

# 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)

2 Total pages filed: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**Miguel**  
NICKNAME LAST SUFFIX  
**Mickey Solis**

**OFFICE USE ONLY**

Date Received

CITY CLERK DEPT  
05 JUL 13 AM 10:29

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**501 Texas Ave Ste 5 EL Paso TX 79901**

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(915) 545-5200**

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**Felipe**  
NICKNAME LAST SUFFIX  
**Solis**

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**501 Texas Ave Ste 5 EL Paso TX 79901**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(915) 545 - 5200**

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    THROUGH    Month Day Year  
**05 / 26 / 05    07 / 13 / 2005**

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
**06 / 04 / 05**

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Judge, Municipal Ct 1**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT  
COVER SHEET PG 2  
05 JUL 13 2005

15 C/OH NAME

Miguel 'Mickey' Solis

16 ACCOUNT # (Ethics Commission file #)

110:29

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 225.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3375.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1575.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5463.06

CONTRIBUTION BALANCE

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

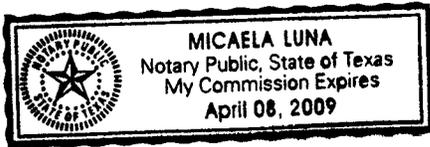
\$ 755.40

OUTSTANDING LOAN TOTALS

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

\$ -0-

19 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.

*Miguel Solis*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel Solis, this the 13th day of July, 20 05 to certify which, witness my hand and seal of office.

*Micaela Luna*  
Signature of officer administering oath

Micaela Luna  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

# 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" \*\*

CITY CLERK DEPT.  
05 JUL 13 AM 10:09

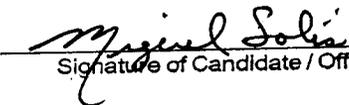
1 C/OH NAME

MIGUEL 'mickay' SOLIS

2 ACCOUNT # (Ethics Commission file #)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below only if you are not an officeholder. \*\*

## A. CAMPAIGN FUNDS

Check 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

Check only one:

- 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 OFFICEHOLDER

\*\* Complete 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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS** CITY CLERK DEPT.

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

05 JUL 13 AM 10:30 Total pages Schedule A: 3

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission Here)

4 Date

6-2-05

5 Full name of contributor

Ron Henry

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

800 N. MESA EL PASO TX 79902  
#200

7 Amount of contribution (\$)

100-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-3-05

Full name of contributor

Luis Quintanilla

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

810 E. SAN ANTONIO #A EL PASO, TX 79901

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-3-05

Full name of contributor

Jerry Hallberg

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

9821 ALBURN EL PASO, TX 79925

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-3-05

Full name of contributor

Bill Crout

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

1533 Lee Trevino, Ste 205 EL PASO, TX 79936

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-2-05

Full name of contributor

EL PASO Municipal Peace Officers Assn

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

747 E. SAN ANTONIO, Ste 103  
EL PASO, TX 79901

Amount of contribution (\$)

1000-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS** CITY CLERK DEPT.

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form. 05 JUL 13 AM 10:58 Total Pages Schedule A: 3

2 FILER NAME **Miguel 'Mickey' Solis** 3 ACCOUNT # (Ethics Commission file)

4 Date 5-29-05	5 Full name of contributor Mike TANTIMONAS <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6920 Desert Canyon Dr EL PASO TX 79912			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 5-29-05	Full name of contributor George McNENNY <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 624 ALTO PENASCO EL PASO, TX 79912			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5-29-05	Full name of contributor W. BARZAN BULING <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6154 Los Felinos Cr EL PASO, TX 79912			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5-29-05	Full name of contributor Rebecca Downey <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5823 N. MESA, #323 EL PASO, TX 79912			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5-29-05	Full name of contributor Vic Poulos <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 200-	In-kind contribution description (if applicable) Wine + use of premises
Contributor address; City; State; Zip Code 5915 Silver Springs Dr EL PASO, TX 79912			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

05 JUL 13 AM 10:30

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME **MIGUEL 'micky' SOLIS**

3 ACCOUNT # (Ethics Commission file)

4 Date **6-3-05**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**The Renew Group**

7 Amount of contribution (\$) **750.00**

8 In-kind contribution description (if applicable)  
**telephone Automated messages**

6 Contributor address; City; State; Zip Code  
**6006 N. MESA, Ste 502 EL PASO, TX 79912**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

CITY CLERK DEPT.

