



# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

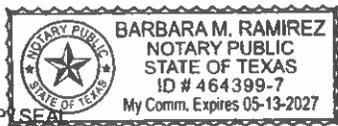
15 JC/OH NAME <b>Rumaldo "Rumy" Solis, Jr.</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>0</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>0</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>390.10</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>390.10</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>1,130.25</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>5,375.00</b>

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.

*Rumaldo Solis Jr.*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Rumaldo Solis Jr this the 20 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 <b>Rumaldo "Rumy" Solis, Jr.</b>		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	\$ <b>390.10</b>
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	\$

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**