#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082443 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena N. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Solis CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 925 Park Rd MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79902-2440 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Vianka NAME NICKNAME LAST **SUFFIX** Sanchez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 7358 Sidewinder Bend Dr **ADDRESS** (Residence or Business) El Paso, TX 79911 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 545-3422 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 243rd El Paso

**GO TO PAGE 2** 

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	<b>14</b> Filer ID 00082443	(Ethics Comr	mission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	itures made by political of the candidate's or office on only if they receive n	ceholder's kno	wledge or							
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME								
Ш	GENERAL									
		COMMITTEE ADDRESS	COMMITTEE ADDRESS							
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS							
16 CONTRIBUTION TOTALS	\$	0.00								
	2. TOTAL POLIT		\$	0.00						
EXPENDITURE	NS)									
TOTALS		\$	0.00							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	6,529.97					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	20,126.11					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$	0.00					
<b>17</b> AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required							
		The Ho	norable Selena N. So	llis						
		Signature	of Candidate or Officeho	older						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day					
of	, 20, to c	ertify which, witness my hand and seal of office.								
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerir	ng oath					

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

				3 of 20						
-	8 FILER NAME Solis, Selena N. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00082443									
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE									
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)									
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00						
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00						
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00						
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS									
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00						
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00						
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$							
12. X	\$	4,320.14								

PLEDGED CONTRIBUTIONS (JUDICIA	AL)		SCHED	OULE B(J)
The Instruction Guide explains how to complet	1 Total pages Sch Sch: 1/1 Rpt:			
2 FILER NAME Solis, Selena N. (The Honorable)		<b>3</b> Filer ID (E 00082443	Ethics Commissi	on Filers)
TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	ode	8 Amount of pledge (\$)	9 In-kind I (If ap	description pplicable)
		Check if travel o	I I I utside of Texas.	Complete Schedule T.
10 Pledgor's principal occupation	<b>11</b> Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgor's	spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHEDU	JLE <b>E</b> (	J)	
	The Instructio	n Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/20					
2	FILER NAME Solis, Selena N.	(The Honorable)		1	iler ID 00824	(Ethics Comn	nission File	ers)	
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$		0.00	
5	Date of loan	7 Name of lender out-of-state PA	AC (ID#:			9 Loan Amo	unt (\$)		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code	••••••		10 Interest Ra			
						11 Maturity Da	ate		
12	! Lender's Principal	Occupation	13 Lender's Job Title						
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if a	ıny)				
16 If lender is child, law firm of parent(s) (if any)									
17	Description of Coll	ateral	18 Check if personal funds we	ere de	posited	into political ad (See Instru			
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Gu	uaranteed	(\$)	
23	not applicable  Guarantor's Princip	21 Guarantor address; City; State; oal Occupation	Zip Code  Zip Code						
			26 Law Firm of guarantor's spouse (if any)						
20	Guarantor's Emplo	yei/Law Fiiiii	26 Law Firm of guarantor's sp	ouse	(II ariy)				
27	' If guarantor is child	d, law firm of parent(s) (if any)							

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Condidate/Officebolder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/13 Rpt: 6/20 Solis, Selena N. (The Honorable) 00082443 4 Date Payee name 04/25/2023 American Airlines 6 Amount (\$) Payee address; City; State; Zip Code \$431.81 P.O. Box 619616 Fort Worth, TX 75261-9616 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airfare to attend 2023 TAPS Annual Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2023 **Bouchon Bakery** Amount (\$) Payee address; City; State; Zip Code \$14.63 Venetian Hotel Las Vegas 3355 Las Vegas Blvd Las Vegas, NV 89109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Breakfast at 2023 EPBA Civil Law Seminar Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2023 Double Tree Amount (\$) Payee address: City; State; Zip Code \$344.46 6505 IH-35 North Austin, TX 78752 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lodging at 2023 TCJ Criminal Justice Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 2/13 Rpt: 7/20	Solis, Selena N. (The Honorable)  Callics Commission Files)  00082443	
4	Date	5 Payee name	
	04/19/2023	El Paso International Airport	
6	Amount (\$) \$28.00	7 Payee address; City; State; Zip Code 6701 Convair Rd.	
		El Paso, TX 79925	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		airport parking while at 2023 TCJ Region 6 Conference	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/27/2023	El Paso Matters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$123.01	333 N Oregon St	
		FI 2	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Annual membership drive	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/13/2023	El Paso Young Lawyers Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$325.00	c/o Chris Estrada	
		310 N Mesa, Ste 212	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LXI LINDITORL	Candidate/Officeholder/Political Committee	
		Team sponsorship at annual charity golf tournamer	ıt
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME		•			3	Filer ID	(Ethics Commission File	arc)
_	Sch: 3/13 Rpt: 8/20	l	- na N. (The Honorable)	1			3	00082443	(Lunes Commission Fine	C13)
4	Date	5 Payee name								
	05/12/2023	,	e-A Bookshop Bistro							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$38.20	104 S San	Jacinto St							
		Rockwall, T	X 75087							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		de of Texas. Com		
						_		officeholder living		
						Lunch at 202	<b>3</b> I	APS Annual	Conference	
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	ld	
	Date	Payee name								
	02/06/2023	l	ce Print and Ship Cen	iter						
_	Amount (\$)	Payee addre	·	State: Zip Co	nde					
	\$4.71	1	•	State, Zip Co	Juc					
	Ф4.7⊥	3355 Las v	egas Blvd S							
		Las Vegas,	NV 89109							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		printing expense			_	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		F - 3 - F			Check if Austin,	, TX,	officeholder living	expense	
						Printing expe	nse	e for present	ation	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight			Office he	ld	
_	Date	Payee name								
	04/28/2023	l	McAlmon American In	ns of Court						
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$45.00		nns of Court							
		225 Reinek	ers Ln, Ste. 770							
		Alexandria,	VA 22314							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By			Check if travel	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Candidate/	Officeholder/Political C	Committee		ш		officeholder living		
						Guest ticket t	o 2	023 Annual	Banquet Dinner	
L					L					
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	ld	
	expenditure to benefit C/OI	H								
l										

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/Do Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula 51:	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 4/13 Rpt: 9/20	2 FILER NAME Solis, Selena N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082443	
4	Date	5 Payee name	_
	06/20/2023	George A. McAlmon American Inns of Court	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$600.00	American Inns of Court	
		225 Reinekers Ln, Ste. 770	
		Alexandria, VA 22314	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  CD Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Annual membership dues to American Inns local	
		chapter for 2022-23 and 2023-24	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	04/05/2023	Gigi's Playhouse El Paso	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	750 Sunland Park Dr	
	,		
		El Paso, TX 79912	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		ricket to ailidal gala/dililel	
_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/18/2023	Gloria's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.67	320 W Las Colinas Blvd.	
		Irving, TX 75039	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Dinner at 2023 TCJ Region 6 Conference	
_	0 1: 0:::::::::::::::::::::::::::::::::		_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onponditure to benefit 0/01		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 10/20	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	04/20/2023	Gloria's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	320 W Las Colinas Blvd.
		Irving, TX 75039
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch while at 2023 TCJ Region 6 Conference
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2023	Hilton Dallas/Rockwall Lakefront
	Amount (\$)	Payee address; City; State; Zip Code
	\$417.00	2055 Summer Lee Dr
	Ψ417.00	2000 Summer Lee Di
		Rockwall, TX 75032
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging at 2023 TAPS Annual Conference
	Operation ONLY if allowed	Our History (Office health and the control of the c
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2023	Milos Restuarant
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	Venetian Las Vegas
		3355 Las Vegas Blvd
		Las Vegas, NV 89109
		. In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal at 2023 EPBA Civil Law Seminar
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Men Legal Services		Si		ages	/Contract Labor	· • • • • • • • • • • • • • • • • • • •			
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1	Total pages Schedule F1:	2								3		(Ethics Commissio	n Filers)
	Sch: 6/13 Rpt: 11/20		Solis, Selen	a N. (The F	Ionorable)						00082443	}	
4	Date	5	Payee name										
	04/17/2023		NAMI El Pa	SO									
6	Amount (\$)	7	Payee addres	ss; City;		State; Z	Zip Cod	de					
	\$253.29		201 E Main	St									
			Ste 600										
			El Paso, TX	79901									
8	PURPOSE	(a)	Category (Se		ad at the ten of	this schodu	ا (مار	(b)	Description				
	OF	<u> </u> ``	Contribution				ai <del>c</del> )	. ,		outsi	de of Texas. Co	implete Schedule T.	
	EXPENDITURE		Candidate/0				ee		Check if Austin,				
												rity golf tourname	nt for
L								_	mental health	ı av	wareness		
9	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Offic	ice soug	ght			Office	held	
L	expenditure to benefit C/O	н											
	Date		Payee name			<u></u>							
	05/09/2023		Navarrete, I	Diane (Judg	e)								
	Amount (\$)		Payee addres	ss; City;		State; Z	Zip Cod	de					
	\$100.00		500 E San A	Antonio Ave									
			Suite 469										
			El Paso, TX	79901									
	PURPOSE	(a)	Category (Se	o Catagorios list	ad at the top of	this schodu	ılo)	(b)	Description				
	OF	<u> </u> ``	Contribution				ai <del>c</del> )	. ,		outsi	de of Texas. Co	implete Schedule T.	
	EXPENDITURE		Candidate/C				ee		Check if Austin,	, TX,	officeholder livi	ng expense	
									Ticket to 2023	3 E	PBA Law	Day Dinner and A	wards
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nan	ne	Offic	ice soug	ght			Office	held	
L	experientale to belieff C/Of	_											
	Date		Payee name							_			
L	05/15/2023	L	Prime Farm	to Table				_					
	Amount (\$)		Payee addres	ss; City;		State; Z	Zip Cod	de					
	\$20.52		5810 Long I	Prairie Rd									
			# 200										
			Flower Mou	nd, TX 750	28								
	PURPOSE	(a)	Category (Se	e Categories list	ed at the top of	this schedu	ıle)	(b)	Description				
	OF EXPENDITURE		Food/Bever	-	•		-/	-	Check if travel			mplete Schedule T.	
	LAFENDITURE			-					Check if Austin,				
									Lunch at 202	3 T	APS Annu	al Conference	
							$\bot$						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nan	ne	Offi	ice soug	ght			Office	held	
	Oracide to borionic O/O1												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatalana O. I. I. T.	<u> </u>	_
1	Total pages Schedule F1: Sch: 7/13 Rpt: 12/20	2 FILER NAME Solis, Selena N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082443	
4	Date	5 Payee name	$\overline{}$
	04/19/2023	Reservoir at Toyota Music Factory	
6	Amount (\$) \$58.82	7 Payee address; City; State; Zip Code 330 W Las Colinas Blvd.  IRving, TX 75039	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Dinner at 2023 TCJ REgion 6 Conference	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/23/2023	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$274.96	2702 Love Field Dr	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Airfare re: 2023 TAPS Annual Conference	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	02/06/2023	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.38	Venetian Hotel Las Vegas	
		3355 Las Vegas Blvd	
		Las Vegas, NV 89109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Beverage while at 2023 EPBA Civil Law Seminar	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/13 Rpt: 13/20	Solis, Selena N. (The Honorable)  Curics Commission Files)  00082443
4	Date	5 Payee name
	04/25/2023	Texas Association of Pretrial Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$318.00	Correctional Management Institute of Texas, Sam Houston
		P.O. Box 2296
		Huntsville, TX 77341
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership and registration fee to 2023 TAPS
		Annual Conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2023	Texas Association of Pretrial Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$318.00	Correctional Management Institute of Texas, Sam Houston
		P.O. Box 2296
		Huntsville, TX 77341
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Registration fee for 2023 TAPS Annual Conference
		Registration rection 2020 TAL 3 Annual Contention
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/30/2023	Texas Bar Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	515 Congress Ave, Ste 1755
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Annual fellow membership contribution
		Annual lellow membership contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political of

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Mem Legal Services The Instruction	orials Expense In Guide explai		Wages	s/Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)
_	Tatal manus Oct 11 51	<u></u>	EU ED MAN		Gaide expiai		p		<u> </u>	Ella - ID	(Ethioo Commission Ethio)
	Total pages Schedule F1:				on ovelet : \				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/13 Rpt: 14/20		Solis, Seler	na N. (The H	unorable)					00082443	
4	Date	5	Payee name								
	01/23/2023		Texas Cent	er for the Ju	diciary						
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ate; Zip Co	ode				
	\$75.00		1210 San A	ntonio St							
			Austin, TX	78701							
8	PURPOSE	(2)	<u> </u>				(b)	Description			
ō	OF	(a)	,	ee Categories liste	d at the top of this	schedule)	(D)	Description  Check if travel	outei	de of Teyes Co	mplete Schedule T.
	EXPENDITURE		Fees							officeholder livir	•
								$\Box$			23 Criminal Justice
								Conference			
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	l Jaht			Office h	neld
	expenditure to benefit C/OI				-	250 000	5			3001	
$\vdash$	Date	Г	Dayes ====								
	Date		Payee name		diajan,						
	04/18/2023	L		er for the Ju							
	Amount (\$)		Payee addre		Sta	ate; Zip Co	ode				
	\$53.00		1210 San A	Intonio St							
			Austin, TX	78701							
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Contribution	ns/Donations	Made By						mplete Schedule T.
	ZA LADITONE		Candidate/0	Officeholder/	Political Con	nmittee		ш	, TX,	officeholder livir	ng expense
								TCJ product			
							<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nam	e	Office sou	ıght			Office h	neld
		_									
	Date		Payee name								
	06/01/2023		Texas Cent	er for the Ju	diciary						
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	ode				
	\$325.00		1210 San A	ntonio St							
			Austin, TX	78701							
	PURPOSE	(a)	Category (Se		d at the top of this	schedulo)	(b)	Description			
	OF	``	Fees	ee Calegories iiste	u at the top of this	scriedule)	(``		outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder livir	ng expense
									fee	for 2023 Ju	udicial Education
								Conference			
	Complete ONLY if direct		Candidate/Offi	iceholder nam	е	Office sou	ight			Office h	neld
	expenditure to benefit C/OI	Н									

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 15/20	Solis, Selena N. (The Honorable) 00082443
4	Date	5 Payee name
	06/15/2023	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1210 San Antonio St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Registration fee for Webinar "SB6 Refresh"
		Registration lee for Weblina 500 Reliesh
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	06/15/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1210 San Antonio St
	Ψ20.00	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Registration fee for TCJ Webinar "Protective Orders"
		Registration lee for 103 Weblinal Protective Orders
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/15/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1210 San Antonio St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Registration fee for Webinar "Judicial Tools to Reduce Recidivism in DV Cases"
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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)

l	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1: Sch: 11/13 Rpt: 16/20	2 FILER NAME Solis, Selena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082443
4	·	5 Payee name The Oar House Restaurant	I
6	Amount (\$) \$42.61	7 Payee address; City; State; Zip Code 305 E Interstate 30	
8	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense I at 2023 TAPS Annual Conference
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/06/2023	Payee name The Venetian Las Vegas	
	Amount (\$) \$328.80	Payee address; City; State; Zip Code 3355 S Las Vegas Blvd Las Vegas, NV 89109	
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense ging at 2023 EPBA Civil Law Conference
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/19/2023	Payee name The Westin Irving Convention Center at Las Colinas	
	Amount (\$) \$7.77	Payee address; City; State; Zip Code 400 W Las Colinas Blvd.	
		Irving, TX 75039	
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense ee/breakfast at 2023 TCJ Region 6 Conference
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	Ŭ	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 12/13 Rpt: 17/20	Solis, Selena N. (The Honorable)	00082443				
4	Date	5 Payee name		•			
	04/20/2023	The Westin Irving Convention Center at Las Colinas					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$322.00	400 W Las Colinas Blvd.					
		Irving, TX 75039					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.				
	LAFEINDITORE			Check if Austin, TX, officeholder living expense			
				Lodging while at 2023 TCJ Region 6 Conference			
_			<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held			
	Date	Payee name					
	02/16/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$46.14	\$46.14 1515 3rd St					
		San Francisco, CA 94158					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense transportation to airport at 2023 TCJ Criminal Justice			
				Conference			
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held			
	expenditure to benefit C/O		giit	Office field			
_	Date	Payes name					
	02/27/2023	Payee name Uber					
			-1-				
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$9.19	1515 3rd St					
		San Francisco, CA 94158					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Uber driver trip for transportation to airport at 2023			
				TCJ Criminal Justice Conference			
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>L</u> ight	Office held			
	expenditure to benefit C/O		<b>J</b> -				
l							

#### SCHEDULE F1

#### **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/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee L	ift/Awards/Memorials I egal Services The Instruction Gu	Expense		ense Jes/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above	)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 13/13 Rpt: 18/20		Solis, Selena	N. (The Honor	able)				00082443		
4	Date	5	Payee name								
	03/30/2023		YWCA								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Code	<b>)</b>				
	\$1,000.00		201 E Main, \$	Ste 400							
			El Paso, TX	79901							
8	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sch	edule) (k	) Description				
	OF EXPENDITURE			s/Donations Ma				l outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Candidate/Of	fficeholder/Polit	ical Comm	ittee			officeholder living		
								ole s	ponsorship t	for annual womer	า'ร
							luncheon				
9	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Office	eholder name	C	office sough	t		Office he	eld	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

	The Instru	pages Schedule K: L/2 Rpt: 19/20			
2	FILER NAME	C (Ethics Commission Filers)			
	Solis, Selena	a N. (The Honorable)	2443		
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)
	03/08/2023	El Paso County			\$937.93
		6 Address of person from whom amount is received: City; State: Zip Code			•
		Address of person from whom amount is received, City, State, 2ip Code			
		El Paso, TX 79901			
			olitic	ral cont	I ribution returned to filer
		Reimbursement for expenses re: 2023 EPBA Civil Law Seminar	Ontic	ai com	indution returned to mer
_		·			1
	Date	Name of person from whom amount is received			Amount (\$)
	06/05/2023	El Paso County			\$1,322.56
		Address of person from whom amount is received; City; State; Zip Code			
		51 D TV 70004			
		El Paso, TX 79901			
		_ ·	olitic	cal cont	ribution returned to filer
		Reimbursement for expenses re: attending TAPS Annual Conference			
	Date	Name of person from whom amount is received			Amount (\$)
	04/26/2023	Sixth Administrative Judicial Region			\$140.00
		Address of person from whom amount is received; City; State; Zip Code			1
		Kerrville, TX 78028			
			olitic	cal cont	ribution returned to filer
		Supp reimbursement for expenses re: 2023 Region 6 Conference			
	Date	Name of person from whom amount is received			Amount (\$)
	03/08/2023	Solis, Selena (Judge)			\$380.00
		Address of person from whom amount is received; City; State; Zip Code			1
		El Paso, TX 79901			
		Purpose for which amount is received	olitic	cal cont	ribution returned to filer
		Reimbursement for out-of-pocket expenses related to presenting at 2023 El	PB/	A Civil	Law Seminar
	Date	Name of person from whom amount is received			Amount (\$)
	05/08/2023	Texas Association of Pretrial Services			\$300.00
		Address of person from whom amount is received; City; State; Zip Code			•
		Huntsville, TX 77341			
		Purpose for which amount is received	olitic	cal cont	ribution returned to filer
		Reimbursement for registration cancellation			

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 20/20 2 FILER NAME Filer ID (Ethics Commission Filers) Solis, Selena N. (The Honorable) 00082443 8 Amount (\$) Date 5 Name of person from whom amount is received 02/27/2023 Texas Center for the Judiciary \$594.69 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for expenses re: 2023 TCJ Criminal Justice Conference Amount (\$) Name of person from whom amount is received Date 05/05/2023 Texas Center for the Judiciary \$644.96 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for expenses re: 2023 TCJ Region 6 Conference