEX SOLIS  CAMPAIGN TREASURER TO SOLIS  SUPEX SOLIS  SUPEX SOLIS  CAMPAIGN TREASURER TO SOLIS  SUPEX SOLIS  SUPEX SOLIS  SUPEX SOLIS  CAMPAIGN TREASURER TO SOLIS  SUPEX SOLIS  SUPEX SOLIS  AND ANTONIO TX 782.09  SUPEX SOLIS  SUPEX SOLIS  CAMPAIGN TREASURER TO SOLIS  SUPEX SOLIS  SUPEX SOLIS  AND ANTONIO TX 782.09  Date Processed  Come I tragged  Come I tragged  I Solid only a first campaign treasure appointment (Oblicodero Chily) Treasure appointment (Oblicodero Chily) Treasure appointment (Oblicodero Chily) To Solid only Treas  TO SOLID  Morrith Day Year  Primary Runol  TREASURER TO SOLID  Morrith Day Year  Primary Runol  TO SOLID  THROUGH TO SOL	The C/OH Instruction G	uide explains how f	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages	s filed:
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS  → Change of Address  → CANDIDATE/ OFFICEHOLDER MAILING AREA CODE PHONE NUMBER   EXTENSION  Date Processed  Date Imaged  Date Ima	CAMPAIGN   APT FORTE   CHY   STATE   APP COXE   CREEKING   CREEKING   CAMPAIGN   TREASURER   CHY   CREEKING   CAMPAIGN   TREASURER   CHY   CREEKING   CREEKING   CAMPAIGN   TREASURER   CHY   CREEKING   CREEKI	OFFICEHOLDER	Mr.	JOEL G.				CEUSEONLY
OFFICE-HOLDER PHONE  (703) 328-8297  G. CAMPAIGN TREASURER NAME  NS. MRS. MR FIRST M. J.05C. G. NICKNAME  LAST  SUFFIX  Date Processed  Date Processed  Date Processed  Date Processed  Date Imaged  TREASURER ADDRESS  7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)  STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY:  STATE. ZIP CODE  TREASURER ADDRESS  (Residence or Business)  AREA CODE  PHONE NUMBER  EXTENSION  TREASURER PHONE  10 PERIOD  COVERED  Month Day Year	OFFICEHOLDER PHONE  (703) 328-8297    CAMPAIGN   TREASURER   NAME   NAME   NAME   LAST   SUIFEX   Date Processed   Date Indignation of Use Indignation of	OFFICEHOLDER MAILING ADDRESS	7611 K	APT / SUITE #.		ZIP CODE	JAN	
TREASURER NAME  M. JOSC G.  NICKISAME  SOLIS  7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  10 PERIOD COVERED  Month Day Year  Month Day Year  MI Date Processed Date Imaged  Institute A processed  Date Imaged  Date Imaged  Date Imaged  Institute A processed  Date Imaged  Date Imaged  Date Imaged  Date Imaged  Date Imaged  Date Imaged  Institute A processed  Date Imaged  Institute A processed  Date Imaged  Date Imaged  Date Imaged  Institute A processed  Date Imaged  Date Image	TREASURER NAME  MS. MRS. MR. MR. MRS. MR. MRS. MR. MRS. MRS	OFFICEHOLDER						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  11 T 12023  11 ELECTION DATE Month Day Vear Primary Runoff  12 OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  OFFICE  Additional Pages  Date Imaged  Date Imaged  Date Imaged  Orion Imaged  CITY: STATE: ZIP CODE  STATE: ZIP CODE  STATE: ZIP CODE  TATE: STATE: ZIP CODE  STATE: ZIP CODE  STATE: ZIP CODE  STATE: ZIP CODE  TREASURER PHONE  OTHER NUMBER EXTENSION  Runoff  I 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Albart COH - FR)  Final Report (Albart COH - FR)  Primary Runoff  Day Vear  Primary Runoff  Other Description  AUDITICAL COMMITTEE (S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXAMINATE SEASON  COMMITTEE NAME  COMMITTEE NAME  COMMITTEE NAME  COMMITTEE CAMPAIGN TREASURER NAME	SOLIS  7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  Alanuary 15  Bith day before election  Month Day Year  10 PERIOD COVERED  11 ELECTION  12 OFFICE  12 OFFICE  14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages  SPECIFIC  STATE: ZIP CODE  APT / SUITE #. CITY. STATE: ZIP CODE  STATE: ZIP CODE  STATE: ZIP CODE  APT / SUITE #. CITY. STATE: ZIP CODE  STATE: ZIP CODE  TEXT AND ANTONIO, TJ. T82.09  ANTONIO, TJ. T82.09  ANTONIO, TJ. T82.09  ANTONIO, TJ. T82.09  AREA CODE PHONE NUMBER EXTENSION  RAPA CODE PHONE NUMBER EXTENSION    STATE: ZIP CODE   S	TREASURER	Mr. Jo	5L G.	· · · · · · · · · · · · · · · · · · ·			Amount 5
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  Join day before election  Worth  Bin day before election  Exceeded Modified Reporting Limit  Final Report (Atlach C/OH - FR)  10 PERIOD COVERED  Month Day Year  Month Day Year  THOUGH  12 Jail 2023  11 ELECTION TYPE  Month Day Year  Mon	TREASURER ADDRESS  TREASURER ADDRESS  SAN ANTONIO, TX 7829  AREA CODE PHONE NUMBER EXTENSION  TREASURER PHONE  (703) 328-8297  9 REPORT TYPE  January 15 John day before election Rundf Ireasurer appointment (Officeholder Only)  July 15 January 15 John day before election Rundf Ireasurer appointment (Officeholder Only)  July 15 January 16 John day before election Rundf Ireasurer appointment (Officeholder Only)  The PERIOD COVERED  Month Day Vear Menoth Day Vear Final Report (Attach C/OH - FR)  ELECTION TYPE  Month Day Vear Primary Runoff Officeholder NUM ICIPAL  OFFICE  OFFICE  OFFICE  OFFICE OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  SAN ANTONIO TUEST AUTHORITIES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENSITURES MAY HAVE BEEN ARMED WITHOUT RECANDIDATES OR OPPERIODLERS ARMORED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENSITURES.  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS		_			SUPPIA	Date Imaged	
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	G Solis	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	s O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>O</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ 958.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	* 84.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ 1,017.24
	Please complete either option belo	Candidate or Officeholder
(1) Affidavit	JOSE AGUIRRE  Notary Public, State of Texas  Comm. Expires 10-30-2027  Notary ID 134626582	
NOTARY STAMP/SEA	L	
011	before me by $\frac{\log 1}{\log 1}$ this t	he 16th day of January,
fe ligi	which, witness my hand and seal of office.  Jose Aguirre	he 16th day of January,  Notary Public  Title of officer administering oath
Signature of officer administ	ering oath  Printed name of officer administering oath  OR	Title of officer administering oath
(2) Unsworn Declarat	on	
My name is	, and my date of birt	h is
My address is		
		(state) (zip code) (country)
Executed in	County, State of, on the day of (m	onth) 20 (year)
	Signature of Ca	andidate/Officeholder (Declarant)

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### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19		Ethics Commission Filers)
	JOEL G. SOUS	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 1,017.24
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 958.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	FC/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	NED \$

### LOANS

### SCHEDULE E

If the requested information is not applicable, DO NOT in	nclude this page in the rep	oort.
The Instruction Guide explains how to complete	this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
JOEL G. SOUS		
4 TOTAL OF UNITEMIZED LOANS		\$ 1.017.24
5 Date of loan 7 Name of lender out-of-state PAC	G (ID#)	9 Loan Amount (\$)
8/1/2023 JOSC G. Solis		667.24
6 Is lender address; City; a financial Institution?	State: Zip Code	10 Interest rate  O  11 Maturity date
SAN ANTONIO TX 780	209	NIA
	3 Employer (See Instructions)	
NA	AUA	
14 Description of Collateral  PERSINAL FUNDS DEPOSITED  none INTO POLITICAL ACCOUNT	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City;	State; Zip Code	
not applicable		
20 Principal Occupation (See Instructions) 2	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state PA	C (ID#:)	Loan Amount (\$)
10/19/2023 JOSE G SULS		350.00
Is lender Lender address; City; a financial Institution?	State: Zip Code	Interest rate
Y D SAN ANTONIO TX 782	09	Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	NTI
NA	NA	
Description of Collateral		ds were deposited into political
none	account (See Instruc	
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
not applicable		
Principal Occupation (See Instructions)	Employer (See Instructions)	1
ATTACH ADDITIONAL COPIE  If lender is out-of-state PAC, please see Instr		

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOEL G. SOUS 4 Date 10/23/2023 City; State: Zip Code 3106 FALL (REST SAN ANTONIO TX 78247 (a) Category (See Categories listed at the top of this schedule) (b) D **PURPOSE** OF \$16NS EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin. TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct SARA BOXAZ GUNTY- AT-LARES expenditure to benefit C/OH Payee name Payee address; 100 E. GUENTHER ST Zip Code SAN ANTONIO TX 78204 Category (See Categories listed at the top of this schedule) Description PURPOSE OF FILING FEE FEES **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH SARA BOYAR COUNTY-AT-LANGE Date Amount (\$) Payee address; City: Zip Code State: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
C/OH N	NAME 2 Filer ID (Ethics Commission Filers)
de	or G. Sous
SIGNA	
designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment of file.
	Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER  nplete A & B below only if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Chec	ck only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
B.	ASSETS
Chec	ck only one:
$\checkmark$	I do not retain assets purchased with political contributions or interest or other Income from political contributions.
	I do retain assets purchased with political contributions or Interest or other Income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate
5 OFFIC	CEHOLDER
· Coi	mplete this section only if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder