

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:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MIGUEL

NICKNAME

LAST

SUFFIX

Mickey

Solis

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

501 TEXAS AVE STE 5 EL PASO, TX 79901

Change of Address

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

FELISA

NICKNAME

LAST

SUFFIX

Solis

Date Processed

Date Imaged

05 APR - 4 PM 12:01

CITY CLERK DEPT

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
02 / 15 / 2005

THROUGH

Month Day Year
03 / 28 / 2005

11 ELECTION

ELECTION DATE

Month Day Year
05 / 07 / 05

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Judge, Municipal Court 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

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Miguel "Mickey" Solis

16 ACCOUNT # (Ethics Commission files)

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

\$ 465.00

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

\$ 4425.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1956.19

CONTRIBUTION BALANCE

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

\$ 2699.40

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Miguel Solis
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Miguel Solis, this the 1st day of April, 20 05 to certify which, witness my hand and seal of office.

Micaela L. Gallardo
Signature of officer administering oath

Micaela L. Gallardo
Printed name of officer administering oath

Notary Public
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:

5

2 FILER NAME

MIGUEL 'Mickey' SOLIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-7-05

5 Full name of contributor out-of-state PAC (ID#:

AL Weisenberger

6 Contributor address: City: State; Zip Code

521 TEXAS EL PASO, TX 79901

7 Amount of contribution (\$)

\$100-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-9-05

Full name of contributor out-of-state PAC (ID#:

Roger MONTROYA

Contributor address: City: State; Zip Code

1006 MAGOFFIN, EL PASO, TX 79901

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-14-05

Full name of contributor out-of-state PAC (ID#:

Rene Ordanez

Contributor address: City: State; Zip Code

221 N. KANSAS EL PASO, TX 79901

Amount of contribution (\$)

\$250-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-05

Full name of contributor out-of-state PAC (ID#:

Jim Scherr

Contributor address: City: State; Zip Code

109 N. OREGON EL PASO, TX 79901

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-16-05

Full name of contributor out-of-state PAC (ID#:

WILL ELIAS

Contributor address: City: State; Zip Code

1100 MONTANA EL PASO TX 79902
B10L

Amount of contribution (\$)

\$100-

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

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule A: **5**

2 FILER NAME **MIGUEL 'Mickey' SOLIS** 3 ACCOUNT # (Ethics Commission files)

4 Date 3-21-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George E. Salom	7 Amount of contribution (\$) \$150 ⁻	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 807 S. EL PASO EL PASO TX 79901			

9 Principal occupation / Job title (See instructions) **10 Employer (See instructions)**

Date 3-22-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Windle	Amount of contribution (\$) \$100 ⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 E. MAIN, Ste 1100 EL PASO TX 79904			

Principal occupation / Job title (See instructions) **Employer (See instructions)**

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. E. Cooper	Amount of contribution (\$) \$150 ⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1324 Madeline Dr EL PASO TX 79902			

Principal occupation / Job title (See instructions) **Employer (See instructions)**

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID CARR	Amount of contribution (\$) \$100 ⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 640 ALICIA Dr EL PASO TX 79905			

Principal occupation / Job title (See instructions) **Employer (See instructions)**

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Shapiro	Amount of contribution (\$) \$100 ⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 Turnberry Rd. EL PASO, TX 79512			

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

MIGUEL 'Mickey' SOLIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-23-05

5 Full name of contributor out-of-state PAC (ID#: _____)

Alfonso Perez

6 Contributor address; City; State; Zip Code

10562 Tomwood Ave, EL PASO TX 79925

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-23-05

Full name of contributor out-of-state PAC (ID#: _____)

Ed Cadena

Contributor address; City; State; Zip Code

1017 MONTANA EL PASO, TX 79902

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-23-05

Full name of contributor out-of-state PAC (ID#: _____)

Manny Najera

Contributor address; City; State; Zip Code

1716 Mike Hill EL PASO, TX 79936

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-23-05

Full name of contributor out-of-state PAC (ID#: _____)

Dr. Michael Pinon

Contributor address; City; State; Zip Code

549 Stonebluff Rd, EL PASO TX 79912

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-23-05

Full name of contributor out-of-state PAC (ID#: _____)

Robert O'Dell

Contributor address; City; State; Zip Code

9104 EL Dorado Dr. EL PASO TX 79925

Amount of contribution (\$)

\$200

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: **5**

2 FILER NAME **MIGUEL 'Mickey' SOLIS** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3-23-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Wright	7 Amount of contribution (\$) \$100⁻	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 916 MAGOFFIN ST EL PASO TX 79901			

