#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS (MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Kumaldo NAME Pate Received FILED O'CLOCK ... M NICKNAME SUFFIX RUMY Solis Jr. ADDRESS / PO BOX; 4 CANDIDATE / APT / SUITE #; CITY; STATE: ZIP CODE FEB **27** 2024 **OFFICEHOLDER** P.O. Box 3271 Alice $\mathcal{X}\mathcal{T}$ 78333 MAILING **ADDRESS** الله Co. Clayim Wells Co., Texas Change of Address \_, Deputy AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (361)**PHONE** Receipt # Amount \$ MS MRS / MR 6 CAMPAIGN **TREASURER** Marie NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 1209 Bruce $\chi \chi$ 78332 Alice **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER (361)PHONE 701-2467 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav Year COVERED 06 02 / 26 / 2024 2024 **THROUGH** 110 **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Runoff Other Month Day Year Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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	Rumaldo "Rumy" Solis, Jr.	<b>16</b> Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6,750.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,750.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø		
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,740.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* 3,000.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	<sup>THE</sup> \$ Ø		
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	Oal			
	25)	. •		
	Signature of Sen	didate/Officeholder		
	Signature of warr	aldate, emberiolaei		
	Please complete either option below:	1		
•				
(1) Affidavit	BARBARA M. RAMIREZ NOTARY PUBLIC STATE OF TEXAS ID # 464399-7 My Comm. Expires 05-13-2027			
NOTARY STAMP/SE/	AL			
Sworn to and subscribed	d before me by Rumaldo Solis, JD this the	36 day of Jeb.		
20 2.4 to certif	which, witness my hand and seal of office.	111 011		
	2000 Boubara M Ramirez	Notal y Public		
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarat	tion			
My name is	, and my date of birth is _			
My address is	,,,,,			
		ate) (zip code) (country)		
Executed in	County, State of, on the day of(month)			
	(month)	(year)		
	Signature of Candida	ite/Officeholder (Declarant)		

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer 1D (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,740.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

n the reque	sted information is not applicable, BO No	include this page if	the report.
Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J) 1:
2 FILER NAME	Rumaldo "Rumy" Solis, J	r.	3 Filer ID (Ethics Commission Filers)
2 2 2 2 2 4	5 Full name of contributor out-of-state PAC  Crystal A. Crisp and Pete Cr 6 Contributor address: City:  1611 Morningside Dr. Alice	ID#:	7 Amount of contribution (\$) \$500.00
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	AIN	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	ID#:	Amount of contribution (\$)
125 24	Contributor address; City: 807 Craig St. Corpus Chr	State: Zip Code	\$500.00
A	torney	Contributor's job title	Attorney
Kim Fros	t Attorney at Law	Law firm of contributor	s spouse (if any)
ii contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
2 5 24	Bianca A. Medina-Rodriguez  Contributor address: City:  807 Craig St. Corpus Christ	State: Zip Code	\$1,000.00
Contributor's p	principal occupation	Contributor's job title	
	Bianca A. Medina-Rodriguez	AHorney Law firm of contributor	
If contributor is	s 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.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

					.,
7	he Instruction Guide explains h	now to complete this	form.		1 Total pages Schedule A(J)1:
2 FILER NAME RUMAIdo "RUMY" Solis, Jr.			3 Filer ID (Ethics Commission Filers)		
4 Date 2/2/24	Full name of contributor Hodge 4 James  6 Contributor address:  1617 E. Tyky	out-of-state PAC  LUP  City:  Harlingen		Zip Code 78550	7 Amount of contribution (\$) \$250.00
A 1 /	principal occupation		9 Contrib	utor's job title	
	ames, LLP		11 Law firm	of contributor's	spouse (if any)
	s a child, law firm of parent(s) (i	any)			
2/1/24	Full name of contributor  Linebarger, Goggan, Bl.  Contributor address:  Frace 2, 2700 Via F.	air & Sampson	LLP State;	Zip Code 78746	Amount of contribution (\$) \$500.00
AHO	rincipal occupation		1	itor's job title	
Linebarger, Go	mployer/law firm  yan Blair + Sampson; a child, law firm of parent(s) (if	LLP	Law firm	of contributor's	
i Contributor is	N/A	any)			410
2 20 24	Full name of contributor  Billy C. Wells  Contributor address:  7431 FM70	Out-of-state PAC I		78343	Amount of contribution (\$) \$1,000.00
Contributor's p	rincipal occupation		Contribu	itor's job title	
Contributor's employer/law firm  Wyath Ranches  If contributor is a child, law firm of parent(s) (If any)			Law firm	of contributor's	spouse (if any)
N CONTRIBUTION IS	1000	any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

