

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 34 Pgs		OFFICE USE ONLY FILED Date Received: At 2:00 O'CLOCK JAN 23 2026 JC Perez II, Com. Clerk, Jim Wells Co., Texas By: <i>[Signature]</i> Deputy	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Romaldo Solis Jr.			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____		Date Handled: 2026-01-15 Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
5 ORIGINAL PERIOD COVERED		Month Day Year 01 / 15 / 2025 THROUGH 01 / 15 / 2026			

6 EXPLANATION OF CORRECTION
Overlooked expenditure that was paid through a loan.

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.
[Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit
NOTARY STAMP: 
Sworn to and subscribed before me by **Romaldo Solis Jr** this the **23** day of **Jan**, 20**26**, to certify which, witness my hand and seal of office.
[Signature] **Barbara M Ramirez** *[Signature]*
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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <i>Rumaldo "Romy" Solis, Jr.</i>		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)	\$ <i>1,750.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,750.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>7,598.95</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>7,598.95</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,500.88</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>5,375.00</i>

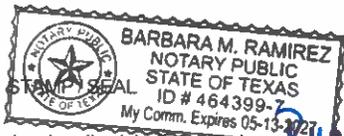
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

R.S.J.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by *Rumaldo Solis Jr* this the *23* day of *Jan.*

20*26*, 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 <i>Rumaldo "Romy" Solis, Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,750</i>
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	\$ <i>5,375.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7,598.95</i>
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	\$

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 6
2 FILER NAME Rumaldo "Romy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,375.00
5 Date of loan 11/22/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumaldo Solis, Jr.	9 Loan Amount (\$) \$1,500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1320 Josephine #25 Alice TX 78332	10 Interest rate N/A
		11 Maturity date N/A
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge of Jim Wells County Court at Law
14 Lender's Employer/Law Firm Jim Wells County		15 Law Firm of lender's spouse (if any) NA
16 If lender is a child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 | 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: 4	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 11/22/25	5 Payee name Jim Wells Democratic Party	
6 Amount (\$) \$1,500.00	7 Payee address; 204 Dewey Ave. <input type="checkbox"/> Check if individual's residence address.	City: Alice State: TX Zip Code: 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	
	(b) Description Place on ballot filing fee	
(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 Jim Wells County Court at Law
Date	Payee name	
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence 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
Date	Payee name	
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Rumaldo	MI	OFFICE USE ONLY Date Received AT 3:30 FILED P O'CLOCK P M JAN 14 2026 JC Perez III, Co. Clerk, Jim Wells Co., Texas By [Signature] Deputy	
	NICKNAME	LAST Solis	SUFFIX Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 921 Diaz		APT / SUITE #: Alice		
	STATE: TX		ZIP CODE: 78332		
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(361)	207-5654		Receipt #	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Rumaldo	MI	Amount \$	
	NICKNAME	LAST Solis	SUFFIX Jr.	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 1320 Josephine		APT / SUITE #: 25	Date Imaged	
	CITY: Alice		STATE: TX	ZIP CODE: 78332	
<small>(Residence or Business)</small>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(361)	207-5654			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year		Month Day Year		
	01 / 15 / 2025		THROUGH 01 / 15 / 2026		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
		03 / 03 / 2026	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Jim Wells County Court at Law		Jim Wells County Court at Law		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <i>Rumaldo "Romy" Solis, Jr.</i>		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)	\$ <i>1,750.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,750.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>6,098.95</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>6,098.95</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,500.88</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>3,875.00</i>

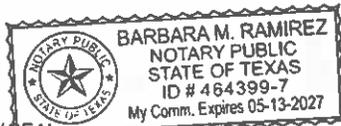
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

RSJ

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by *Rumaldo Solis Jr* this the *14* day of *Jan*, 20*26*, to certify which, witness my hand and seal of office.
Barbara M Ramirez ← *Barbara M Ramirez* *Notary Public*
 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)

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,750.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,875.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,098.95
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	\$

**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: 1
2 FILER NAME Rumaldo "Romy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cristina Rosales Soliz	7 Amount of contribution (\$) \$750.00
6 Contributor address: City: State: Zip Code 720 E. Second St. Alice TX 78332		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Cristina Rosales Soliz Attorney at Law		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 1/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert R. McIntyre	Amount of contribution (\$) \$1,000.00
Contributor address: City: State: Zip Code 1920 Helen St. Alice TX 78332		
Contributor's principal occupation Business Owner		Contributor's job title Business Owner
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date	Full name of contributor <input type="checkbox"/> 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.

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 5
2 FILER NAME Romaldo "Romy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 1/27/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Romaldo Solis, Jr.	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1320 Josephine #25 Alice TX 78332	10 Interest rate N/A
		11 Maturity date N/A
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge of Jim Wells County Court at Law
14 Lender's Employer/Law Firm Jim Wells County		15 Law Firm of lender's spouse (if any) N/A
16 If lender is a child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor N/A	22 Amount Guaranteed (\$) N/A
	21 Guarantor address; City; State; Zip Code N/A	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 5
2 FILER NAME Rumaldo "Romy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 9/12/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumaldo Solis, Jr.	9 Loan Amount (\$) \$1,000
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1320 Josephine #25 Alice TX 78332	10 Interest rate N/A
		11 Maturity date N/A
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge of Jim Wells County Court at Law
14 Lender's Employer/Law Firm Jim Wells County		15 Law Firm of lender's spouse (if any) N/A
16 If lender is a child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 5
2 FILER NAME Rumaldo "Rumy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/14/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumaldo Solis, Jr.	9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code 1320 Josephine #25 Alice TX 78332	10 Interest rate N/A
		11 Maturity date N/A
12 Lender's Principal Occupation Judge		13 Lender's Job Title Judge of Jim Wells County Court at Law
14 Lender's Employer/Law Firm Jim Wells County		15 Law Firm of lender's spouse (if any) N/A
16 If lender is a child, law firm of parent(s) (if any) N/A		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 5
2 FILER NAME Rumaldo "Romy" Solis, Jr.						3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS						\$
5 Date of loan 10/2/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumaldo Solis, Jr.				9 Loan Amount (\$) \$200.00	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: City: State: Zip Code 1320 Josephine #25 Alice TX 78332			10 Interest rate N/A		
				11 Maturity date N/A		
12 Lender's Principal Occupation Judge			13 Lender's Job Title Judge of Jim Wells County Court at Law			
14 Lender's Employer/Law Firm Jim Wells County			15 Law Firm of lender's spouse (if any) N/A			
16 If lender is a child, law firm of parent(s) (if any) N/A						
17 Description of Collateral <input checked="" type="checkbox"/> none			18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)			
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor				22 Amount Guaranteed (\$)	
	21 Guarantor address: City: State: Zip Code					
23 Guarantor's Principal Occupation			24 Guarantor's Job Title			
25 Guarantor's Employer/Law Firm			26 Law Firm of guarantor's spouse (if any)			
27 If guarantor is a child, law firm of parent(s) (if any)						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 5
2 FILER NAME Rumaldo "Romy" Solis, Jr.				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS				\$
5 Date of loan 10/9/25	7 Name of lender Rumaldo Solis, Jr.	<input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$) \$175.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: 1320 Josephine #25	City: Alice	State: TX	Zip Code: 78332
		10 Interest rate N/A		
12 Lender's Principal Occupation Judge			13 Lender's Job Title Judge of Jim Wells County Court at Law	
14 Lender's Employer/Law Firm Jim Wells County			15 Law Firm of lender's spouse (if any) N/A	
16 If lender is a child, law firm of parent(s) (if any) N/A				
17 Description of Collateral <input checked="" type="checkbox"/> none			18 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)	
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor			22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code			
23 Guarantor's Principal Occupation			24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm			26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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	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: 3	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/25	5 Payee name Joel C. Resendez	
6 Amount (\$) \$4,000	7 Payee address: 608 E. 2nd St.	City: Alice State: TX Zip Code: 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Return of campaign contribution
	(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	Office sought Office held
Date 9/12/25	Payee name Boys + Girls Club of Alice	
Amount (\$) \$1,000.00	Payee address: 793 S. Texas Blvd.	City: Alice State: TX Zip Code: 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by office holder	Description Sponsorship / Table
	<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 Office held Jim Wells County Court at Law Jim Wells County Court at Law
Date 10/2/25	Payee name Alice Independent School District	
Amount (\$) \$200.00	Payee address: 2 Coyote Trl.	City: Alice State: TX Zip Code: 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by office holder	Description Sponsorship / Table
	<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 Office held Jim Wells County Court at Law 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: 3		2 FILER NAME Rumaldo "Romy" Solis, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/9/25		5 Payee name Alice Hub City Chamber of Commerce			
6 Amount (\$) \$175		7 Payee address; P.O. Box 4284		City; State; Zip Code Alice TX 78333	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by office holder		(b) Description Sponsorship / Table		
	(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 "Romy" Solis, Jr.		Office sought Jim Wells County Court at Law	
				Office held Jim Wells County Court at Law	
Date 12/19/25		Payee name Wal-Mart Super Center			
Amount (\$) \$160.21		Payee address; 2701 E. Main St.		City; State; Zip Code Alice TX 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by office holder		Description Donated 2 bikes to Schallert Elem.		
	<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 "Romy" Solis, Jr.		Office sought Jim Wells County Court at Law	
				Office held Jim Wells County Court at Law	
Date 12/15/25		Payee name Wal-Mart Super Center			
Amount (\$) \$63.74		Payee address; 2701 E. Main St.		City; State; Zip Code Alice TX 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by office holder		Description Donated 1 bike to Ben Bolt-Palito Blanco Elem.		
	<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 "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: 3	2 FILER NAME Rumaldo "Romy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/25	5 Payee name Texas Ethics Commission	
6 Amount (\$) \$500.00	7 Payee address; Sam Houston Bldg. 201 E. 14th St., 10th Floor	City; State; Zip Code Austin TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Fine
	(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	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
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED