

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	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MS <input type="checkbox"/> MRS / MR	FIRST	MI	FILED	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	AT 4:30 O'CLOCK P.M.	
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)				
10 PERIOD COVERED	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)	OFFICE SOUGHT (if known)			
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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 Rumaldo "Romy" Solis, Jr.		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)	\$ 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 DAY OF REPORTING PERIOD	\$ 3,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø

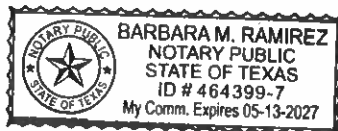
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rsj.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rumaldo Solis, Jr. this the 26 day of Feb

2024, 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	\$ 6,750.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,740.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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:

3

2 FILER NAME

Rumaldo "Rumy" Solis, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/24

5 Full name of contributor out-of-state PAC ID#

Crystal A. Crisp and Pete Crisp

7 Amount of contribution (\$)

\$500.00

6 Contributor address:

1611 Morningside Dr. Alice

City:

State:

Zip Code

TX 78332

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

N/A

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

1/25/24

Full name of contributor out-of-state PAC ID#

Kim Frost

Amount of contribution (\$)

\$500.00

Contributor address:

807 Craig St.

City:

State:

Zip Code

Corpus Christi TX 78332

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)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

Date

2/5/24

Full name of contributor out-of-state PAC ID#

Bianca A. Medina-Rodriguez

Amount of contribution (\$)

\$1,000.00

Contributor address:

807 Craig St.

City:

State:

Zip Code

Corpus Christi TX 783

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Bianca A. Medina-Rodriguez

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

3

2 FILER NAME

Rumaldo "Rumy" Solis, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/24

5 Full name of contributor out-of-state PAC ID#: _____

Hodge & James, LLP

7 Amount of contribution (\$)

\$250.00

6 Contributor address: City: State: Zip Code

1617 E. Tyler Harlingen TX 78550

8 Contributor's principal occupation

Attorneys

9 Contributor's job title

10 Contributor's employer/law firm

Hodge & James, LLP

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

2/1/24

Full name of contributor out-of-state PAC ID#: _____

Linebarger, Goggan, Blair & Sampson, LLP

Amount of contribution (\$)

\$500.00

Contributor address: City: State: Zip Code

Terrace 2, 2700 Via Fortune Dr. Austin TX 78746

Contributor's principal occupation

Attorneys

Contributor's job title

Contributor's employer/law firm

Linebarger, Goggan, Blair & Sampson, LLP

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

2/26/24

Full name of contributor out-of-state PAC ID#: _____

Billy C. Wells

Amount of contribution (\$)

\$1,000.00

Contributor address: City: State: Zip Code

7431 FM 70 Bishop TX 78343

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Wyatt Ranches

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
3

2 FILER NAME
Rumaldo "Rumy" Solis, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
2/26/24

5 Full name of contributor out-of-state PAC ID#: _____
Wyatt Ranches of Texas, LLC

7 Amount of contribution (\$)
\$1,000.00

6 Contributor address: City: State: Zip Code
P.O. Drawer 10 Realitos TX 78376

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm
N/A

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

Full name of contributor out-of-state PAC ID#: _____

Amount of contribution (\$)

2/26/24

Bradford A. Wyatt

\$1,000.00

Contributor address: City: State: Zip Code
P.O. Drawer 10 Realitos TX 78376

Contributor's principal occupation

Contributor's job title

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 out-of-state PAC ID#: _____

Amount of contribution (\$)

2/26/24

Oscar S. Wyatt, Jr.

\$1,000.00

Contributor address: City: State: Zip Code
P.O. Drawer 10 Realitos TX 78376

Contributor's principal occupation
N/A

Contributor's job title
N/A

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

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6</i>	2 FILER NAME <i>Rumaldo "Romy" Solis, Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/24</i>	5 Payee name <i>KOPY-FM</i>	
6 Amount (\$) <i>\$300.00</i>	7 Payee address; <i>2722 S. US Hwy 281</i>	City, State; Zip Code <i>Alice TX 78332</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Live radio interview</i>
	(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 <i>Rumaldo "Romy" Solis, Jr.</i>	Office sought <i>Jim Wells County Court at Law</i>
		Office held <i>None</i>
Date <i>2/24/24</i>	Payee name <i>KOPY-FM</i>	
Amount (\$) <i>\$750.00</i>	Payee address; <i>2722 S. US Hwy 281</i>	City, State; Zip Code <i>Alice TX 78332</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Live radio broadcast/interview</i>
	<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 <i>Rumaldo "Romy" Solis, Jr.</i>	Office sought <i>Jim Wells County Court at Law</i>
		Office held <i>None</i>
Date <i>2/17/24</i>	Payee name <i>Tutti Frutti Delight</i>	
Amount (\$) <i>\$65.00</i>	Payee address; <i>1721 E. Main St.</i>	City, State; Zip Code <i>Alice TX 78332</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food expense</i>	Description <i>Fruit bowl for Meet & Greet</i>
	<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 <i>Rumaldo "Romy" Solis, Jr.</i>	Office sought <i>Jim Wells County Court at Law</i>
		Office held <i>None</i>

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 2/18/24	5 Payee name Cakes by Renee
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6 Amount (\$) \$75.00	7 Payee address: 510 W. Front St.	City: Alice	State: TX	Zip Code 78332
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food expense	(b) Description Cake for Meet & Greet
	(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
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Date 2/13/24	Payee name Cakes by Renee
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Amount (\$) \$75.00	Payee address: 510 W. Front St.	City: Alice	State: TX	Zip Code 78332
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	Description Cake for Meet & Greet
	<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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Date 2/17/24	Payee name Cakes by Renee
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Amount (\$) \$75.00	Payee address: 510 W. Front St.	City: Alice	State: TX	Zip Code 78332
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	Description Cake for Meet & Greet
	<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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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: 6	2 FILER NAME Rumaldo "Romy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 2/19/24	5 Payee name Noemi Rocha
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6 Amount (\$) \$200.00	7 Payee address: 1455 Easterling Dr., Apt. 111	City: Alice	State: TX	Zip Code 78332
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract labor	(b) Description 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 "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law	Office held None
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Date 2/16/24	Payee name Noemi Rocha
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Amount (\$) \$ 200.00	Payee address: 1455 Easterling Dr., Apt. 111	City: Alice	State: TX	Zip Code 78332
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor	Description 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 "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law	Office held None
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Date 2/23/24	Payee name Noemi Rocha
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Amount (\$) \$200.00	Payee address: 1455 Easterling Dr., Apt. 111	City: Alice	State: TX	Zip Code 78332
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor	Description 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 "Romy" Solis, Jr.	Office sought Jim Wells County Court at Law	Office held None
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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: 6	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/24	5 Payee name Stephanie Gomez	
6 Amount (\$) \$200.00	7 Payee address: 1911 Villegas	City; State; Zip Code Alice TX 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor	(b) Description 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	Office sought Office held
Date 2/16/24	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) Salaries/Wages/Contract labor	Description 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 Office held Jim Wells County Court at Law None
Date 2/23/24	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) Salaries/Wages/Contract labor	Description 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 Office held Jim Wells County Court at Law None

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 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: 6	2 FILER NAME Rumaldo "Rumy" Solis, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/9/24	5 Payee name Catalina Garcia	
6 Amount (\$) \$200.00	7 Payee address; 4541 FM1329	City; State; Zip Code San Diego TX 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor	(b) Description 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 2/16/24	Payee name Catalina Garcia	
Amount (\$) \$ 200.00	Payee address; 4541 FM 1329	City; State; Zip Code San Diego TX 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/wages/contract labor	Description 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 2/23/24	Payee name Catalina Garcia	
Amount (\$) \$ 200.00	Payee address; 4541 FM 1329	City; State; Zip Code San Diego TX 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/wages/contract labor	Description 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 Solis Jr	Office sought Jim Wells County Court at Law
		Office held None

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
6	Rumaldo "Romy" Solis, Jr.			
4 Date	5 Payee name			
2/23/24	Adriana Gonzalez			
6 Amount (\$)	7 Payee address;		City;	State;
\$600.00	302 Monterrey St		Alice	TX
			Zip Code	78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Salaries/Wages/Contract labor		Campaign services	
	<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
	Rumaldo "Romy" Solis, Jr.		Jim Wells County Court at Law	None
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

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