	Total				
	The Instruction Guide explains h	ow to complete this	form.		1 Total pages Schedule A(J)1:
FILER NAME	Rumaldo "Rumy" S	Solis, Dr.			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Wyatt Ranches of	out-of-state PAC	ID#:		7 Amount of contribution (\$)
2100(01	6 Contributor address:	City;	State:	Zip Code	\$1,000.00
	P.O. Drawer 10	Realitos	TX	78376	•
Contributor's	principal occupation		9 Contribu	tor's job title	
	employer/law firm	2800	11 Law firm		s spouse (if any)
	V/A			NA	
If contributor i	is a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	out-of-state PAC	ID#:		Amount of contribution (\$)
2/26/24	Bradford A. Wyatt	Conf			
920/21	Contributor address	City;	State; Z	Zip Code	\$1,000,00
	P.O. Drawer 10	Kealitos	TX.	78376	
Contributor's	principal occupation		Contribu	tor's job title	
Contributor's	employer/law firm	- 100 A	Law firm	of contributor's	s spouse (if any)
If contributor i	is a child, law firm of parent(s) (if	any)	-		
	N/A				
Date	Full name of contributor	out-of-state PAC	ID#		Amount of contribution (\$)
bidon	Oscar S. Wyatt, Jr.				
124/24	Contributor address;	City;	State: 2	ip Code	\$1,000.00
	P.O. Drawer 10	Realitos	TX	78376	•
Contributor's	principal occupation			tor's job title	
	MA			N/A	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
	61111			N/A	
	in a child law firm of account 2 or				
	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.

## 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 B Candidate/Officeholder/Politica Credit Card Payment	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)	
6	Rumaldo "Rumy" Solis, Jr.				
<sup>4</sup> Date 2 20 24	5 Payee name KOPY -FM				
6 Amount (\$)	7 Payee address;	City,	State;	Zip Code	
\$300.00	2722 S. US Huy 281	Alice	TX	78332	
В	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising expense	Live radi	io interview		
	(C) Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	1 . 1	Office held	
expenditure to benefit C/OF	1 Rumaldo "Rumy" Solis, Jr.	Jim Wells County Cou	rtat Law	None	
2/24/24	Payee name KOPY – FM				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$750.00	2722 S. US Hwy 281	Alice	TX	78332	
	Category (See Categories listed at the top of this se	chedule) Description	_		
PURPOSE OF EXPENDITURE	3 Advertising Expense	Live radio	broadcast	/interview	
	Check if travel outside of Texas. Complete So	hedule T. Check if Austin	s, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Rumaldo "Rumy" Solisadr.	Jim Wells County Court	tatlaw	None	
Date	Payee name				
2/17/24	Tutti Frutti Delight				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$65.00	1721 E. Main St.	Alice	-78	78332	
2017	Category (See Categories listed at the top of this so	thedule) Description			
PURPOSE OF EXPENDITURE	Food expense	Fruit bowl for	r Meet & Gr	eet	
	Check if travel outside of Texas. Complete So	hedule T. Check if Austin	, TX, officeholder living	ехрелѕе	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	expenditure to benefit C/OH Rumaldo 'Rumy' Solis, Jr. Jim Wells County Gort at Law None				

### 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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/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 FILER NAME 3 Filer ID (Ethics Commission Filers) Rumaldo 'Rumy" Solis, dr. 5 Payee name 4 Date 2/8/24 Cakes by Renee 7 Payee address: 6 Amount (\$) City; State; Zip Code 510 W. Front St. \$75.00 Alice 78337 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Cake for Meet & Great Food expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Rumaldo "Rumy "Solis, Jr. Jim Wells County Count at Law None Pavee name Cakes by Rence Amount (\$) Payee address: City: Zip Code \$15.00 Alico 510 W. Front St 78337 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food expense Cake for Meet & Great OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Rumaldo "Rumy" Solis Jr. Jim Wells Country Court at Law None Cakes by Renee Amount (S) Pavee address: City: State: Zip Code 510 W. Front St \$75.00 78332 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food expense Cake for Meet & Greet **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit CIOH Rumaldo "Rumy" Solis . Jim Wells County Court at Law

