

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:

13

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT.
MAY 25 PM 4:17

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MIGUEL

NICKNAME

LAST

SUFFIX

Mickey

Solis

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT. / SUITE #:

CITY:

STATE:

ZIP CODE

501 TEXAS AVE, 5 EL PASO TX 79901

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 5455200

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

FELIPA

NICKNAME

LAST

SUFFIX

Solis

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT. / SUITE #:

CITY:

STATE:

ZIP CODE

501 TEXAS AVE 5 EL PASO TX 79901

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 5455200

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

4 / 28 / 05

5 / 25 / 05

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

6 / 4 / 05

Primary

Runoff

General

Special

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

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Miguel 'Mickey' Solis 16 ACCOUNT # (Ethics Commission Form)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
05 MAY 25 PM 4:47

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 495.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7905.83
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 698.64
	4. TOTAL POLITICAL EXPENDITURES	\$ 5956.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3557.53
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 25 day of May, 2005, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
05 MAY 25 PM 4:47

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Miguel 'Mickey' Solis		3 ACCOUNT # (Ethics Commission files)	
4 Date 5-2-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duane Baker	7 Amount of contribution (\$) 200⁻	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 303 Texas #1400 EL PASO, TX 79901			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-10-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Castaneda	Amount of contribution (\$) 500⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 E. Overland EL PASO, TX 79901			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-10-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Wenke	Amount of contribution (\$) 100⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 E. CALIFORNIA EL PASO TX 79902			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Bowen	Amount of contribution (\$) 200⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1150 Southview Dr EL PASO TX 79928			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Boyaki	Amount of contribution (\$) 200⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4621 Pershing EL PASO, TX 79902			
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 MAY 25 PM 4:47

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A: 6

2 FILER NAME <i>Miguel 'Mickey' Solis</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>5-9-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto ORAZCA</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1515 MONTANA, EL PASO, TX 79902</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <i>5-9-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard HALL</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 TEXAS EL PASO TX 79901</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>5-9-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Ortiz</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1141 E. Rio Grande EL PASO, TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>5-11-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANK MACIAS</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1001 N. Campbell EL PASO TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>5-11-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Enrique Ramirez</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1006 MAGOFFIN EL PASO TX 79901</i>			
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.
05 MAY 25 PM 4:47

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME <i>Miguel 'Mickey' Solis</i>		3 ACCOUNT # (Ethics Commission Members)	
4 Date <i>5-11-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beto Enriquez</i>	7 Amount of contribution (\$) <i>100-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>705 Coeur D'Alene Cr EL Paso, TX 79922</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-17-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dusty Henson</i>	Amount of contribution (\$) <i>100-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>601 N. Oregon EL PASO, TX 79901</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-17-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard John</i>	Amount of contribution (\$) <i>200-</i>	In-kind contribution description (if applicable) <i>Food + use of premises</i>
Contributor address; City; State; Zip Code <i>6901 MONTANA EL PASO TX 79525</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-17-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glen Sutherland</i>	Amount of contribution (\$) <i>100-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8811 Alameda EL PASO, TX 79907</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-17-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert O'Dell</i>	Amount of contribution (\$) <i>200-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9104 EL Dorado Dr EL PASO, TX 79525</i>			
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

CITY CLERK DEPT.

05 MAY 25 PM 4:17

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A: 6

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission News)

4 Date

5-17-05

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

Danny Anchondo

6 Contributor address; City; State; Zip Code

2509 MONTANA EL PASO, TX 79903

7 Amount of contribution (\$)

250-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-17-05

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

Ed Solis

Contributor address; City; State; Zip Code

1009 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

5-17-05

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

JAVIER REYES

Contributor address; City; State; Zip Code

1122 MONTANA EL PASO, TX 79902

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-17-05

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

JUANNA ALONSO

Contributor address; City; State; Zip Code

521 TEXAS EL PASO, TX 79901

Amount of contribution (\$)

200-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-18-05

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

J.W. ROGERS JR

Contributor address; City; State; Zip Code

701 Rim Rd EL PASO, TX 79902

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
05 MAY 25 2005

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission files)

4 Date

5-18-05

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

Bob GARLAND

7 Amount of contribution (\$)

500⁻

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1800 N. Stanton #404 EL PASO, TX 79902

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-19-05

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

Joe & Marc ROSALES

Amount of contribution (\$)

300⁻

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1400 MONTANA EL PASO, TX 79902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-23-05

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

Derrick Wyatt & Justin Underwood

Amount of contribution (\$)

350⁻

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

303 TEXAS AVE Ste 600 EL PASO, TX 79901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-23-05

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

TRAVIS JOHNSON

Amount of contribution (\$)

500⁻

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

201 E. MAIN, Ste 1600 EL PASO, TX 79901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-05

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

DOLPH QUIJANO

Amount of contribution (\$)

200⁻

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

707 MYRTLE AVE EL PASO, TX 79901

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

CITY CLERK DEPT

The INSTRUCTION GUIDE explains how to complete this form.

