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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JUAN SOLIS FOR CONGRESS COMMITTEE

ADDRESS (number and street)

P.O. BOX 120250

(Check if address
is changed)

SAN ANTONIO

TX

78212

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jsolis@akingroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

210-224-2035

2. DATE

03 26 2003

3. FEC IDENTIFICATION NUMBER ▶

C00326108

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. Laurence Mason

Signature of Treasurer

Date

03 26 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: JUAN SOLIS

Candidate Party Affiliation: DEM Office Sought: House Senate President State: TX District: 28

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address: _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

JUAN SOLIS FOR CONGRESS COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name (R) LAURENCE M. MAGON

Mailing Address P.O. BOX 120250

SAN ANTONIO TX 78212

Title or Position CITY STATE ZIP CODE

A. T. O. R. E. Y Telephone number 210-281-7222

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer (R) LAURENCE M. MAGON

Mailing Address P.O. BOX 120250

SAN ANTONIO TX 78212

Title or Position CITY STATE ZIP CODE

A. T. O. R. E. Y Telephone number 210-281-7222

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Form fields for the first entry, including a long line for the name and three lines for the mailing address.

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

Form fields for the second entry, including a long line for the name and three lines for the mailing address.

CITY ▲

STATE ▲

ZIP CODE ▲

20030801 11:00 AM

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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