

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. MIGUEL E NICKNAME LAST SUFFIX SOLIS	OFFICE USE ONLY Date Received: 2014 JUL 10 PM 3:17 Date Hand-delivered or Postmarked: 7/3/14 Receipt # Amount: 7 Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2500 BENNETT AVE., APT. 1108 DALLAS, TX 75200		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 571-3018		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. JOHN P NICKNAME LAST SUFFIX LOZA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3500 OAK LAWN, SUITE 500 DALLAS, TX 75219		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 957-8387		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 1 / 14 THROUGH 6 / 30 / 14		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) DALLAS ISD BOARD OF TRUSTEES DISTRICT 8	13 OFFICE SOUGHT (if known)	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME MIGUEL SOLIS **15 ACCOUNT # (Ethics Commission Filers)** 00000008

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>KIDS FIRST PAC</u>
		COMMITTEE ADDRESS <u>4447 NORTH CENTRAL EXPWY SUITE 110 DALLAS, TX 75205</u>
		COMMITTEE CAMPAIGN TREASURER NAME <u>NELSON HSU</u>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <u>6324 NELOMAS AVE. DALLAS, TX 75214</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,409.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,144.11</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>23,682.54</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel E. Solis, this the 10th day of July, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Dianna Thompson
Printed name of officer administering oath

Notary
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 1	
2 FILER NAME MIGUEL SOLIS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 5/5/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA ROCHA	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2804 LEISURE LN. CARROLLTON, TX 75006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL LUGO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5434 BELMONT AVE. DALLAS, TX 75206		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARCEL, GONZALEZ & SAMPSON LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS INSTRUMENTS INCORPORATED Political Action Committee	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 742496 DALLAS, TX 75374		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS KIDS FIRST PAC	Amount of contribution (\$) 234.00	In-kind contribution description (if applicable) DISTRIBUTE YARD SIGNS
Contributor address; City; State; Zip Code 4447 NORTH CENTRAL EXPWAY SUITE 110 DALLAS, TX 75205		(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 EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 6		2 FILER NAME MIGUEL SOLIS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 5/5/14		5 Payee name PARTY CITY #65			
6 Amount (\$) 129.64		7 Payee address; City; State; Zip Code 305 MEDALLION SHOPPING CENTER DALLAS, TX 75214			
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) BASIS TO PLACE FLYERS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/6/14		Payee name ROBERT ROJAS			
Amount (\$) 792.80		Payee address; City; State; Zip Code 3915 MAIN ST. DALLAS, TX 75226			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN T-SHIRTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/6/14		Payee name JMH PRINTING			
Amount (\$) 848.17		Payee address; City; State; Zip Code 721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MAIL	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/6/14		Payee name MAIL TODAY			
Amount (\$) 889.53		Payee address; City; State; Zip Code 9171 KING ARMS DR. DALLAS, TX 75247			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MAIL	
Complete ONLY 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: 2 of 6	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
4 Date 5/12/14	5 Payee name DALLAS VOICE	
6 Amount (\$) 890.00	7 Payee address; City; State; Zip Code 4145 TRAVIS ST., THIRD FLOOR DALLAS, TX 75204	
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) CAMPAIGN AD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/14	Payee name SAM'S CLUB # 8248	
Amount (\$) 381.30	Payee address; City; State; Zip Code 9461 WEBB CHAPEL RD. DALLAS, TX 75220	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE / FOOD-BEVERAGE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WATER PARTY
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/14	Payee name JASON'S DELI # 008	
Amount (\$) 177.57	Payee address; City; State; Zip Code 5400 E MOULDERBINS W. DALLAS, TX 75206	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD-BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) GOTV FOOD FOR VOLUNTEERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/14	Payee name JOE CARREON	
Amount (\$) 102.20	Payee address; City; State; Zip Code 3150 KENDALE DR. DALLAS, TX 75220	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES / WAGES / CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) POLL DRIVER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 6	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
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4 Date 5/12/14	5 Payee name PANERA BREAD #1225
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6 Amount (\$) 57.40	7 Payee address; City; State; Zip Code 3826 LEMMON AVE. DALLAS, TX 75219
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BREAKFAST EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) GOTV VOLUNTEER BREAKFAST
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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 5/12/14	Payee name SHELL OIL #57545274
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Amount (\$) 29.75	Payee address; City; State; Zip Code N/A
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description (If travel outside of Texas, complete Schedule T) CAS FOR GOTV DRIVING
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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 5/12/14	Payee name TERRY'S SUPERMARKET
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Amount (\$) 26.83	Payee address; City; State; Zip Code 3025 WEBB CHAPEL DALLAS, TX 75220
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description (If travel outside of Texas, complete Schedule T) CAS FOR GOTV DRIVING
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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 5/12/14	Payee name SPACE INC.
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Amount (\$) 10.00	Payee address; City; State; Zip Code 459 BROADWAY FIFTH FLOOR NEW YORK, NY 10013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING FEE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WEBSITE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 6	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 00000008
4 Date 5/14/14	5 Payee name LETICIA BARNET CAMPAIGN	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 6611 WILLIAMS AVE. #214 DALLAS, TX 75205	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION MADE BY OFFICEHOLDER	(b) Description (If travel outside of Texas, complete Schedule T) N/A
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/14/14	Payee name USPS # 4822229553	
Amount (\$) 17.64	Payee address; City; State; Zip Code 2825 OAKLAWN AVE. DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) STAMPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/15/14	Payee name ANNA CABEN	
Amount (\$) 10,000.00	Payee address; City; State; Zip Code 3500 OAK LAWN, SUITE 300 DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MANAGEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/20/14	Payee name INFOCUS CAMPAIGNS	
Amount (\$) 1,447.45	Payee address; City; State; Zip Code P.O. BOX 10726 FORT WORTH, TX 76114	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN PHONE CALLS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 6	2 FILER NAME MIGUEL SOUS	3 ACCOUNT # (Ethics Commission Filers) 00000008
4 Date 5/20/14	5 Payee name NATION BUILDER INC.	
6 Amount (\$) 19.00	7 Payee address; City; State; Zip Code 448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013	
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) CAMPAIGN WEBSITE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/2/14	Payee name FACEBOOK INC.	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN AD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/12/14	Payee name SQUARESPACE INC.	
Amount (\$) 10.00	Payee address; City; State; Zip Code 459 BROADWAY 5TH FLOOR NEW YORK, NY 10013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WEBSITE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/13/14	Payee name TZOM FILMS	
Amount (\$) 1,160.00	Payee address; City; State; Zip Code 7923 HABERSHAM LN. DALLAS, TX 75248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN VIDEO
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MIGUEL SOLIS	3 ACCOUNT # (Ethics Commission Filers) 60000008
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4 Date 6/20/14	5 Payee name NATIONBUILDER INC.
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6 Amount (\$) 14.63	7 Payee address; City; State; Zip Code 448 S. WILM 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	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN 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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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