

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Rumaldo "Rumy" Solis Jr. 16 Filer ID (Ethics Commission Filers)

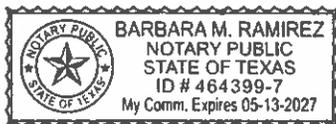
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>745.31</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>745.31</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>384.10</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,375.00</u>

18 SIGNATURE 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.

[Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rumaldo Solis Jr this the 26 day of Feb. 2026, to certify which, witness my hand and seal of office.

Barbara M Ramirez Signature of officer administering oath
Barbara M Ramirez Printed name of officer administering oath
Notary Public 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)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 745.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Rumaldo "Romy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/26	5 Payee name Ray Reyna	
6 Amount (\$) \$200.00	7 Payee address; 110 Carla Cove	City: Alice State: TX Zip Code: 78332
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by Officeholder	(b) Description Forever Friends Scholarship Drive
	(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 "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law
		Office held Jim Wells County Court at Law
Date 2/6/26	Payee name Tutti Frutti	
Amount (\$) \$83.00	Payee address; 1721 E. Main St.	City: Alice State: TX Zip Code: 78332
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by Officeholder	Description Food for Black History Month event
	<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 "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law
		Office held Jim Wells County Court at Law
Date 2/11/26	Payee name Accurate Printing Co., Inc.	
Amount (\$) \$248.31	Payee address; 606 N. Wright St.	City: Alice State: TX Zip Code: 78332
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by Officeholder	Description Campaign stickers
	<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 "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law
		Office held Jim Wells County Court at Law

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F1: 2	2 FILER NAME Ronaldo "Romy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/11/26	5 Payee name San Diego Powerlifting	
6 Amount (\$) \$100.00	7 Payee address; 609 W. Labbe Ave. <input type="checkbox"/> Check if individual's residence address.	City: San Diego State: TX Zip Code: 78384
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation by Officeholder	(b) Description San Diego Vaqueros Powerlifting Meet
	(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 Ronaldo "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law	Office held Jim Wells County Court at Law
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Date 2/17/26	Payee name Sam's Club
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Amount (\$) \$114.00	Payee address; 621 N. Expressway TT <input type="checkbox"/> Check if individual's residence address.	City: Harlingen State: TX Zip Code: 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Snacks for students for Noonan Elementary Career Fair
	<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 Ronaldo "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law	Office held Jim Wells County Court at Law
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Date	Payee name
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Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code:
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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OUTSTANDING LOANS

SCHEDULE L

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 L: 1	
2 FILER NAME Rumaldo "Rumy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender Rumaldo "Rumy" Solis, Jr.		
	5 Lender address: 1320 Josephine #25	City: Alice	State: Zip Code TX 78332
<input type="checkbox"/> not applicable GUARANTOR INFORMATION	6 Name of guarantor		
	7 Guarantor address:	City:	State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
<input type="checkbox"/> not applicable GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
<input type="checkbox"/> not applicable GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code
LENDER INFORMATION	Name of lender		
	Lender address:	City:	State: Zip Code
<input type="checkbox"/> not applicable GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address:	City:	State: Zip Code

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