

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST: Rumaldo MI NICKNAME: Rumy LAST: Solis SUFFIX: Jr.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: P.O. Box 3271 CITY: Alice STATE: TX ZIP CODE: 78332	Date Received 4:44 FILED AT 10 O'CLOCK P M FEB 06 2024	
<input type="checkbox"/> Change of Address	5 CANDIDATE / OFFICEHOLDER PHONE	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	AREA CODE: (361) PHONE NUMBER: 207-5654 EXTENSION:	JC Perz In. Co. v. Jim Wells Co., Texas By OMS Deputy	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 1209 Bruce CITY: Alice STATE: TX ZIP CODE: 78332	Receipt #	
(Residence or Business)	8 CAMPAIGN TREASURER PHONE	Amount \$	
9 REPORT TYPE	AREA CODE: (361) PHONE NUMBER: 701-2467 EXTENSION:	Date Processed	
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	Date Imaged	
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
10 PERIOD COVERED	Month: 01 Day: 15 Year: 24 THROUGH Month: 02 Day: 05 Year: 2024	<input type="checkbox"/> Exceeded Modified Reporting Limit	
11 ELECTION	ELECTION DATE: Month: 03 Day: 05 Year: 2024	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	Date	
<input type="checkbox"/> General	<input type="checkbox"/> Special	Description	
12 OFFICE	OFFICE HELD (if any): None	13 OFFICE SOUGHT (if known) : 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: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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		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)	\$ 3,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,488.86
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,488.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 878.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

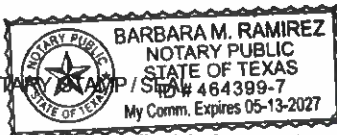
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

RSJ

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Rumaldo Solis Jr this the 5 day of Feb

20 24, 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,000.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,488.86
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) 00080104
4 Date 1/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joel Resendez	7 Amount of contribution (\$) \$2,500
6 Contributor address; City; State; Zip Code 608 E. 2nd St. Alice TX 78332		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Offices of Joel Cruz Resendez		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kim Frost	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 807 Craig St. Corpus Christi TX 78404		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Kim Frost, Attorney at Law		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 <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.

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: 5	2 FILER NAME Rumaldo "Rumy" Solis, Jr.		3 Filer ID (Ethics Commission Filers) 00080104	
4 Date 1/19/24	5 Payee name Noemi Rocha			
6 Amount (\$) \$200.00	7 Payee address; 1455 Easterling Dr., Apt. 111		City; Alice	State; TX
			Zip Code 78332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Contract labor for campaign services	
	(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 1/19/24	Payee name Stephanie Gomez			
Amount (\$) \$200.00	Payee address; 1911 Villegas		City; Alice	State; TX
			Zip Code 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Contract labor for campaign services	
	<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 1/19/24	Payee name Catalina Garcia			
Amount (\$) \$200.00	Payee address; 4531 FM 1329, Apt. 129		City; San Diego	State; TX
			Zip Code 78384	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor		Description Contract labor for campaign services	
	<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 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: 5	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers) 00080104	
4 Date 1/26/24	5 Payee name Noemi Rocha		
6 Amount (\$) \$200.00	7 Payee address: 1455 Easterling Dr., Apt. 111	City; State; Zip Code Alice TX 78332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Contract labor for campaign services	
	(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 1/26/24	Payee name Stephanie Gomez		
Amount (\$) \$200.00	Payee address: 1911 Villegas	City; State; Zip Code Alice TX 78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Contract labor for campaign services	
	<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 1/26/24	Payee name Catalina Garcia		
Amount (\$) \$200.00	Payee address: 4531 FM 1329, Apt. 129	City; State; Zip Code San Diego TX 78384	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Contract labor for campaign services	
	<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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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: 5	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers) 000 80104
4 Date 2/2/24	5 Payee name Noemi Rocha	
6 Amount (\$) \$200.00	7 Payee address; 1455 Easterling Dr., Apt. 111	City: Alice State: TX Zip Code: 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Contract labor for campaign services
	(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 2/2/24	Payee name Stephanie Gomez	
Amount (\$) \$200.00	Payee address; 1911 Villegas	City: Alice State: TX Zip Code: 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Contract labor for campaign services
	<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 2/2/24	Payee name Catalina Garcia	
Amount (\$) \$200.00	Payee address; 4531 FM 1329, Apt. 129	City: San Diego State: TX Zip Code: 78384
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Contract labor for campaign services
	<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 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: 5	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers) 00080104
4 Date 1/19/24	5 Payee name Elena Sanchez	
6 Amount (\$) \$150.00	7 Payee address: 4409 CR 304	City: San Diego State: TX Zip Code: 78384
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Contract labor for campaign services
	(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 1/26/24	Payee name Elena Sanchez	
Amount (\$) \$150.00	Payee address: 4409 CR 304	City: San Diego State: TX Zip Code: 78384
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Contract labor for campaign services
	<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 2/2/24	Payee name The Print Shop	
Amount (\$) \$990.48	Payee address: 3906 S. Jackson	City: Edinburgh State: TX Zip Code: 78539
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Advertising
	<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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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: 5	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers) 00080104
4 Date 2/3/24	5 Payee name Sunoco	
6 Amount (\$) \$47.36	7 Payee address: 500 E. Rice St.	City: Falfurrias State: TX Zip Code: 78355
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of district	(b) Description Travel to pick up campaign signs
	(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 2/2/24	Payee name HEB	
Amount (\$) \$51.02	Payee address: 1115 E. Main St.	City: Alice State: TX Zip Code: 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description Travel around county for block walking
	<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 2/2/24	Payee name St. Elizabeth Catholic School	
Amount (\$) \$300.00	Payee address: 603 E. 5th St.	City: Alice State: TX Zip Code: 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by candidate	Description Sponsor for school's fundraiser
	<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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