05 MAY 25 1 PM 4:48 Total pages Schedule A: 6

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission file)

4 Date

5-24-05

5 Full name of contributor

Beth Ann Steele

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

436 Amalia EL PASO, TX 79928

7 Amount of contribution (\$)

100-

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-24-05

Full name of contributor

Ever Ramirez

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1221 BARRANCA Dr EL PASO, TX 79935

Amount of contribution (\$)

300-

In-kind contribution description (if applicable)

printing of
push card
+ posters

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-25-05

Full name of contributor

Bette Hervey

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6261 Camino Alegre Dr EL PASO, TX 79912

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-25-05

Full name of contributor

Tim Hervey

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

625 CRESTA ALTA Dr EL PASO, TX 79912

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-18-05

Full name of contributor

MARCUS DELSADO

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

7362 Ramon Cr EL PASO TX 79912

Amount of contribution (\$)

410.83

In-kind contribution description (if applicable)

MAIL-out
Ltr expense

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 MAY 25 PM 4:40

The INSTRUCTION GUIDE explains how to complete this form.

Total Pages Schedule F: **5**

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-1-05

5 Payee name

Home Depot

7 Amount (\$)

74.26

6 Payee address; City; State; Zip Code

7545 N. MESA EL PASO TX 79912

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

Stakes + supplies for signs

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

Date

5-3-04

Payee name

ENTRAVISION

Amount (\$)

204

Payee address; City; State; Zip Code

5426 N. MEAL 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

5-3-05

Payee name

Clear Channel

Amount (\$)

200.60

Payee address; City; State; Zip Code

4045 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

5-3-05

Payee name

KROD-AM

Amount (\$)

160.00

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

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 MAY 25 PM 4:48

1 Total pages Schedule F:

5

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission files)

4 Date

5-9-05

5 Payee name

Margie Duran

7 Amount (\$)

125⁰⁰

6 Payee address; City; State; Zip Code

1623 James Chisum EL Paso, TX 79936

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

Campaign staff worker

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

Date

5-11-05

Payee name

ALL PRINT

Amount (\$)

59.95

Payee address; City; State; Zip Code

7230 Gateway East EL Paso, TX 79915

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

5-11-05

Payee name

Margie Duran

Amount (\$)

180⁻

Payee address; City; State; Zip Code

1623 James Chisum EL Paso TX 79936

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

Baked 9 cakes for Nutrition Centers

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

Date

5-16-05

Payee name

KTSM-TV

Amount (\$)

200⁻

Payee address; City; State; Zip Code

801 N. Oregon EL Paso, TX 79902

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

TV spot production

** 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.

05 MAY 25 PM 4:49

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-16-05

5 Payee name

KDBC-TV

7 Amount (\$)

538.50

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

5-16-05

Payee name

New Channel 9

Amount (\$)

446

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

5-16-05

Payee name

ENTRA Vision

Amount (\$)

557.60

Payee address; City; State; Zip Code

5426 N. MESA 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

5-16-05

Payee name

ABC-7

Amount (\$)

549

Payee address; City; State; Zip Code

4140 Rio Bravo 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

05 MAY 25 PM 4:48

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

5

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

5-16-05

MARGIE DURAN

6 Payee address; City; State; Zip Code

1623 James Chisum EL Paso, TX 79936

125⁻

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

Campaign Staff worker

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

Date

Payee name

Amount (\$)

5-17-05

Go Direct MAILING Service

Payee address; City; State; Zip Code

8400 Boeing Dr EL Paso, TX 79925

410.83

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

MAIL-out service

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

Date

Payee name

Amount (\$)

5-18-05

ENTRA Vision

Payee address; City; State; Zip Code

5426 N. MESA EL Paso, TX 79902

416.50

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

Payee name

Amount (\$)

5-19-05

Clear Channel

Payee address; City; State; Zip Code

4045 N. MESA EL Paso TX 79902

408.⁰⁰

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

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 MAY 25 PM 4:48 Total pages Schedule F: 5

2 FILER NAME

Miguel 'Mickey' Solis

3 ACCOUNT # (Ethics Commission file)

4 Date

5-19-05

5 Payee name

KROD-AM

7 Amount (\$)

408⁻

6 Payee address; City; State; Zip Code

4180 N. MESA EL PASO, TX 79902

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

Roads Spots

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

Date

5-23-05

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

5-24-05

Payee name

ALL PRINT

Amount (\$)

69.85

Payee address; City; State; Zip Code

7230 Gateway East EL PASO, TX 79915

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

Printing postcard invitation

-- 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