Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year)

Amendment (Optional below)

Filed
AUG 6 2014
By
RECTOR OF VOTERS

1. Statement Covers Calendar Year 2014

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Marco A Solis

CITY
Ontario

STATE
CA

ZIP CODE
91762

3. Office Sought or Held

OFFICE Sought OR HELD
Ontario/Montclair School District Board Member

JURISDICTION (LOCATION)

DISTRICT MEMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $1,000 and that I will spend less than $1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/06/14

By

FPCC Form 470/470 Supplement (Jan/2008)
FPCC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)
FPCC Advice: advice@fppc.ca.gov (916/225-7772)
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