

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 <input checked="" type="checkbox"/> MR <input type="checkbox"/> FIRST <u>Rumaldo</u> MI NICKNAME <u>Rumy</u> LAST <u>Solis</u> SUFFIX <u>Jr.</u>		OFFICE USE ONLY Date Received <u>AT 10:55</u> FILED O'CLOCK <u>1</u> M <u>JUL 16 2025</u> JC Perez III, Co. Clerk, Jim Wells Co., Texas By <u>[Signature]</u> Deputy Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX: <u>921 Diaz</u> APT / SUITE #: CITY: <u>Alice</u> STATE: <u>TX</u> ZIP CODE <u>78332</u> <input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(361)</u> PHONE NUMBER <u>207-5654</u> EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <u>Barbara</u> MI <u>M</u> NICKNAME LAST <u>Ramirez</u> SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: <u>Alice</u> STATE: <u>TX</u> ZIP CODE <u>78332</u>				
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(361)</u> PHONE NUMBER <u>701-2467</u> EXTENSION				
9 REPORT TYPE	<input 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 checked="" 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 <u>01 / 16 / 2025</u> THROUGH Month Day Year <u>07 / 15 / 2025</u>				
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <u>Jim Wells County Court at Law</u>		13 OFFICE SOUGHT (if known) <u>—</u>		
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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

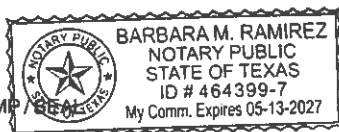
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>4,835.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,835.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0.89</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,000.00</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.

DSJ
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Rumaldo Solis Jr this the 16 day of July 2025, 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 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,500.00
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): <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; color: blue;">Rumaldo "Romy" Solis, Jr.</div>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ <div style="font-size: 1.2em; color: blue;">2,000.00</div>	
5 Date of loan <div style="font-size: 1.2em; color: blue;">1/27/25</div>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; color: blue;">Rumaldo Solis, Jr.</div>		9 Loan Amount (\$) <div style="font-size: 1.2em; color: blue;">2,000.00</div>	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code <div style="font-size: 1.2em; color: blue;">921 Diaz Alice TX 78332</div>		10 Interest rate <div style="font-size: 1.2em; color: blue;">0 %</div>	
				11 Maturity date <div style="text-align: center; font-size: 1.2em; color: blue;">—</div>	
12 Lender's Principal Occupation <div style="font-size: 1.2em; color: blue;">Judge</div>			13 Lender's Job Title <div style="font-size: 1.2em; color: blue;">Jim Wells County Court at Law Judge</div>		
14 Lender's Employer/Law Firm <div style="font-size: 1.2em; color: blue;">Jim Wells County</div>			15 Law Firm of lender's spouse (if any) <div style="text-align: center; font-size: 1.2em; color: blue;">—</div>		
16 If lender is a child, law firm of parent(s) (if any) <div style="text-align: center; font-size: 1.2em; color: blue;">—</div>					
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 21 Guarantor address; City; State; Zip Code		22 Amount Guaranteed (\$)	
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: <u>1</u>	2 FILER NAME <u>Rumaldo "Rumy" Solis, Jr.</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/28/25</u>	5 Payee name <u>Texas Ethics Commission</u>			
6 Amount (\$) <u>500.00</u>	7 Payee address; <u>P.O. Box 12070</u>		City; <u>Austin</u>	State; <u>TX</u>
			Zip Code <u>78711-2070</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other</u>		(b) Description <u>Fine</u>	
	(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 <u>Rumaldo "Rumy" Solis, Jr.</u>				
Office sought <u>Law</u>				
Office held <u>Jim Wells County Court at</u>				
Date <u>1/28/25</u>	Payee name <u>Joel Cruz Resendez</u>			
Amount (\$) <u>\$4,000.00</u>	Payee address; <u>608 E. Second St.</u>		City; <u>Alice</u>	State; <u>TX</u>
			Zip Code <u>78332</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Other</u>		Description <u>Return of political contribution</u>	
	<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

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 Solis, Jr.

5 Lender address;

921 Diaz

City;

Alice

State;

TX

Zip Code

78332

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

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	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 FILER NAME <i>Rumaldo "Rumy" Solis, Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/16/25</i>		5 Payee name <i>Alice Police Officers Association</i>			
6 Amount (\$) <i>\$200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <i>P.O. Box 3742</i>		City: <i>Alice</i>	State: <i>TX</i>
				Zip Code <i>78332</i>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Contribution made by Office holder</i>		(b) Description <i>Fundraiser</i>	
		<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 <i>Rumaldo "Rumy" Solis, Jr.</i>		Office sought	Office held <i>Jim Wells County Court at Law</i>
Date <i>2/5/25</i>		Payee name <i>Tutti Frotti Delight</i>			
Amount (\$) <i>\$135.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <i>1721 E. Main St.</i>		City: <i>Alice</i>	State: <i>TX</i>
				Zip Code <i>78332</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contribution by Officeholder</i>		Description <i>Donated fruit bowl for Black History Month Event</i>	
		<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 <i>Rumaldo "Rumy" Solis, Jr.</i>		Office sought	Office held <i>Jim Wells County Court at Law</i>
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED