

# 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 / MR <input checked="" type="checkbox"/>	FIRST <b>Rumaldo</b>	MI
	NICKNAME <b>Rumy</b>	LAST <b>Solis</b>	SUFFIX <b>Jr.</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>P.O. Box 3271</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Alice TX 78333</b>
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>207-5654</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <b>Barbara</b>	MI <b>Marie</b>
	NICKNAME <b>Ramirez</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>1209 Bruce St.</b>		CITY; STATE; ZIP CODE <b>Alice TX 78332</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>701-2467</b>	EXTENSION
9 REPORT TYPE	<input checked="" 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 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 <b>09 / 26 / 2023</b> THROUGH    Month Day Year <b>01 / 15 / 2024</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 05 / 2024</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Jim Wells County Court at Law</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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 "Rumy" Solis, Jr. 16 Filer ID (Ethics Commission Filers)

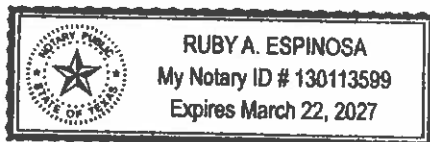
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>3,950.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,000.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>4,950.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,937.21</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6.31</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</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.

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 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.  
Ruby A. Espinosa Ruby A. Espinosa Notary  
 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**

<b>19 FILER NAME</b> Rumaldo "Romy" Solis, Jr.		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,950.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,937.21
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	\$ 1,000.00
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: <b>2</b>
2 FILER NAME <b>Rumaldo "Rumy" Solis, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/28/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Joel Resendez</b>	7 Amount of contribution (\$) <b>\$2,500.00</b>
6 Contributor address; City; State; Zip Code <b>608 E. 2nd St. Alice TX 78332</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Law Offices of Joel Resendez</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>10/16/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jason Wolf</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>226 Tancanhua St. Corpus Christi TX 78401</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Jason Wolf</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>10/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kim Frost</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>807 Craig St. Corpus Christi TX 78404</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Kim Frost Attorney at Law</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

**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: <b>2</b>
2 FILER NAME <b>Rumaldo "Rumy" Solis, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/23/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Cristina Rosales Soliz</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>720 E. Second St. Alice TX 78332</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Cristina Rosales Soliz Attorney at Law</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>11/1/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Luis Landeros</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1908 S. Park St. Kingsville TX 78363</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Landeros Law Firm</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>12/1/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ricardo H. Soliz</b>	Amount of contribution (\$) _____
Contributor address; City; State; Zip Code <b>P.O. Box 729 Premont TX 78375</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Ricardo H. Soliz</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

**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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Rumaldo "Rumy" Solis, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/18/23</b>	<b>5</b> Payee name <b>The Print Shop</b>	
<b>6</b> Amount (\$) <b>\$568.31</b>	<b>7</b> Payee address: <b>3906 S. Jackson Rd.</b>	City: <b>Edinburg</b> State: <b>TX</b> Zip Code: <b>78539</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Political Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b> Office held <b>N/A</b>
Date <b>12/29/23</b>	Payee name <b>The Print Shop</b>	
Amount (\$) <b>\$173.20</b>	Payee address: <b>3906 S. Jackson St.</b>	City: <b>Edinburg</b> State: <b>TX</b> Zip Code: <b>78539</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Advertising</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b> Office held <b>N/A</b>
Date <b>1/12/24</b>	Payee name <b>The Print Shop</b>	
Amount (\$) <b>\$746.93</b>	Payee address: <b>3906 S. Jackson St.</b>	City: <b>Edinburg</b> State: <b>TX</b> Zip Code: <b>78539</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Advertising</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b> Office held <b>N/A</b>

**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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Rumaldo "Rumy" Solis, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/8/23</b>	<b>5</b> Payee name <b>Jim Wells County Democratic Party</b>	
<b>6</b> Amount (\$) <b>\$1,500.00</b>	<b>7</b> Payee address: <b>201 E. Main St.</b>	City: <b>Alice</b> State: <b>TX</b> Zip Code: <b>78332</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Candidate filing fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>
		Office held <b>N/A</b>
Date <b>1/5/24</b>	Payee name <b>Catalina Garcia</b>	
Amount (\$) <b>\$200.00</b>	Payee address: <b>4541 FM 1329</b>	City: <b>San Diego</b> State: <b>TX</b> Zip Code: <b>78384</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Contract labor for campaign services</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>
		Office held <b>N/A</b>
Date <b>1/12/24</b>	Payee name <b>Catalina Garcia</b>	
Amount (\$) <b>\$200.00</b>	Payee address: <b>4541 FM 1329</b>	City: <b>San Diego</b> State: <b>TX</b> Zip Code: <b>78384</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Contract labor for campaign services</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>
		Office held <b>N/A</b>

**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: <b>5</b>	2 FILER NAME <b>Rumaldo "Rumy" Solis, Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/24</b>	5 Payee name <b>Stephanie Gomez</b>	
6 Amount (\$) <b>\$200</b>	7 Payee address; <b>1911 Villegas</b>	City; <b>Alice</b> State; <b>TX</b> Zip Code <b>78332</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract labor</b>	(b) Description <b>Contract labor for campaign services</b>
	(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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b> Office held <b>N/A</b>
Date <b>1/12/24</b>	Payee name <b>Stephanie Gomez</b>	
Amount (\$) <b>\$200</b>	Payee address; <b>1911 Villegas</b>	City; <b>Alice</b> State; <b>TX</b> Zip Code <b>78332</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract labor</b>	Description <b>Contract labor for campaign services</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b> Office held <b>N/A</b>
Date <b>1/5/24</b>	Payee name <b>Noemi Rocha</b>	
Amount (\$) <b>\$200.00</b>	Payee address; <b>1455 Easterling Dr., Apt. 111</b>	City; <b>Alice</b> State; <b>TX</b> Zip Code <b>78332</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract labor</b>	Description <b>Contract labor for campaign services</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b> Office held <b>N/A</b>

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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Rumaldo "Rumy" Solis, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>1/12/24</b>	<b>5</b> Payee name <b>Noemi Rocha</b>
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<b>6</b> Amount (\$) <b>\$200.00</b>	<b>7</b> Payee address: <b>1455 Easterling Dr., Apt. 11</b>	City: <b>Alice</b>	State: <b>TX</b>	Zip Code <b>78332</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract labor</b>	<b>(b) Description</b> <b>Contract labor for campaign services</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>	Office held <b>N/A</b>
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Date <b>10/24/23</b>	Payee name <b>Accurate Printing</b>
-------------------------	--

Amount (\$) <b>\$88.77</b>	Payee address: <b>66 N. Wright St.</b>	City: <b>Alice</b>	State: <b>TX</b>	Zip Code <b>78332</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Advertising</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>	Office held <b>N/A</b>
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Date <b>12/16/23</b>	Payee name <b>Alice Baseball Alumni Association</b>
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Amount (\$) <b>\$400.00</b>	Payee address:	City: <b>Alice</b>	State: <b>TX</b>	Zip Code <b>78332</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation made by Candidate</b>	Description <b>Fundraiser donation</b>
	<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 <b>Rumaldo "Rumy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>	Office held <b>N/A</b>
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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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Rumaldo "Romy" Solis, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/1/23</b>	<b>5</b> Payee name <b>Alice Baseball Alumni Association</b>	
<b>6</b> Amount (\$) <b>\$200</b>	<b>7</b> Payee address: <b>Alice</b>	City: <b>Alice</b> State: <b>TX</b> Zip Code: <b>78332</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Donation made by Candidate</b>	<b>(b) Description</b> <b>Home sponsorship</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Rumaldo "Romy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>
		Office held <b>N/A</b>
Date <b>12/8/23</b>	Payee name <b>HEB</b>	
Amount (\$) <b>\$60.00</b>	Payee address:	City: <b>Alice</b> State: <b>TX</b> Zip Code: <b>78332</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel out of District</b>	Description <b>Travel to pick up campaign signs</b>
	<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 <b>Rumaldo "Romy" Solis, Jr.</b>	Office sought <b>Jim Wells County Court at Law</b>
		Office held <b>N/A</b>
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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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# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Rumaldo "Romy" Solis, Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>12/8/23</i>	<b>5</b> Payee name <i>Jim Wells Democratic Party</i>		
<b>6</b> Amount (\$) <i>\$1,000</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>204 Dewey Ave.</i>	City; State; Zip Code <i>Alice TX 78332</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Candidate filing fee</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY 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>N/A</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
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

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