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

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL Velarde	Amount of contribution (\$) \$60⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9213 COSMOS ST EL PASO TX 79925			

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

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Gonzalez	Amount of contribution (\$) \$100⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 515 S. MESA ST. EL PASO TX 79901			

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

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE AARONSON	Amount of contribution (\$) \$500⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7362 REMCON CR EL PASO TX 79912			

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

Date 3-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL BARCENA	Amount of contribution (\$) \$250⁻	In-kind contribution description (if applicable) Miguel 'Mickey' Solis Campaign Stickers
Contributor address; City; State; Zip Code 7245 COPPER QUEEN, EL PASO, TX 79915			

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

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME MIGUEL 'Mickey' SOLIS		3 ACCOUNT # (Ethics Commission files)	
4 Date 3-23-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Lugo	7 Amount of contribution (\$) \$ 200	8 In-kind contribution description (if applicable) Food for campaign party kick-off + use of premises
6 Contributor address; City; State; Zip Code 1926 MONTANA EL PASO TX 79902			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3-19-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVER RAMIREZ	Amount of contribution (\$) \$500	In-kind contribution description (if applicable) printing of push cards + posters + postcards invitations
Contributor address; City; State; Zip Code 1221 BARRANCA DR EL PASO TX 79925			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME MIGUEL 'Mickey' SOLIS		3 ACCOUNT # (Ethics Commission files)
4 Date 3-14-05	5 Payee name U.S. POSTMASTER	7 Amount (\$) \$ 92⁻
6 Payee address; City; State; Zip Code 8401 BOERING DR EL PASO TX 79925		
8 Purpose of payment (See instructions regarding type of information required.) POSTAGE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-18-05	Payee name DAVID TARIN JR	Amount (\$) \$ 77.18
Payee address; City; State; Zip Code 1012 FRANCINE EL PASO, TX 79907		
Purpose of payment (See instructions regarding type of information required.) YARD SIGNS ADJUSTMENTS & AMOVAMENTS - POSTER LABELS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-13-05	Payee name Home Depot	Amount (\$) \$ 10.01
Payee address; City; State; Zip Code 7545 N. MEA EL PASO TX 79912		
Purpose of payment (See instructions regarding type of information required.) PAINT FOR YARD SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-21-05	Payee name NORTHEAST CIVIC LEADERS COUNCIL	Amount (\$) \$ 45⁻
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) NORTHEAST EASTER PARADE ENTRY FEE		-- 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME **MIGUEL 'mickey' SOLIS**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3-7-05	5 Payee name EL PASO BAR ASSN	8 Amount (\$) \$ 150
	6 Payee address; City; State; Zip Code 500 E. SAN ANTONIO, Rm 4115 EL PASO TX 79901	
7 Purpose of expenditure (See instructions regarding type of information required.) Attorney mailing Labels		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-28-05	Payee name Home Depot	Amount (\$) \$ 9.13
	Payee address; City; State; Zip Code 7545 N. MESA EL PASO TX 79912	
Purpose of expenditure (See instructions regarding type of information required.) Staples for campaign use		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-21-05	Payee name City of EL PASO	Amount (\$) \$ 250
	Payee address; City; State; Zip Code 2 Civic Center Plaza, EL PASO TX 79901	
Purpose of expenditure (See instructions regarding type of information required.) Filing fee for Municipal Court position		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2-21-05	Payee name DAVID TARIN JR	Amount (\$) \$ 303.96
	Payee address; City; State; Zip Code 1012 Francine EL PASO TX 79907	
Purpose of expenditure (See instructions regarding type of information required.) Yard sign poster Labels Advertisements		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3-4-05	Payee name Home Depot	Amount (\$) \$ 18.91
	Payee address; City; State; Zip Code 7545 N. MESA EL PASO TX 79912	
Purpose of expenditure (See instructions regarding type of information required.) Plastic ties for yard signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule H:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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
---	---

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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
---	---

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **2 of 2**

2 FILER NAME **Miguel Solis** (Mickey)

3 ACCOUNT # (Ethics Commission files)

4 Date
1-28-05

5 Payee name
Miguel Solis
6 Payee address; City; State; Zip Code
1455 Camino Alto Rd EL Paso TX 75502

8 Amount (\$)
\$1000

7 Purpose of expenditure (See instructions regarding type of information required.)
Set up campaign checks, acct w/ personal funds.

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED