

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u>	FIRST <u>Rumaldo</u>	MI	Date Received <u>FILED</u> <u>AT 11:30 O'CLOCK</u> <u>AM</u>	
	NICKNAME <u>Rumy</u>	LAST <u>Solis</u>	SUFFIX <u>Jr.</u>	APR 22 2024	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked <u>By JC Perez III, Co. Clerk, Jim Wells Co., Texas</u>	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Receipt # <u>464399-7</u> Amount <u>Deputy</u>	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input checked="" type="checkbox"/> 8th day before election			Date Imaged	

6 EXPLANATION OF CORRECTION

Overlooked

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

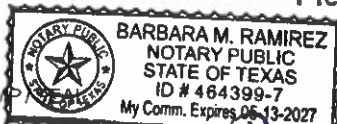
Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

RSJ
Signature of Candidate/Officeholder

Please complete either option below.

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Rumaldo Solis Jr this the 16 day of April

2024 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3
2 FILER NAME Rumaldo "Rumy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Juanita Nora Cruz	7 Amount of contribution (\$) \$100.00
6 Contributor address; City: State: Zip Code 318 Monterrey St. Alice TX 78332		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Alvaro Vargas	Amount of contribution (\$) \$150.00
Contributor address; City: State: Zip Code 20042 FM 800 San Benito TX 78586		
Contributor's principal occupation Self-employed		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Yvonne Gonzales Tourelles	Amount of contribution (\$) \$200.00
Contributor address; City: State: Zip Code 601 E. Main St. Alice TX 78332		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Sole Practitioner		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A(J)1:

3

2 FILER NAME

Rumaldo "Rumy" Solis, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/24

5 Full name of contributor

Yvonne Gonzales Toureilles

7 Amount of contribution (\$)

\$100.00

6 Contributor address:

6001 E. Main St.

City:

Alice

State:

TX

Zip Code

78332

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Sole Practitioner

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/26/24

Full name of contributor

Billy C. Wells

Amount of contribution (\$)

\$1,000.00

Contributor address:

7431 FM 70

City:

Bishop

State:

TX

Zip Code

78343

Contributor's principal occupation

Director

Contributor's job title

Contributor's employer/law firm

Wyatt Ranches Foundation

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/26/24

Full name of contributor

Bradford A. Wyatt

Amount of contribution (\$)

\$1,000.00

Contributor address:

P.O. Drawer 10

City:

Realitos

State:

TX

Zip Code

78376

Contributor's principal occupation

Administrator

Contributor's job title

Contributor's employer/law firm

Wyatt Ranches

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A(J)1:

3

2 FILER NAME

Rumaldo "Rumy" Solis, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/24

5 Full name of contributor

Oscar S. Wyatt, Jr.

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address:

City:

State:

Zip Code

P.O. Drawer 10

Realitos

TX

78376

8 Contributor's principal occupation

Retired

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Rumaldo "Rumy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,153.80	
5 Date 2/24/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Solis	8 Amount of Contribution \$ \$530	9 In-kind contribution description Food, drinks, gloves, aluminum foil, food wrappers, aprons
7 Contributor address; City; State; Zip Code 14194 Palis LaFeria TX 78559		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed / Disabled Veteran ps		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Unemployed / Disabled Veteran		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 2/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Solis	Amount of Contribution \$ \$73.80	In-kind contribution description Food, orange juice, apple juice
Contributor address; City; State; Zip Code 4614 Athena Dr. Harlingen TX 78552		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney ps		Employer (FOR NON-JUDICIAL) (See Instructions) Lineberger, Gogan, Blair, and Sampson ps	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See Instructions) Income Partner	
Contributor's employer/law firm (FOR JUDICIAL) Lineberger, Gogan, Blair, and Sampson		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 2	
2 FILER NAME Rumaldo "Rumy" Solis, Jr.				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 1,153.80	
5 Date 2/24/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alex Chavez			8 Amount of Contribution \$ \$500	9 In-kind contribution description T-shirts
7 Contributor address; City; State; Zip Code 17107 Sandesive Dr. Houston TX 77095				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL) Operations Manager			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) Kettlebrook Express, LLC			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date 2/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Saenz			Amount of Contribution \$ \$50	In-kind contribution description Candle basket
Contributor address; City; State; Zip Code 1801 Caroline Alice TX 78332				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL) Administrative Assistant			Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Sim Wells County Juvenile Probation Dept.			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/24	5 Payee name Texas Brick Oven	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 201 S. Wright St. Alice TX 78332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food expense	(b) Description Campaign contest
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.	Office sought Jim Wells County Court at Law	Office held None
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/24	5 Payee name Alice Country Club	
6 Amount (\$) \$500 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 260CR 341	City; State; Zip Code Alice TX 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by candidate	(b) Description Mardi Gras Fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.	Office sought Jim Wells County Court at Law
		Office held None
Date 2/8/24	Payee name Texas Brick Oven	
Amount (\$) \$261.56 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 201 S. Wright St.	City; State; Zip Code Alice TX 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Meet and Greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.	Office sought Jim Wells County Court at Law
		Office held None
Date 2/14/24	Payee name Cabrera Bakery	
Amount (\$) \$360.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 443 W. Main Ave.	City; State; Zip Code Robstown TX 78380
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	Description Sweet bread
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.	Office sought Jim Wells County Court at Law
		Office held None

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Rumaldo "Rumy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 2/11/24	5 Payee name The District - Grub and Social			
6 Amount (\$) \$336.19 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1001 S. Reynolds		City: Alice	State: TX
			Zip Code 78332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food expense		(b) Description Gave food to Alice Fire Dept.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.				
		Office sought Jim Wells County Court at Law		Office held None
Date 2/9/24	Payee name Monster's Smokehouse			
Amount (\$) \$350.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 502 W. Front St.		City: Alice	State: TX
			Zip Code 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense		Description Gave food to Alice Police Dept. and Jim Wells County Sheriff's Office	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.				
		Office sought Jim Wells County Court at Law		Office held None
Date 2/23/24	Payee name Chick-fil-A			
Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2273 E. Main St.		City: Alice	State: TX
			Zip Code 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense		Description Campaign contest	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr.				
		Office sought Jim Wells County Court at Law		Office held None

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