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 B Candidate/Officeholden/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)			
oreal caller ayment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1:	lis.dr	3 Filer ID (Ethics Commission Filers)				
4 Date 2 9 24	5 Payee name Noemi Rocha			0 =		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$200.00	1455 Easterling Dr., Apt.	111 Alice	TX 78332			
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description				
PURPOSE OF EXPENDITURE	Contract labor	Campaig	n services			
	(c) Check if travel outside of Texas. Complete Sch-	edule T. Check if Austi	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Jim Wells County C	ourt at Law None			
Date	Рауее пате					
2/16/24	Noemi Rocha					
Amount (\$)	Payee address	City;	State; Zip Code			
\$ 200.00	1455 Easterling Dr., Apt. 111	Alice	₹ 78332			
	Category (See Categories listed at the top of this sch	edule) Description				
PURPOSE OF EXPENDITURE	Salaries Wages Contract la	bor Campaig	n services			
	Check if travel outside of Texas, Complete Scho	edule T Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	-		
expenditure to benefit C/OF	Rumaldo "Rumy" Solis, Jr.	Jim Wells Court	Courtatlaw None			
Date	Payee name					
2/23/24	Noemi Kocha					
Amount (\$)	Payee address,	City;	State; Zip Code			
\$200.00	1455 Easterling Dr., Apt. 1	11 Alice	TX 78332			
	Category (See Categories listed at the top of this scho	edule) Description				
PURPOSE OF EXPENDITURE	Salaries Mages   Contract labor	or Campaign	services			
	Check if travel outside of Texas. Complete Sche	edule T Check if Austin	n TX officeholder living expense	1 2		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to beliefit GIOF	Rumado "Rumy" Solisiur.	Jim Wells County C	ourtal Law None			
	ATTACH ADDITIONAL CORIES O	FTHIS SCHEDULE AS NEE	DED			

### 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

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)

	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME RUMALO "RUMY" Solis	s, dr.	3 Filer ID (Ethics	s Commission Filers)
4 Date 2 9 24	5 Payee name Stephanie Comez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$200.∞	1911 Villegas	Alice	TX	78332
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries / Wages   Contract labor	Campai	gn services	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Y-1	Office held
Date	Payee name			
2/16/24	Stephanie Gomez			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$200.00	1911 Villegas	Alice	X	78332
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	of Salaries/Wages/Contract-Labor Campaign Services			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	"Rumaldo "Rumy" Solis, Jr. Ji	m Wells County (	ourtailaw	None
Date	Payee name			
2/23/24	Stephanie Gomez			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$200.00	1911 Villegas	Alice	TX.	78332
	Category (See Categories listed at the top of this schedule)	Description	235	
PURPOSE OF EXPENDITURE	Salaries Wages Contract Labor	Campaig	n services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Rumaldo "Rumy" Solis, Jr. Jin	Office sought m Wells County Co	urt atlaw	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Rumaldo "Rumy" Solis, Jr. 4 Date 5 Payee name Catalina Garcia 6 Amount (\$) 7 Payee address: City; Zip Code State: San Diego \$200.00 4541 FM1329 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Salaries Wages Contract labor Campaign services OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH RUMADO "KUNU Jim Wells County Court at Law None Payee name Catalina Garcia Amount (\$) City: State: Zip Code San Diego 18332 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date

Forms provided by Texas Ethics Commission

PURPOSE OF **EXPENDITURE** 

Amount (\$)

Candidate (prince) item name

Check if travel outside of Tenas. Complete Schedule T.

City:

San Jiean

Check if Austin, TX, officeholder living expense

Zip Code

Office held

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category n	ot listed above)
1 Total pages Schedule F1:	2 FILER NAME RUMAIdo "RUMY" So	lis,Jr.	3 Filer ID (Ethics Co	ommission Filers)
4 Date 2 23 24	5 Payee name Adriana Gonzakz		2.2 m	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$600.00	302 Monterrey St	Alice	XT	78332
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract labor	Campaign	services	
2000	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Rumaldo "Rumy" Solis, Jr.	Office sought Comby Co		Tice held None
Date	Payee name			
Amount (\$)	Payee address	City;	State;	Zip Code
212 21 2	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	ice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	