05 JUL 13 AM 10:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Miguel 'Mickey' Solis**

3 ACCOUNT # (Ethics Commission Item)

4 Date  
**5-26-05**

5 Payee name  
**Clear Channel**

7 Amount (\$)  
**105.40**

6 Payee address; City; State; Zip Code  
**4045 N. mesa EL PASO TX 79902**

8 Purpose of payment (See instructions regarding type of information required.)  
**Radio Spots**

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**5-26-05**

Payee name  
**Entia Vision**

Amount (\$)  
**255-**

Payee address; City; State; Zip Code  
**5426 N. mesa EL PASO TX 79902**

Purpose of payment (See instructions regarding type of information required.)  
**TU Spots**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**5-26-05**

Payee name  
**KR0D-AM**

Amount (\$)  
**190-**

Payee address; City; State; Zip Code  
**4180 N. mesa EL PASO TX 79902**

Purpose of payment (See instructions regarding type of information required.)  
**Radio Spots**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**5-27-05**

Payee name  
**ABC-7**

Amount (\$)  
**300.90**

Payee address; City; State; Zip Code  
**4140 Rio Bravo EL PASO, TX 79902**

Purpose of payment (See instructions regarding type of information required.)  
**TU Spots**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form.

05 JUL 13 AM 10:30

Total pages Schedule F:

3

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission Item)

4 Date

5-27-05

5 Payee name

KDBC-TV

7 Amount (\$)

250.75

6 Payee address; City; State; Zip Code

2201 E. Wyoming EL PASO, TX 79903

8 Purpose of payment (See instructions regarding type of information required.)

TV spots

9 .. Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date

5-31-05

Payee name

Margie Duran

Amount (\$)

125-

Payee address; City; State; Zip Code

1623 James Chisum EL PASO, TX 79936

Purpose of payment (See instructions regarding type of information required.)

Campaign staff worker

.. Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date

6-1-05

Payee name

Channel 9-News

Amount (\$)

193.10

Payee address; City; State; Zip Code

801 N. Oregon EL PASO, TX 79902

Purpose of payment (See instructions regarding type of information required.)

TV spots

.. Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date

6-2-05

Payee name

SAM'S

Amount (\$)

150-

Payee address; City; State; Zip Code

7920 N. mesa EL PASO, TX 79932

Purpose of payment (See instructions regarding type of information required.)

Sodas, H2o, materials & food for Election day workers

.. Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

CITY CLERK DEPT

The INSTRUCTION GUIDE explains how to complete this form.

05 JUL 13 AM 10:30

1 Total pages Schedule F: 3

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission file)

4 Date

5-29-05

5 Payee name

Blue Sage Supermarket

7 Amount (\$)

267.91

6 Payee address; City; State; Zip Code

951 N. Raster EL Paso, TX 79912

8 Purpose of payment (See instructions regarding type of information required.)

Food for Fund Raiser

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

6-4-05

Payee name

Gabriel Rinquillo

Amount (\$)

318

Payee address; City; State; Zip Code

5151 Chromite #8 EL Paso TX 79932

Purpose of payment (See instructions regarding type of information required.)

Sign Placement, early fall work, food + gas + election day work

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

6-9-05

Payee name

Miguel Solis

Amount (\$)

1732.00

Payee address; City; State; Zip Code

501 Texas #5 EL Paso TX 79901

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Political Expenditures made from personal funds.

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED